

497 Contribution Report

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 MORENO VALLEY
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Amounts may be rounded to whole dollars.

NAME OF FILER Victoria Baca, 2016, Moreno Valley City Council, District 1		Date of This Filing <u>11/9/2016</u>	16 NOV -9 PM 4:37 Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1383133	Report No. <u>11</u>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Moreno Valley	STATE CA	ZIP CODE 92557	
No. of Pages <u>1</u>			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
11/8/2016	Committee for Ethics & Accountability Government [REDACTED] San Rafael, CA 94901	Comm ID #1393795	\$1,000.00	

Reason for Amendment: _____