497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
JoAnn Martinez-Stephans, Moreno Valley City Council, District 2, 2026

AREA CODE/PHONE NUMBER: (951)251-9324
I.D. NUMBER *(if applicable)*: 1492727
STREET ADDRESS:
CITY: Moreno Valley
STATE: CA
ZIP CODE: 92557

Date of This Filing 10/29/2026

Report No. 10

☐ **Amendment to Report No.** _____ (explain below)

No. of Pages 1

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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
10/29/2026	Elena Baca-SantaCruz Moreno Valley, CA 92557	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Council City of Moreno Valley	3,000.00 ☐ Check if Loan _____% Provide interest rate
10/29/2026	Stephens Family Living Trust Moreno Valley, CA 92555-5240	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____

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