CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

CITY CLERK MORE NO INTERESTS RECEIVED ONLY

COVER PAGE

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	ase type or print in ink. ME OF FILER (LAST)	(FIRST)		(MIDDLE)
		Victoria		(
	aca O t	Victoria		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Moreno Valley			
	Division, Board, Department, District, if applicable		Position	
	District 1	City	Council Member	
	▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)		
	Agency:	Posi	tion:	
2.	Jurisdiction of Office (Check at least	one box)		
	State	☐ Jud	lge or Court Commissioner (Sta	atewide Jurisdiction)
	Multi-County	□ Co	unty of	
	City of Moreno Valley			
	City of	UI	lei	
3.	Type of Statement (Check at least one	box)		
	★ Annual: The period covered is January 1,	2017, through	aving Office: Date Left	
	December 31, 2017.		heck one)	
	-or- The period covered is/	/, through	The period covered is January	y 1, 2017, through the date of
	December 31, 2017.	-or		
	Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sought, if different to	han Part 1:	
4.	Schedule Summary (must comple	te) ► Total number of pages	including this cover page	ge:
	Schedules attached			
	Schedule A-1 - Investments – schedule	attached Schedule	C - Income. Loans. & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule		D - Income - Gifts - schedule	
	Schedule B - Real Property – schedule	attached Schedule	E - Income - Gifts - Travel Pa	yments - schedule attached
-(or-			
	☐ None - No reportable interests on	any schedule		
5.	Verification	Y		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY eent)	STATE	ZIP CODE
	14177 Frederick Street	Moreno Valley	CA	92553
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDR	ESS	
	(951) 413-3008		@moval.org	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				owledge the information contained
				19
	Data Signed 04/02/2018	Cimakina		
	Date Signed (month, day, year)	Signature _	(File the originally signed statem	nent with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Victoria Baca, Consultant	
Name	Name
24475 Sunnymead Blvd., Ste. E Address (Business Address Acceptable)	Address (Business Address Acceptable)
Address (Business Address Acceptable) Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Educational consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 \$40,000 \$1,47	\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499 × \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
X None or Names listed below	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor a Farcer Name of Caccar Address of Notif Figure 1	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$10,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)		
 Waste Management of the Inland Empire 			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
800 S. Temescal Street, Corona, CA 92879			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Waste Management and Environmental Services			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
09 / 13 / 17	\$		
08 / 23 / 17			
	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
March Joint Powers Authority			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
o 14205 Meridian Pkwy #140, Riverside, CA 92518			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
o Intergovernmental agency: Land use			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
11 , 16 , 17	\$		
	\$		
	\$		
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	\$		
	\$		
Comments:			

ATTACHMENT TO COVER PAGE STATEMENT OF ECONOMIC INTEREST

CITY OF MORENO VALLEY

ADDITIONAL AGENCY POSITIONS

- 1. MORENO VALLEY COMMUNITY SERVICES DISTRICT VICE CHAIR
- 2. SUCCESSOR AGENCY FOR THE COMMUNITY REDEVELOPMENT AGENCY OF MORENO VALLEY VICE CHAIR
- 3. MORENO VALLEY HOUSING AUTHORITY VICE CHAIR
- 4. BOARD OF LIBRARY TRUSTEES VICE CHAIR
- 5. MORENO VALLEY PUBLIC FINANCING AUTHORITY VICE CHAIR
- 6. INDUSTRIAL DEVELOPMENT AUTHORITY VICE CHAIR
- 7. MORENO VALLEY PUBLIC FACILITIES FINANCING CORPORATION VICE CHAIR
- 8. WESTERN RIVERSIDE COUNCIL OF GOVERNMENTS (WRCOG) BOARD MEMBER
- 9. MARCH JOINT POWERS COMMISSION (JPC) COMMISSIONER
- 10. RIVERSIDE COUNTY TRANSPORTATION COMMISSION (RCTC) COMMISSIONER
- 11. SOUTHERN CALIFORNIA ASSOCIATIVION OF GOVERNMENTS DELEGATE