

AUG 31 2023

Statement of Organization Recipient Committee

R 33 1462228

RECEIVED AND FILED in the office of the Secretary of State of the State of California AUG 08 2023

CALIFORNIA FORM 410 For Official Use Only RECEIVED 2023 AUG 16 AM 8:31 R/RA

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5.122. Includes date qualification and termination dates.

1. Committee Information: Elena Baca-Santa Cruz, Moreno Valley City Council, District 1, 2024. I.D. Number (if applicable). 2. Treasurer and Other Principal Officers: Tatiana Rugamas, Moreno Valley, CA 92557. 3. Verification: I have used all reasonable diligence in preparing this statement...

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Elena Baca-Santa Cruz, Moreno Valley City Council, District 1, 2024	I.D. NUMBER
---	-------------

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Elena Baca-Santa Cruz	Moreno Valley City Council, District 1	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>