

**Statement of Organization  
Recipient Committee**

Statement Type

*CORRECTION OF DATE*

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met  
09 / 09 / 18

Termination - See Part 5  
 Date of termination  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
 the office of the Secretary of State  
 of the State of California  
**FEB 11 2019**

**CALIFORNIA FORM 410**  
 (For Official Use Only)  
**RECEIVED**  
 2019 FEB 19 PM 12:52  
 REGISTRAR OF VOTERS  
 COUNTY OF RIVERSIDE

**1. Committee Information** I.D. Number (if applicable) 1409673 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
COMMITTEE TO ELECT JOHN RIVERA  
CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)  
28296 DESERT PRINCESS DR CATHEDRAL CITY

CITY STATE ZIP CODE AREA CODE/PHONE  
CATHEDRAL CITY CA 92234 760 323-0380

FULL MAILING ADDRESS (IF DIFFERENT)  
SAME

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
John.Anthony.Rivera@att.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Riverside

NAME OF TREASURER  
DEBORAH J. RIVERA

STREET ADDRESS (NO P.O. BOX)  
28296 DESERT PRINCESS DR.

CITY STATE ZIP CODE AREA CODE/PHONE  
CATHEDRAL CITY, CA 92234 760 323-0380

NAME OF ASSISTANT TREASURER, IF ANY  
SAME

STREET ADDRESS (NO P.O. BOX)  
SAME

CITY STATE ZIP CODE AREA CODE/PHONE  
SAME

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 2-05-19 By Deborah J. Rivera  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-05-19 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, 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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

COMMITTEE TO ELECT JOHN RIVERA CITY COUNCIL 2018

I.D. NUMBER

1409673

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

|  |                                  |                                     |
|--|----------------------------------|-------------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>BANK OF AMERICA | AREA CODE/PHONE<br>760 325 -1812 | BANK ACCOUNT NUMBER<br>325115836174 |
| ADDRESS<br>5601 E RAMON ROAD BLDG D              | CITY<br>PALM SPRINGS             | STATE<br>CA                         |
|  |                                  | ZIP CODE<br>92264                   |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY<br>CHECK ONE                      |                                      | (list political party below) |
|--|---|------------------|---|--------------------------------------|------------------------------|
|  |   |                  | Nonpartisan<br><input type="checkbox"/> | Partisan<br><input type="checkbox"/> |                              |
|  |   |                  | <input type="checkbox"/>                | <input type="checkbox"/>             |                              |
|  |   |                  | <input type="checkbox"/>                | <input type="checkbox"/>             |                              |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                                    |
|---|--|-------------------------------------|------------------------------------|
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/>           |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/>           |