

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Termination - See Part 5

Date qualification threshold met \_\_\_\_\_  
 Date of termination 07 / 20 / 2018

CITY CLERK  
MORENO VALLEY  
21 JAN - 4 PM 2020

Date Stamp  
 RECEIVED AND FILED  
 in the office of the Secretary of State  
 of the State of California  
 DEC - 9 PM 2020

**CALIFORNIA FORM 410**  
 For Official Use Only

<b>1. Committee Information</b>		<b>I.D. Number</b> 1403199 <i>(if applicable)</i>		<b>2. Treasurer and Other Principal Officer</b>			
NAME OF COMMITTEE <b>RECALL VICTORIA BACA MORENO VALLEY COUNCILMEMBER 2018</b>				NAME OF TREASURER <b>Dolores L. Jempson</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <b>Moreno Valley</b>	STATE <b>CA</b>	ZIP CODE <b>92553</b>	AREA CODE/PHONE [REDACTED]	CITY <b>Moreno Valley</b>	STATE <b>CA</b>	ZIP CODE <b>92553</b>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>Riverside</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Moreno Valley</b>		CITY STATE ZIP CODE AREA CODE/PHONE			
NAME OF PRINCIPAL OFFICER(S) <b>Scot Heveran</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <b>Moreno Valley</b>				STATE <b>CA</b>			
ZIP CODE <b>92557</b>				AREA CODE/PHONE [REDACTED]			
Attach additional information on appropriately labeled continuation sheets.							

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**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 8/11/2018 BY [REDACTED] ASSISTANT TREASURER

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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