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BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Baca Victoria

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Moreno Valley
Division, Board, Department, District, if applicable
City Council District 1
Your Position
Mayor Pro Tem

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attachment to cover page Position:

2020 JUN 15 AM 11:59
FILED IN BOARD OF SUPERVISORS

2. Jurisdiction of Office (Check at least one box)

[] State [] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
[] Multi-County [] County of
[x] City of Moreno Valley [] Other

3. Type of Statement (Check at least one box)

[x] Annual: The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is through December 31, 2019.
[] Assuming Office: Date assumed
[] Candidate: Date of Election and office sought, if different than Part 1:
[] Leaving Office: Date Left (Check one circle.)
[] The period covered is January 1, 2019, through the date of leaving office.
-or- [] The period covered is through the date of leaving office.

4. Schedule Summary (must complete) Total number of pages including this cover page: 4

Schedules attached

[] Schedule A-1 - Investments - schedule attached [] Schedule C - Income, Loans, & Business Positions - schedule attached
[x] Schedule A-2 - Investments - schedule attached [x] Schedule D - Income - Gifts - schedule attached
[] Schedule B - Real Property - schedule attached [] Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- [] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
14177 Frederick St Moreno Valley CA 92552
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 413-3008 victoriab@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 contained 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.

Date Signed 3/17/2020
(month, day, year)

Signature Victoria Baca
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name

Baca, Victoria

▶ 1. BUSINESS ENTITY OR TRUST

Victoria Baca, Consultant

Name

24475 Sunnymead Boulevard, Suite E, Moreno Valley

Address (Business Address Acceptable)

Check one

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

\$0 - \$1,999

\$2,000 - \$10,000

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining

Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

\$0 - \$1,999

\$2,000 - \$10,000

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

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\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining

Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Waste Management of the Inland Empire

ADDRESS (Business Address Acceptable)
 17700 Indian Street, Moreno Valley, CA 92551

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sanitation Service Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 19	\$ 90.00	Annual Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Transtech Engineers

ADDRESS (Business Address Acceptable)
 13367 Benson Ave, Chino, CA 91710

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Engineering Consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 19	\$ 85.00	Annual Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

NAME:
BACA, VICTORIA

ATTACHMENT TO COVER PAGE
STATEMENT OF ECONOMIC INTEREST

CITY OF MORENO VALLEY
ADDITIONAL AGENCY POSITIONS

1. MORENO VALLEY COMMUNITY SERVICES DISTRICT – BOARD MEMBER
2. SUCCESSOR AGENCY FOR THE COMMUNITY REDEVELOPMENT AGENCY OF MORENO VALLEY – AGENCY MEMBER
3. MORENO VALLEY HOUSING AUTHORITY – AUTHORITY MEMBER
4. BOARD OF LIBRARY TRUSTEES – BOARD MEMBER
5. MORENO VALLEY PUBLIC FINANCING AUTHORITY – AUTHORITY MEMBER
6. INDUSTRIAL DEVELOPMENT AUTHORITY – AUTHORITY MEMBER
7. MORENO VALLEY PUBLIC FACILITIES FINANCING CORPORATION – BOARD MEMBER
8. MARCH JOINT POWERS COMMISSION- COMMISSIONER
9. WESTERN RIVERSIDE COUNCIL OF GOVERNMENTS- COUNCIL MEMBER