atement of C				Date Stam	P CA	LIFORNIA FORM	410
atement Type	☐ Initial ☐ Not yet qualified	☐ Amendment	✓ Termination – See Part 5	24 JAN 29	PM 4: 02	For Official Use	Only
	or  O Date qualification threshold met	Date qualification threshold met	Date of termination	Ed Out Co			
			12 / 31 / 2023				
Committee I	nformation I.D. Numbe	r <sub>1443197</sub>	2. Treasurer and O	ther Principal (	Officers		
ME OF COMMITTEE		· · · · · · · · · · · · · · · · · · ·	NAME OF TREASURER Tatiana Rugamas				710 5005
ena Baca-San	ta Cruz, Moreno Valley Ci	y Council District 1, 202	STREET ADDRESS (NO P.O. BOX 23595 Judge Ward Cou		Moreno Valley	STATE CA	21P CODE 92557
			EMAIL ADDRESS OF TREASURE			AREA COD	E/PHONE
REET ADDRESS (NO P.C			NAME OF ASSISTANT TREASUR	ER, IF ANY			
y Ioreno Valley	STATE CA	21P CODE AREA CODE/PHONE 92557	STREET ADDRESS (NO P.O. BOX	)	CITY	STATE	ZIP CODE
LL MAILING ADDRESS			EMAIL ADDRESS OF ASSISTANT	TTREASURER (REQUIRED	))	AREA CO	DE/PHONE
MAIL ADDRESS OF CO	MMITTEE (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER	s)			
UNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	Elena Baca-Santa Cruz				
iverside	Moreno Valley		STREET ADDRESS (NO P.O. BO)	()	CITY Moreno Valley	STATE CA	ZIP CODE 92557
ttach additional	information on appropriately lal	peled continuation sheets.	EMAIL ADDRESS OF PRINCIPA	L OFFICER(S) (REQUIRED			DE/PHONE
. Verification			THE TANKS			W. S. S. S.	
have used all rea	asonable diligence in preparing t y under the laws of the State of 0	his statement and to the best California that the foregoing is	of my knowledge the informati strue and correct	on contained here	in is true and con	nplete. I certify	under
	0/2024 By		NATURE OF TREASURER OR ASSISTANT TREASUR	ER		-	
xecuted on	0/2024 By	SIGNATURE PF CONTR	OLLING OPFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		-	ĸ
xecuted on	DATE By	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	EASURE PROPONENT		=	
executed on	By	SIGNATURE OF CONTI	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		FPPC Form 41	October/20

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Statement of Organization CALIFORNIA Recipient Committee **FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Elena Baca-Santa Cruz, Moreno Valley City Council District 1, 2022 1443197 All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS AREA CODE/PHONE BANK ACCOUNT NUMBER Altura Credit Union 888/883-7228 ADDRESS OF FINANCIAL INSTITUTION STATE ZIP CODE 23540 Cactus Avenue Moreno Valley CA 92553 4. Type of Committee Complete the applicable sections.

## Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR' CHECK		
Elena Baca-Santa Cruz	Moreno Valley City Council District 1	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support or o	ppose specific candidates or measures in a single e	lection. List	below:		

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

## Statement of Organization **Recipient Committee**

**FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER

	ruz, Moreno Valley City Counci	District 1, 2022			1443197
4. Type of Comr	nittee (Continued)		A STATE OF THE STA		
General Purpose (	Not formed to su	pport or oppose specific candidates or measure    COUNTY Committee	res in a single election. Chec		
PROVIDE BRIEF DESCRIPTION	ON OF ACTIVITY				
Sponsored Commit	ttee List additional sponsors	on an attachment.			
NAME OF SPONSOR		INDUSTRY GROUP OR A	FILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor	Committee				

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**CALIFORNIA**