

CITY CLERK
 MORENO VALLEY
 22 JAN 26 PM 4:00

RECEIVED AND FILED
 in the office of the Secretary of the State of California
 DEC 20 2021
 CALIFORNIA FORM 410
 For Official Use Only

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination 12 / 15 / 2021

1. Committee Information				I.D. Number #1428525				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE McBean For Mayor, 2020; Dr. Mary				NAME OF TREASURER Angie Golden				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY Moreno Valley				STATE CA		ZIP CODE 92553		AREA CODE/PHONE	
CITY Moreno Valley				STATE CA		ZIP CODE 92553		NAME OF ASSISTANT TREASURER, IF ANY Mary E. McBean					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY Moreno Valley					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) mcbeanmary5@gmail.com				STATE Ca				ZIP CODE 92553		AREA CODE/PHONE			
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE Riverside		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 12/15/2021 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on [Date] By [Signature] SIGNATURE OF CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 12/15/2021 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME MC BEAN For Mayor, 2020; Dr. Mary			I.D. NUMBER #1428525		
<p>All committees must list the financial institution where the campaign bank account is located.</p>					
NAME OF FINANCIAL INSTITUTION Bank of America		AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS [REDACTED]	CITY Moreno Valley	STATE CA	ZIP CODE 92553		

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		
Mary E. McBean	Mayor	2020	Nonpartisan	Partisan	(list political party below)
			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 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