496 Independent Expenditure Report

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

CITY CLERK
MORENO VALLEY
RECEIVED

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER		Date of This Filing 10/30/2014	Date Stamp	CALIFORNIA FORM 496
COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE RECALL, MAJOR FUNDING			14 OCT 30 PM 5:02	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. LIERH 681		
(415) 389-6800	1372067			
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
2350 KERNER BLVD., SUITE 250				
CITY	STATE / ZIPCODE	No. of Pages 3		
SAN RAFAEL	CA 94901			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			
RECALL OF VICTORIA BACA			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
City Council Member: CITY OF MORENO VALLEY			X

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2014	MAILER Cumulative to date total $83863.06	3,291.65
10/29/2014	MAILER Cumulative to date total $83863.06	1,008.25
10/29/2014	MAILER Cumulative to date total $83863.06	2,043.29
10/29/2014	SIGNS Cumulative to date total $83863.06	4,905.00

TO: City of Moreno Valley

FAX: (951) 413-3009

Reason for Amendment:

$298.06
KAU

10/30

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER		Date of This Filing 10/30/2014	Date Stamp	CALIFORNIA FORM 496
COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE RECALL, MAJOR FUNDING				For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. LIER# 681		
(415) 389-6800	1372067			
STREET ADDRESS		☐ Amendment to Report No. (explain below)		
2350 KERNER BLVD., SUITE 250				
CITY	STATE / ZIPCODE	No. of Pages 3		
SAN RAFAEL	CA 94901			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			
RECALL OF VICTORIA BACA			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
City Council Member: CITY OF MORENO VALLEY			X

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2014	MAILER Cumulative to date total $83863.06	252.00
10/29/2014	MAILER Cumulative to date total $83863.06	130.50
10/29/2014	MAILER Cumulative to date total $83863.06	345.00
10/29/2014	MAILER Cumulative to date total $83863.06	2,043.29

Reason for Amendment: _____

496 INDEPENDENT EXPENDITURE REPORT

496 Independent Expenditure Report

CALIFORNIA FORM **496**

I.D. NUMBER (If applicable)

1372067

NAME OF FILER

COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE RECALL, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

Oct-30-14 04:48pm From-NMPMN MARIN 1 4153886874 T-627 P 003/003 F-528

3. Contributions of $100 or More 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	INTEREST RATES
10/29/2014	HIGHLAND FAIRVIEW OPERATING CO. 14225 CORPORATE WAY Moreno Valley, CA 92553	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,043.29	If loan, enter interest rate, if any ______%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any ______%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any ______%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any ______%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any ______%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any ______%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee