Statement of Organization Recipient Committee	MORENO VALLEY RECEIVED CALIFORNIA 410
Not yet qualified or O Date qualified as committee	For Official Use Only 20 JUL - 6 PM 1: 39 ate of termination
1. Committee Information I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Dr. Mary McBear For Maydr, 2 STREET ADDRESS (NO R.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Dr. Mary McBear For Maydr, 2 A 925-3	NAME OF TREASURER CITY LIVERS, LE STATE ZIPCODE NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT)	EET ADDRESS (NO P.O. BOX)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) OUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS NOT IVE MAREND VAILEY	NAME OF PRINCIPAL OFFICER(S) STREET ADDRESS (NO P.O. BOX)
Attach additional information on appropriately labeled continuation sheets.	CITY STATE ZIP CODE AREA CODE/PHONE
Executed on DATE Executed on By Executed on By Executed on By Executed on By	of my knowledge the information contained herein is true and complete. I certify under OR ASSISTANT TREASURER CANDIDATE, OR STATE MEASURE PROPONENT DILLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By	
DATE SIGNATURE OF CONTRO	OLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov



Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

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I.D. NUMBER

COMMITTEE NAME			I.D. NUMBER
	104 sold. 2020		
 All committees must list the financial institution where the campaig 	n bank account is located.		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank Of America	951/697-9174		
ADDRESS	СПУ	STATE ZIP CODE	
22900 Center Birt Dr. Mis	Freno Valley, CA	9255	3
4. Type of Committee Complete the applicable sections.			
Controlled Committee			
a liet the name of each controlling officeholder candidate or st	ate measure proponent. If candidate or	officeholder controlled, also list t	the elective office sought or held, and

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	(1	ELECTIVE OFFICE SOUGHT OR HELD NCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE					
	``			Nonpartisan		(list political party l	below)		
Dr. Masy E. Mc Bean	TH	ayor	2020	U		Democ	ratio		
July 19 19 19 19 19 19 19 19 19 19 19 19 19	,	0		Nonpartisan	Partisan	(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 LETT 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		
					4	SUPPORT	OPPOSE		