

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Amendment

☒ Termination -- See

☐ Not yet qualified
or

☐ Date qualified as committee

____/____/____
Date qualified as committee
(If amending to provide this date)

6 31 17

____/____/____
Date of termination

CITY CLERK
MORENO VALLEY
RECEIVED

17 JUL 31 AM 10:01

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number (If applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
DARYL TERRELL FOR CITY COUNCIL 2012

NAME OF TREASURER

DARYL TERRELL

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

MORENO VALLEY

STATE

CA

ZIP CODE

92553

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

RIVERSIDE

JURISDICTION WHERE COMMITTEE IS ACTIVE

RIVERSIDE

CITY

MORENO VALLEY

STATE

CA

ZIP CODE

92553

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 6-31-17

By

Executed on 6-31-17

By

Executed on

By

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (May/2017)

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www.fppc.ca.gov