

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	07 / 20 / 2018

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUL 20 2020

CALIFORNIA
FORM 410

For Official Use Only

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

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 information provided is true and complete.

Executed on 8/1/2018 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

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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