

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1387965
 _____/_____/_____
 Date qualified as committee Date qualified as committee (If applicable) Date of Termination

FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF CHINO
 JAN 13 2017
 City Clerk, _____
 Deputy City Clerk, _____

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information
 NAME OF COMMITTEE

Eunice Ulloa for Mayor 2020

STREET ADDRESS (NO P.O. BOX)
11636 Vernon Avenue
 CITY STATE ZIP CODE AREA CODE/PHONE
Chino CA 91710 (909)627-4957
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E MAIL ADDRESS
(909)627-4951 emulloa@verizon.net
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Bernardino City of Chino

2. Treasurer and Other Principal Officers
 NAME OF TREASURER

Robert F. Ulloa
 STREET ADDRESS (NO P.O. BOX)
11636 Vernon Avenue
 CITY STATE ZIP CODE AREA CODE/PHONE
Chino CA 91710 (909)627-4957
 NAME OF ASSISTANT TREASURER, IF ANY
Eunice Ulloa
 STREET ADDRESS (NO P.O. BOX)
11636 Vernon Avenue
 CITY STATE ZIP CODE AREA CODE/PHONE
Chino CA 91710 (909)627-4957
 NAME OF PRINCIPAL OFFICER(S)

 STREET ADDRESS (NO P.O. BOX)

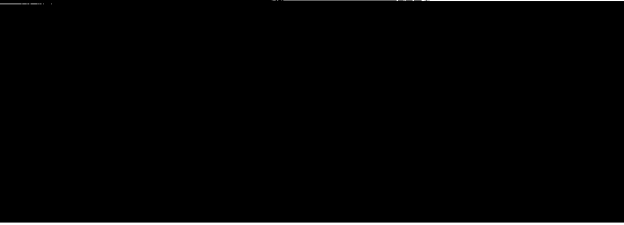
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this information and certify that 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 contained herein is true and complete. I certify under

Executed on 01/12/2017
 DATE
 Executed on 01/12/2017
 DATE
 Executed on _____
 DATE
 Executed on _____
 DATE



 ASSISTANT TREASURER

 STATE MEASURE PROponent

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**


INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
ID NUMBER 1387965

COMMITTEE NAME

Eunice Ulloa for Mayor 2020

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

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE (800)872-2657	BANK ACCOUNT NUMBER 	
ADDRESS 12801 Central Avenue	CITY Chino	STATE CA	ZIP CODE 91710

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."
- 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
Eunice M. Ulloa	City of Chino Mayor	2020	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>