

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1381978

12 / 28 / 2015

_____/_____/_____
Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

CITY CLERK MORENO VALLE RECEIVED 16 AUG 22 PM 3: 45	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Friends to Elect George Price Mayor 2016

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92555 _____
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Riverside _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Marsha Locke

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92555 _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

George Price

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92555 _____

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 8-20-16 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-20-16 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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