			LANK NO. TANKET		CITY C	LERK		
Statement of Organization Recipient Committee					MORE NO	VALLE	Y CALIFOI FORI	
Statement Type	☐ Initial ☐ Not yet qualified	☐ Amendment	☑ Te	ermination – See Part 5	19 JAN 28	PM 12: 3	27 For	Official Use Only
	O Date qualification threshold	old met Date qualification threshol	d met	Date of termination			n natival	ist lerri
1. Committee in		umber olicable) 1401056		2. Treasurer and	Other Princips	al Officer	(
MARY EUNICE N	ICBEAN			ANGIE GOLDEN				
				STREET ADDRESS (NO P.O. BOX)			ALTERNAÇIONATEMIS	
				CITY		STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O	D. BOX)			RIVERSIDE		CA	92507	AREA CODE/FRONE
MORENO VALLE	STATE CA	ZIP CODE AREA CODE/PI	HONE	NAME OF ASSISTANT TREASURER,	IF ANY		13/2-2-7-13	
FULL MAILING ADDRESS				STREET ADDRESS (NO P.O. BOX)			era erroganeaus	
E-MAIL ADDRESS (REQUI		MORENO VALLEY, CA 925	53	CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION W	HERE COMMITTEE IS ACTIVE VALLEY		NAME OF PRINCIPAL OFFICER(S)			no en voltand	
				STREET ADDRESS (NO P.O. BOX)			Status control	
Attach additional	information on appropriat	ely labeled continuation sheet:	S.	CITY		STATE	'ZIP CODE	AREA CODE/PHONE
Signification (2)	easonable diligence in pres	paring this statement and to th	e hest of my	knowledge the informati			e and complete	L certify under
penalty of perju	ry under the laws of the St	ate of California that the foreg	oing is true	and correct.			Asimor i	no-su (3)
Executed on	1/21/20/9By		CICNATURE	OF THE ACHTER OR ACCUSTANT TREASUR	ED.			
Executed on	1/21/2019 By			INEASON	EN			
/	DATE	SIGNATURE	F CONTROLLING C	FFICEHOLDER, CANDIDATE, OR STATE M	MEASURE PROPONENT			
Executed on	DATE By _	SIGNATURE C	F CONTROLLING C	FFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT			
Executed on	DATE By	SIGNATURE	OF CONTROLLING	DFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			

CALIFORNIA Statement of Organization FORM **Recipient Committee** INSTRUCTIONS ON REVERSE I.D. NUMBER COMMITTEE NAME 1401056 MARY EUNICE MCBEAN 4. Type of Committee (Continued): Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee COUNTY Committee STATE Committee CITY Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY List additional sponsors on an attachment. Sponsored Committee INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR AREA CODE/PHONE CITY STATE ZIP CODE STREET ADDRESS NO. AND STREET Small Contributor Committee

- 5. Termination Requirements
 - This committee has ceased to receive contributions and make expenditures;

• This committee does not anticipate receiving contributions or making expenditures in the future;

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

By signing the verification, the treasurer, assistant treasurer and/or card/date, difficeholders or broponery certify that all of the following an additions have been made

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.