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MORENO VALLEY  
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CALIFORNIA  
FORM 410

For Official Use Only

Statement of Organization  
Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# 1370774

01 / 14 / 2017  
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Jempson for Moreno Valley City Council 2016

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Moreno Valley

CA

92553

\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

\_\_\_\_\_

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

Moreno Valley

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Latisha Aguire

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Moreno Valley

CA

92555

\_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY

Dolores LaDonna Jempson

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Moreno Valley

CA

92553

\_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/27/17  
DATE

By

\_\_\_\_\_

Executed on

1-27-17  
DATE

By

\_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

\_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

\_\_\_\_\_

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