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City of Banning
City Clerk's Office**RECEIVED**

2025 APR 28 AM 9:37

REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE**Statement of Organization
Recipient Committee**Statement Type Initial Amendment Termination – See Part 5 Not yet qualified
or
 Date qualification threshold met

Date qualification threshold met

Date of termination

01 / 31 / 2025

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in the office of the Secretary
of the State of CaliforniaCALIFORNIA
FORM 410

For Official Use Only

APR 18 2025

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1. Committee Information		I.D. Number <i>(If applicable)</i> 1473424	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE FLYNN LEGAL DEFENSE FUND; COUNCIL MEMBER SHERI FLYNN		NAME OF TREASURER SHERI FLYNN			
STREET ADDRESS (NO P.O. BOX) 1250 PINE VALLEY RD.		STREET ADDRESS (NO P.O. BOX) 1250 PINE VALLEY RD.			CITY BANNING STATE CA ZIP CODE 92220
CITY BANNING STATE CA ZIP CODE 92220 AREA CODE/PHONE 7144025250		EMAIL ADDRESS OF TREASURER (REQUIRED) LORIJEAN1250@YAHOO.COM			AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) LORIJEAN1250@YAHOO.COM		STREET ADDRESS (NO P.O. BOX)			CITY BANNING STATE CA ZIP CODE
COUNTY OF DOMICILE RIVERSIDE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			AREA CODE/PHONE
JURISDICTION WHERE COMMITTEE IS ACTIVE BANNING DISTRICT 3		NAME OF PRINCIPAL OFFICER(S) SHERI FLYNN			
		STREET ADDRESS (NO P.O. BOX) 1250 PINE VALLEY RD.			CITY BANNING STATE CA ZIP CODE 92220
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) LORIJEAN1250@YAHOO.COM			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	01/31/2025	DATE	BY	<i>Sheri Flynn</i>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	01/31/2025	DATE	BY	<i>Sheri Flynn</i>	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on		DATE	BY	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	
Executed on		DATE	BY	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER	