

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
 MORENO VALLEY
 22 JAN 12 AM 9:01

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Elena Baca-Santa Cruz, Moreno Valley City Council District 1, 2022				NAME OF TREASURER Tatiana Rugamas				NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Moreno Valley	STATE CA	ZIP CODE 92557	AREA CODE/PHONE [REDACTED]	CITY Moreno Valley	STATE CA	ZIP CODE 92557	AREA CODE/PHONE [REDACTED]	CITY	STATE	ZIP CODE	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY				CITY			
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE Moreno Valley		NAME OF PRINCIPAL OFFICER(S) Elena Santa Cruz				NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY Moreno Valley				CITY Moreno Valley			
[REDACTED]				STATE CA				STATE CA			
[REDACTED]				ZIP CODE 92557				ZIP CODE 92557			
[REDACTED]				AREA CODE/PHONE [REDACTED]				AREA CODE/PHONE [REDACTED]			

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California

Executed on 12-22-21 By [REDACTED]
DATE TREASURER

Executed on 12-22-21 By [REDACTED]
DATE CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elena Baca=Santa Cruz, Moreno Valley City Council District 1, 2022

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	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	OPPOSE