Major Donor and Independent Expenditure Committ Campaign Statement	dee	MORE	Y CLERK NO VALLEY Date Stamp G 11 PM 5: 33	CALIFORNIA 461
SEE INSTRUCTIONS ON REVERSE 1. Name and Address of Filer	statement covers period from 200. 1, 2020 through 1400, 2010	(Month, Day, Year)	6 1 6 1 7	Page of For Official Use Only
Residential OF MAILING ADDRESS RESIDENTIAL OF MAILING ADDRESS RAncho Palace Verdes	CA 90275 TATE ZIP CODE REA CODE/DAYTIME PHONE	Unitemized expenditure contributions (Including \$100 made this period. Total expenditures and	ributions 00 or more (5.)es and (1 loans) under	\$
2. Nature and Interests of Filer (Complete ex AFILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, AD OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, AD NAME OF EMPLOYER/BUSINESS ADDRESS OF EMPLOYER/BUSINESS A FILER THAT IS A BUBINESS ENTITY MUST DESCRIBE ENGAGED	ADDRESS, AND BUSINESS INTERESTS DORESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS CONTYACTOR OF THE BUSINESS OF THE BUSINESS INTERESTS CONTYACTOR OF THE BUSINESS OF THE BUSINESS INTERESTS OF THE B	4. Total expenditures and made from prior statem amount from Line 5 of I filed. If this is the first sthe calendar year, enter Total expenditures and (Including loans) made January 1 of the current (Add Lines 3 + 4.)	contributions nent. (Enter ast statement statement for r zero.) contributions since	
A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPE	ECIFIC DESCRIPTION OF ITS INTERESTS	i have used all reasonable reviewed the statement and contained herein is true and the laws of the State of Call Executed on DATE	to the best of my knowle	edge the information
Amendment (Explain):			FPPC Advice: advice	FPPC Form 461 (Jan/2016)

FPPC Form 461 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 461			
from1/1/20				
through 6/30/20	Page of			

SEE INSTRUCTIONS ON REVERSE	through	Page of
NAME OF FILER		•
Claudia Florez		

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	MEASURE AND	AND OFFICE, JURISDICTION, MITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
6/30/20	Victoria Baca, 2020 Moreno Valley City Council, District 1 Moreno Valley, CA 92553 Comm. ID 1424732	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose	10,000	10,000
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support	☐ Oppose		
					SUBTOTAL \$	10,000	