

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER City Employee Voter Awareness Committee, MVCEA			Date of This Filing 10/30/14 OC 30	Date Stamp AM 10:38	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 930860		Report No. _____		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Lake Elsinore	STATE CA	ZIP CODE 92532	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/7/14	Victoria Baca for City Council for Moreno Valley 2014 Elena Santa Cruz, Treasurer [REDACTED]	Contribution to Mayor Victoria Baca (Recall)	\$1,500.00	11/4/14

Reason for Amendment: _____