

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination See Part 5

Date of termination

5 / 31 / 2020

CITY CLERK
MORENO VALLEY
RECEIVED

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 08 2020

CALIFORNIA
FORM 410

For Official Use Only

2020 JUN 23 AM 10:26
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

1. Committee Information I.D. Number 1383133
(if applicable)

NAME OF COMMITTEE

Victoria Baca, 2016, Moreno Valley City Council, District 1

STREET ADDRESS (NO P.O. BOX)

CITY

Moreno Valley

STATE

CA

ZIP CODE

92553

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

Moreno Valley CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Elena Santa Cruz

STREET ADDRESS (NO P.O. BOX)

CITY

Moreno Valley

STATE

CA

ZIP CODE

92557

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and complete.

Executed on 5/31/2020

DATE

By

Executed on 5/31/2020

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

1383133

COMMITTEE NAME

Victoria Baca, 2016, Moreno Valley City Council, District 1

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

US Bank

AREA CODE/PHONE

951-274-4664

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

5225 Canyon Crest Dr

CITY

Riverside

STATE

CA

ZIP CODE

92507

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

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF
ELECTION

PARTY
CHECK ONE

Victoria Baca	Moreno Valley City Council, District 1	2016	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. 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

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I.D. NUMBER

1383133

COMMITTEE NAME

Victoria Baca, 2016, Moreno Valley City Council, District 1

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ _____/_____/_____

Date qualified

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.