| 497 Contrib | ution Report | | Amount | s may be rounded to | | DELICITIES IS | | |
|------------------------|---|------------------------------------|-----------|-----------------------|--|---|--------------|---|
| | Cruz, Moreno Valley Cit | y Council District 1 | Date of 3 | /21/2022 | Date Stamp CA | | DRNIA 497 | |
| AREA CODE/PHONE NUMBER | | I.D. NUMBER (# applicable) 1443197 | | Report No. 8 | 22 | M R 22 M 7: 45 | | Official Use Only |
| STREET ADDRESS | | | | Amendmento Report No. | | > | | |
| CITY | | STATE | ZIP CODE | (explain below) | 9 | | | |
| Moreno Valley | | CA | 92553 | No. of Pages | | | | |
| 1. Contribution | n(s) Received | | | | | | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | RIBUTOR | CONTRIBUTOR ENTER OCCUPATION AND EMPLOYE CODE* (IF SELF-EMPLOYED, ENTER NAME OF BUSINE | | | AMOUNT RECEIVED |
| 3/21/2022 | SNR Fuel II INC | | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | | 3,000 Check if Loan Provide interest rate |
| 3/21/2022 | Adam B. Hall | | | | IND COM OTH PTY SCC | Self Employed, Hall's Nur | sery | 2,000 Check if Loan Provide Interest rate |
| 3/21/2022 | IAQ Distribution INC | | | | IND COM OTH PTY SCC | | | 2,500 Check if Loan Provide interest rate |
| Reason for Amend | lment: | | | | | * Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor | ness entity) | |

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www.fppc.ca.gov

| | ution Report | | Amounts | s may be rounded to | whole dollars. | CHI CLERK | Ĉ. | |
|---|--------------|--|---------|-------------------------------|----------------------|---|-------------|--|
| NAME OF FILER Elena Baca-Santa Cruz, Moreno Valley City Council District 1, 2022 | | | | Date of 3. | /21/2022 | Date Stamp CALIF | | ORNIA 497 |
| AREA CODE/PHONE NUMBER | | I.D. NUMBER (if applicable) 1443197 | | Report No. 8 | | 22 MAR 22 AM 7: 65 | | |
| STREET ADDRESS | | | | Amendmer to Report No. | | | | |
| CITY Moreno Valley | | STATE ZIP CODE CA 92553 | | (explain below) No. of Pages | 9 | | | |
| 1. Contribution | (s) Received | | | 1 | | | | |
| DATE RECEIVED | FULL NAME | NE, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | | AMOUNT RECEIVED |
| 3/21/2022 | CALTICA | | | | IND COM OTH PTY SCC | | | 1,000 Check if Loan Provide interest rate |
| | | | | | IND COM OTH PTY SCC | | | ☐ Check if Loan ——————————————————————————————————— |
| | | | | | IND COM OTH PTY SCC | | | 2,500 Check if Loan Provide Interest rate |
| Reason for Amendr | nent: | | | | | * Contributor Codes IND - Individual COM - Recipient Commit OTH - Other (e.g., busine PTY - Political Party SCC - Small Contributor | ess entity) | |

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