

**496 Independent Expenditure Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

CITY CLERK  
MORENO VALLEY  
RECEIVED

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE RECALL, MAJOR FUNDING		<b>Date of This Filing</b> 10/11/2014	Date Stamp <b>14 OCT 13 AM 7:59</b>	CALIFORNIA FORM <b>496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415) 389-6800	<b>I.D. NUMBER (if applicable)</b> 1372067	<b>Report No. LIER#</b> 566		
<b>STREET ADDRESS</b> 2350 KERNER BLVD., SUITE 250		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> SAN RAFAEL	<b>STATE</b> CA	<b>ZIP CODE</b> 94901	<b>No. of Pages</b> 2	

**1. List Only One Candidate or Ballot Measure**

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> VICTORIA BACA				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: CITY OF MORENO VALLEY District 5	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

**2. Independent Expenditures Made** Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/11/2014	ESTIMATED COST OF CANVASSING Cumulative to date total \$10165.15	3,000.00

TO: City of Moreno Valley  
 FAX: (951) 413-3009

Reason for Amendment: \_\_\_\_\_

8279.06  
 KAY  
 10/11

Oct-11-14 12:06pm From-NMPRN MARIN 1 4153886874 T-517 P 001/002 F-374

# 496 Independent Expenditure Report

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CALIFORNIA FORM **496**

NAME OF FILER  
 COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE  
 RECALL, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

I.D. NUMBER (if applicable)

1372067

### 3. Contributions of \$100 or More 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	INTEREST RATES
10/10/2014	HIGHLAND FAIRVIEW OPERATING CO. 14225 CORPORATE WAY Moreno Valley, CA 92553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Oct-11-14 12:07pm From-NMPN MARIN 1 4159886874 T-577 P 002/002 F-374