

497 Contribution Report

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

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497 CONTRIBUTION REPORT

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		Date of This Filing <u>10/27/2014</u>	4 OCT 27 PM 5:25 CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1372067	Report No. LCR #966	
STREET ADDRESS 2350 XBRNBR BLVD., SUITE 250		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages <u>1</u>

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
10/27/2014	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	TO: <u>City of Moreno Valley</u> FAX: <u>(951) 413-3009</u>	15,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: 8279.06
JMB/gcl

*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

Oct-27-14 05:18pm Form-NMPPM MARIN 3 4156346978 T-756 P 001/001 F-249