

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK
 MORENO VALLEY
 RECEIVED
 Date Stamp
 16 SEP 15 AM 8:01

CALIFORNIA FORM **497**
 For Official Use Only

NAME OF FILER
 Victoria Baca 2016 Moreno Valley City Council, District 1

AREA CODE/PHONE NUMBER
 [REDACTED]

I.D. NUMBER (if applicable)
 1383133

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
 Moreno Valley CA 92557

Date of This Filing 09/15/16

Report No. 003

Amendment to Report No. _____
 (explain below)

No. of Pages 1

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
09/14/16	Circle K 12220 Pigeon Pass Rd. A Moreno Valley, CA 92557	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/14/16	Carl Rowe [REDACTED] Moreno Valley, CA 92557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Intergrated Care Communities	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/14/16	Pen Group, LLC 5291 Pasatiempo Dr. Yorba Linda CA 92886	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> 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: _____