

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Liza Arellano for Moreno Valley City Council 2026			Date of This Filing 9/23/2026	Date Stamp	CALIFORNIA FORM 497 For Official Use Only MORENO VALLEY CLERK 2026 SEP 24 PM 3:36
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1486129		Report No. 002		
STREET ADDRESS [REDACTED]			☐ Amendment to Report No. _____ (explain below)		
CITY Moreno Valley	STATE CA	ZIP CODE 92557	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
9/23/2026	IUPAT Political Action Together Legislative Education Committee 7234 Parkway Dr. Hanover, MD 21076 FPPC# 1414164	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000 ☐ Check if Loan _____% Provide interest rate
9/23/26	Perris at Pentecostal 41 Corporate Park, Suite 250 Irvine, CA 92606	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000 ☐ Check if Loan _____% Provide interest rate
9/23/26	Building a Stronger West sponsored by Western States Regional Council of Carpenters 533 South Fremont Ave, 10th Floor, Los Angeles, CA 90071 FPPC #870169	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2500 ☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing _____	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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)

Reason for Amendment: _____