Officeholder and Candidate Campaign Statement - Short Form	MOREND VALDES CALIFORNIA 470			
	Date of election if applicable: (Month, Day, Year)		EIVED	FORM 4 (U
Statement Covers Calendar Year	NOV 8,2016		part of the second	The second secon
2. Officeholder or Candidate Inform		3. Office Sought	or Hold	
STREET ACCRESS CITY AREA CODE-DAY TIME PHONE NUMBER 4. Committee Information List all committees of which you have keeping to the committee NAME AND ID NUMBER COMMITTEE NAME AND ID NUMBER	Baca STATE ZIPCO PTICNAL FAX/F-MAI	DDE SS 7	Member 1 No Volley Re expenditures on behalf of years	DISTRICT NUMBER (IF APPLICABLE) Dur candidacy. E OF TREASURER
			TO SELL MAN AND AND AND AND AND AND AND AND AND A	
5. Verification I declare under penalty of perjury that to the used all reasonable diligence in preparing the Executed on Print Form	is statement. I certify under pena		FP.	PC Form 470/470 Supplement (Jan/2016) vice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov