

**Statement of Organization  
Recipient Committee**

CITY CLERK  
MORENO VALLEY  
RECEIVED

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type

Initial

Not yet qualified  
or

Date qualification threshold met

Amendment

Date qualification threshold met

09 / 29 / 2017

Termination - See Part 5

Date of termination

JUL 21 2021

REGISTRAR  
COUNTY OF

JUL 21 2021

REGISTRAR  
COUNTY OF

1. Committee Information				I.D. Number 1399434				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER				NAME OF TREASURER			
Dr. Gutierrez for Mayor 2020				Jennifer Mitchell				Jennifer Mitchell			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]				[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Riverside	CA	92501	[REDACTED]	Riverside	CA	92501	[REDACTED]				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]				[REDACTED]				[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]				[REDACTED]			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)				NAME OF PRINCIPAL OFFICER(S)			
Riverside	City of Moreno Valley			[REDACTED]				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]				[REDACTED]			
[REDACTED]				CITY				CITY			
[REDACTED]				STATE				STATE			
[REDACTED]				ZIP CODE				ZIP CODE			
[REDACTED]				AREA CODE/PHONE				AREA CODE/PHONE			

**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 7/20/2021 By [REDACTED]  
DATE ASSISTANT TREASURER

Executed on 07/20/2021 By [REDACTED]  
DATE CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2  
I.D. NUMBER  
1399434

COMMITTEE NAME  
Dr. Gutierrez for Mayor 2020

**All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION Provident Bank	AREA CODE/PHONE 951-782-6177	BANK ACCOUNT NUMBER <i>pending</i>
ADDRESS 6570 Magnolia Ave	CITY Riverside	STATE ZIP CODE CA 92506

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Yxstian Gutierrez	Moreno Valley Mayor	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3  
I.D. NUMBER  
1399434

COMMITTEE NAME  
Dr. Gutierrez for Mayor 2020

**4. Type of Committee** (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee       COUNTY Committee       STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR \_\_\_\_\_ INDUSTRY GROUP OR AFFILIATION OF SPONSOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

**Small Contributor Committee**  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.