

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee Date of termination

CITY CLERK  
 MORENO VALLEY  
 RECEIVED  
 Date Stamp  
 18 FEB 26 AM 7:42

**CALIFORNIA FORM 410**  
 For Official Use Only

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

NAME OF COMMITTEE  
 RECALL VICTORIA BACA MORENO VALLEY COUNCILMEMBER 2018

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 Moreno Valley CA 92553 \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 \_\_\_\_\_

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Riverside City of Moreno Valley

NAME OF TREASURER  
 Dolores L. Jempson

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 Moreno Valley CA 92553 \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
 \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)  
 Scot Heveran

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 Moreno Valley CA 92557 \_\_\_\_\_

Attach additional information on appropriately labeled continuation sheets.

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 2/22/18 By \_\_\_\_\_ ASSISTANT TREASURER  
 Executed on 2/23/18 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

RECALL VICTORIA BACA MORENO VALLEY COUNCILMEMBER 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE



**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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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
RECALL VICTORIA BACA	Moreno Valley City Council District 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>