CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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CITY CLERK MORENO VALLEY RECEIVED

Please type or print in ink.			RECEIVED	
NAME OF FILER (LAST)	(FIRST)	20	AUG MIDDLEPH 1: 01	
BACA	ictoria			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) CITY OF MORENO VA Division, Board, Department, District, if applicable	LLEY - City Col	unciL		
District 1	Coun	al MEMBE	ER DISTRICT 1	
▶ If filing for multiple positions, list below or on an attach			<u> </u>	
Agency:	Position:			
2. Jurisdiction of Office (Check at least one box)				
☐ State	☐ Judge, Retire (Statewide Ju	ed Judge, Pro Tem Judge urisdiction)	e, or Court Commissioner	
	County of			
XCity of Moreno VALLEY	✓ Other			
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2019, through December 31, 2019.	ough Leaving Of	ffice: Date Left/_ (Check one circ		
The period covered is/	leaving (office.	2019, through the date of	
Assuming Office: Date assumed		iod covered is/ e of leaving office.	, through	
Candidate: Date of Election 1 -3 - 20	and office sought, if different than Part	1:		
4. Schedule Summary (must complete)	Total number of pages including	ng this cover page:		
Schedules attached				
Schedule A-1 - Investments - schedule attached			sitions – schedule attached	
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached			
Schedule B - Real Property – schedule attached	Schedule E - Incom	e – Gills – Haver Fayine	HIS - Schedule attached	
-Or- None - No reportable interests on any s	schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
Dusiness of Agency Address Recommended - Fabilio Bodamony	Moreno VALLEY	CA	92552	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	A.		
I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete	nent. I have reviewed this statement and e. I acknowledge this is a public docum	I to the best of my knowle ent.	the information contained	
I certify under penalty of perjury under the laws of the				
Date Signed 8 3 >000	Signature			
(month day year)		the originally signed paper statement	t with your filing official.)	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Baca, Victoria				

\$10,001 - \$1,000,000	
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the bax, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE SO - \$1,999 \$2,000 - \$10,000 \$\$10,000	E:
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000 NATURE OF INVESTMENT Between in Scie Provisionship.	E:
Trust, go to 2 Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS	E:
GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Solo Provisionality So	E:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$0 - \$1,999 \$2,000 - \$10,000 \$10,000 \$2,000 - \$10,000 \$10,000 \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,000	
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Partnership Sole Providership Sole Provider	
Bactorethin Scale Proprietorethin Scale Prop	- 1
Other	
YOUR BUSINESS POSITIONYOUR BUSINESS POSITION	
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PROTRATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) > 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
S0 - \$498 \$10,001 - \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000	
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE rational a separate short it necessary. None or Names listed below ■ None or Names listed below	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	ELD OR
☐ INVESTMENT ☐ REAL PROPERTY ☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST D. \$2,000 - \$10,000	
\$10,001 - \$100,000/19	/ 19 SPOSED
NATURE OF INTEREST NATURE OF INTEREST	ırtnership
Leasehold Other Other Other	
Yrs. remaining Check box if additional schedules reporting investments or real property are attached Yrs. remaining Yrs. remaining Check box if additional schedules reporting investments or real are attached	

Comments:

SCHEDULE D Income - Gifts



NAME OF SOURCE	E (Not an Acronym	1)	▶ NAME OF SOURCE	CE (Not an Acron	vm)
Waste Management of the Inland Empire ADDRESS (Business Address Acceptable)		ADDRESS (Busine	ADDRESS (Business Address Acceptable)		
		o Valley, CA 92551			,
BUSINESS ACTIVI			BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
Sanitation Se					
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 , 16 , 19	\$_90.00	Annual Dinner		\$	e :
	\$			\$	÷ 2
	\$			\$	e .—————
NAME OF SOURCE	E (Not an Acronym)	► NAME OF SOURCE	E (Not an Acron)	ym)
Transtech Eng	gineers				
ADDRESS (Busines	ss Address Accepta	ble)	ADDRESS (Busine	ss Address Accep	otable)
13367 Bensor	n Ave, Chino,	CA 91710			
BUSINESS ACTIVI	TY, IF ANY, OF S	DURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
Engineering C	Consultants				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 , 17 , 19	\$ 85.00	Annual Dinner		\$	
	\$			\$	v 0 <u></u>
	\$	-		\$	81 %
NAME OF SOURC	E (Not an Acronym)	► NAME OF SOURCE	E (Not an Acron)	ym)
ADDRESS (Busines	ss Address Accepta	ble)	ADDRESS (Busine	ss Address Accep	otable)
BUSINESS ACTIV	ITY, IF ANY, OF S	DURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	·
//	\$			\$	7 7
	\$			\$	
Comments:		24			

ATTACHMENT TO COVER PAGE STATEMENT OF ECONOMIC INTEREST

CITY OF MORENO VALLEY

ADDITIONAL AGENCY POSITIONS

- 1. MORENO VALLEY COMMUNITY SERVICES DISTRICT BOARD MEMBER
- 2. SUCCESSOR AGENCY FOR THE COMMUNITY REDEVELOPMENT AGENCY OF MORENO VALLEY AGENCY MEMBER
- 3. MORENO VALLEY HOUSING AUTHORITY AUTHORITY MEMBER
- 4. BOARD OF LIBRARY TRUSTEES BOARD MEMBER
- 5. MORENO VALLEY PUBLIC FINANCING AUTHORITY AUTHORITY MEMBER
- 6. INDUSTRIAL DEVELOPMENT AUTHORITY AUTHORITY MEMBER
- 7. MORENO VALLEY PUBLIC FACILITIES FINANCING CORPORATION BOARD MEMBER
- 8. MARCH JOINT POWERS COMMISSION- COMMISSIONER
- 9. WESTERN RIVERSIDE COUNCIL OF GOVERNMENTS- COUNCIL MEMBER