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2025 APR 28 AM 9:37

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

01 / 31 / 2025

RECEIVED
In the Office of the Secretary
of the State of California

APR 18 2025

CALIFORNIA
FORM 410

For Official Use Only

REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

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