497 Contribution Report

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

CITY CLERK
MORENO VALLEY
RECEIVED
2014 SEP 18 PM 5:26

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**
For Official Use Only

NAME OF FILER
Victoria Baca for Moreno Valley City Council 2012

AREA CODE/PHONE NUMBER
[redacted]

I.D. NUMBER *(if applicable)*
1348243

STREET ADDRESS
[redacted]

CITY
Moreno Valley

STATE
CA

ZIP CODE
92557

Date of This Filing 9/18/14

Report No. 3

☐ Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp

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
9/17/14	Louise Palomarez [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Louise Palomarez Homemaker	$1,000.00 ☐ 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: _____