

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met  
10, 10, 18

Termination - See Part 5  
 Date of termination

Date Stamp  
 MORENO VALLEY RECEIVED AND FILED  
 Office of the Secretary of State  
 of the State of California  
 19 FEB 28 PM 4:49  
 FEB 19 2019

**CALIFORNIA FORM 410**  
 For Official Use Only

CK

**1. Committee Information**

**I.D. Number** (if applicable) 1401056

NAME OF COMMITTEE  
 MARY EUNICE MCBEAN *for Mayor, 2018*

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 MORENO VALLEY CA 92553 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
 [REDACTED] MORENO VALLEY, CA 92553

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 [REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 RIVERSIDE MORENO VALLEY

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 ANGIE GOLDEN

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 RIVERSIDE CA 92507

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 2/12/2019 By [REDACTED] TREASURER

Executed on 2/12/2019 By [REDACTED] STATE MEASURE PROONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

2019 FEB 19 AM 10:59  
 REGISTERED  
 FPPC  
 RIVERSIDE  
 FPPC Form 410 (August/2018)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

*Mary Eunice Mc Bean*

1401056

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

*Bank of America*

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<i>22900 Centerpoint Dr. (CA7-174-01)</i>	<i>(951)807-1027</i>	[REDACTED]
ADDRESS	CITY	STATE ZIP CODE
<i>Moreno Valley</i>	<i>Moreno Valley</i>	<i>CA 92553</i>

**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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
<i>Mary Eunice Mc Bean</i>	<i>mayor</i>	<i>2018</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>