497 Contribution Report

Amounts may be rounded to whole dollars

CALIFORNIA FORM **497**

NAME OF FILER	Date of This Filing	10/18/2016	For Official Use Only
Victoria Baca, 2016, Moreno Valley City Council District 1		16 OCT 19 AM 11: 35 Date Stamp	

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No.	8
▉	1383133		

STREET ADDRESS	☐ Amendment to Report No. _____
▉	(explain below)

CITY	STATE	ZIP CODE	No. of Pages	1
Moreno Valley	CA	92557		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/18/2016	Committee for Ethics and Accountability in Government ▉ San Rafael, CA 94901 Committee ID pending	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		6500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____