

**Officeholder and Candidate
Campaign Statement -
Short Form**

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CALIFORNIA
FORM 470

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

11/6/2018

Amendment (Explain Below)

18 OCT -4 PM 12:15

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mary E McBean

STREET ADDRESS

CITY

Moreno Valley

STATE

CA

ZIP CODE

92553

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION)

City Wide

DISTRICT NUMBER
(IF APPLICABLE)

Moreno Valley

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
None	None	None

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 2, 2018
DATE

By [Redacted]
DATE

Clear Form

Print Form