

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER David Zeitz for city council district 2 moreno valley 2026		Date of This Filing 10/07/2026	Date Stamp MORENO VALLEY CLERK 2026 OCT 8 PM 1:11	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1491307	Report No. 2		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY Moreno Valley STATE CA ZIP CODE 92555		No. of Pages 2		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, 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
10/07/2026	Chris Rice [REDACTED] Moreno Valley ca 92555	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Heath care	1055.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: \$1000 contribution or higher

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	none			

Reason for Amendment: _____