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Statement of O	_	L33	. , ,		MORE TO Date Stamp LEY	CALIFO	RNIA 410
Statement Type	☑ Initial ☑ Not yet qualified	☐ Amendm	ent	Termination – See Rate of	EIVED AND FILED lice of the Sechetary of State the State of California		Official Use Only
1	or O Date qualification threshold	met Date qualificat		Date of termination	AUG 08 2023		16 AM 8:31
		_	/ _	/		RIVA	(AR Ur yu (End
1. Committee	Information I.D. Nu		•	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(у в ррисаоте			NAME OF TREASURER			
Elena Baca-Santa	Cruz, Moreno Valley City	Council, District 1	, 2024	Tatiana Rugamas			
				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O.	BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Moreno Valley	CA	92557	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURI	ER, IF ANY		
Moreno Valley	CA	92557					
FULL MAILING ADDRESS (I	F DIFFERENT)			STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIR	EDI / FAY (OPTIONAL)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
E-MAIL ADDRESS (REQUIR	EDJ / FAX (OF HONAC)						
COUNTY OF DOMICILE	JURISDICTION WH	ERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(5)		
Riverside	Moreno Va	ley		Tatiana Rugamas			
				STREET ADDRESS (NO P.O. BOX)		
				CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additiona	ıl information on appropria	tely labeled contin	uation sheets.	Moreno Valley	CA	92557	
3. Verificatio	n						
I have used all re	easonable diligence in prep	aring this stateme	nt and to the best of	my knowledge the inform	nation contained herein is true	e and complet	e. I certify under
penalty of perju	ry under the laws of the	to a California th	at the forescine is to	up and correct			
	5/23				JRER		
Executed on 8/5	5/23 DATE						
Executed on	By		U	0	MEASURE PROPONENT		
	DATE		SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT		
Executed on	By _			THE OSCIOCACIONES CAMPIDATE OF ET	TO MACASTIRE DO ODONENT		

Statement of Organization

Recipient Committee	
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INSTRUCTIONS ON REVERSE

CALIFORNIA	110	
FORM	410	

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COMMITTEE NAME							
Elena Baca-Santa Cruz, Moreno Valley City Council, District 1, 2024							
All committees must list the financial institution where the campaign bank account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	IUMBER				
ADDRESS	ату	STATE	ZIP	CODE			
4. Type of Committee Complete the applicable sections. Controlled Committee				(San) (1979)	Piert M	WIN SELL WEIGHT	
 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 APPLICABL		YEAR OF ELECTION	PAR' CHECK			
Elena Baca-Santa Cruz	Moreno Valley City Council, District 1	1	2024	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 DNE

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