

Statement of Organization Recipient Committee

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CITY CLERK
MORENO VALLEY
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CALIFORNIA FORM **410**

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: _____

_____ # _____

_____/_____/_____ Date qualified as committee _____ Date qualified as committee (if applicable) _____ Date of Termination _____

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
DEC 11 2017

For Official Use Only
rlg

1. Committee Information

NAME OF COMMITTEE _____

Mary E. Mc Bean for Mayor 2018
STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92553

MAILING ADDRESS (IF DIFFERENT) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside Moreno Valley, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mary E. Mc Bean

STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92553

NAME OF ASSISTANT TREASURER, IF ANY
NA

STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)
NA

STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

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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 12/8/17 By _____
Executed on 12/8/17 By _____
Executed on _____ By _____
Executed on _____ By _____

TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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1. MIA in the 1st and 2nd districts n.t. m.i. 10/1/17

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME

Mary E. McBean for Mayor 2018

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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."
- 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
<i>Mary E. McBean</i>	<i>Mayor - Merced Valley</i>	<i>2018</i>	<input type="checkbox"/> Nonpartisan <input checked="" type="checkbox"/> <i>Democrat</i>
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>