Statement of	Organization	•						CILI	ULCHA C	
Recipient Con		•				Date 5	tamp	CALIFO	DRNIA AAO	
Statement Type	☑ Initial		☐ Amendment	☐ Terminatio	Termination - See Part 5		MECEIVED		FORM 4 1 U	
	Not yet qualified					SEP 2	9 2023	23 001	N 11 2 30	
	O Date qualificat	ion threshold met	Date qualification threshold met	Date of te	ermination	City of F	Riverside k's Office		η	
L. Committee in	formation	I.D. Numbe		2 10		Other Princip	No. of the last second			
NAME OF COMMITTEE		(if applicable)		110 FTM 1989 SHIZE	TOTAL STATE OF STREET	Caner standi	al Omcer			
	Brighter Future	in Support of	f Ulises Cabrera for Mayo	r Claud	or treasurer dia Gonzaloz- NDRESS (NO PO. BOX)	Mitanda				
STREET ADDRESS (NO P.O.	BOX)					_				
	8						STATE	ZIP CODE	AREA CODE/PHONE	
OW		STATE ZIP C	ODE AREA CODE/PHONE	COVII	ASSISTANT TREASURER	# AND	CA	91722		
Covina		CA	91722			, IF ANY				
FULL MAILING ADDRESS (	(IF DIFFERENT)		31(22		nda Miranda DDRESS (NO PO. BOX)			1		
E MAIL ADDRESS (REQUIR	RED) / FAY (ORTIONAL)									
				City			STATE	ZIP CODE	AREA CODE/PHONE	
		II DIE WHERE COM		Covir			CA	91722		
Riverside		Moreno Valley		NAME OF Jack	PRINCIPAL OFFICER(S)					
			100		DDRESS (NO PO BOX)					
Attach additional i	nformation on an	nuonriately lahe	eled continuation sheets.			-	STATE	ZiP CODF	AREA CONTINUOUS	
	,	propriately labe	nea continuation spects,	los A	inge les				AREA CODE/PHONE	
<ul> <li>Verification         <ul> <li>I have used all repenalty of perjur</li> </ul> </li> </ul>	asonable diligency y under the laws	e in prepa of the Stat	pesi ng i		ge the informat	ion contained he	CA Coerein is true	and complete.	. I certify under	
Executed on	9/15/2023 DATE	ву								
Executed on	9/15/2023 DATE	Ву	sid	NATURE OF TREASURER	OR ASSISTANT TREASUR	ER				
Executed on	DATE	Ву	ON TR	OLLING OFFICEHOLDER,	CANDIDATE, OR STATE M	IE ASURE PROPONENT				
Executed on	DATE	D.	SIGNATURE OF CONTR	OLLING OFFICEHOLDER,	CANDIDATE, OR STATE M	EASURE PROPONENT				
	DATE	Ву	SIGNATURE OF CONTR	OLLING OFFICEHOLDER,	CANDIDATE OPERATES	ACACHOL POCE-				
				and the second s	TALE OF THE PARTY	TEASURE PROPONENT				

Statement of Ourselle-ties							
Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE						ORNIA 410	
COMMITTEE NAME						Page 2 of 3	
Citizens for a Brighter Future in Support of Ulises Cabre	era for Mayor 2024				I.D. NUMBER		
All committees must list the financial institution where the campaign ba	ank account is located.						
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU	NT NUMBER				
California Bank & Trust	(213)228-1700						
ADDRESS	CITY	STATE	ZI	P CODE			_
550 S. Hope Street, Suite 100	Los Angeles	CA		90071			
4. Type of Committee Complete the applicable sections.							
Controlled Committee						ALL DE LA COMPANIE DE	HOUSE DE
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> </ul>	measure proponent. If candi	date or officeholder o	ontrolled,	also list the ele	ective offi	ce sought or held, and	d
List the political party with which each officeholder or candidate is	s affiliated or check "nonpartis	san." Stating "No par	ty preferen	ce" is accepta	ble.		
<ul> <li>If this committee acts jointly with another controlled committee, I</li> </ul>	list the name and identification	n number of the othe	r controlle	d committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBE	YEAR OF ELECTION	PARTY CHECK ONE				
				Nonpartisan	Partisan	(list political party below)	
				Nonpartisan	Partisan	(list political party below)	_
					, artisarr	(inst pointed party below)	
Primarily Formed Committee Primarily formed to support or op	pose specific candidates or m	easures in a single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER) CANDIDAT	TE(S) OFFICE SOUGHT OR HE	LD OR MEASU	RE(S) JURISDICTION	ı	CHECK ONE	

Mayor City

Ulises Cabrera

OPPOSE

OPPOSE

SUPPORT

X SUPPORT

## Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA **FORM** 

Page 3 of 3

I.D. NUMBER

Citizens for a Brighte	er Future in Support of Ulises	Cabrera for Mayor 2024		1	
Nige of Committee	e (Continued)				
General Purpose Commi	Not formed to support or CITY Committee	oppose specific candidates or medical country Committee	asures in a single election. Chec ee STATE Comn	k only one box:	3
PROVIDE BRIEF DESCRIPTION OF ACTIVE	TY				
Sponsored Committee	List additional sponsors on an a	ttachment.			
NAME OF SPONSOR		INDUSTRY GROUP OR A	FFILIATION OF SPONSOR		
STREET ADDRESS NO	), AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
-					THE COSE, HONE
Small Contributor Commi	ittee				

- S. Cermination Requirements was by signing the verificancy, the neasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.