

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 Your Position
 District 1 City Council Member

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Moreno Valley Other _____

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

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
- or-
 The period covered is _____, through December 31, 2017.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2017, 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: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **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 Street Moreno Valley CA 92553
 DAYTIME TELEPHONE NUMBER E-MAIL 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 04/02/2018
 (month, day, year)

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

**SCHEDULE D
 Income – Gifts**

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

ADDRESS *(Business Address Acceptable)*
 800 S. Temescal Street, Corona, CA 92879

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Waste Management and Environmental Services

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|-----------|------------------------|
| 09 / 13 / 17 | \$ 109.40 | Dinner social |
| 08 / 23 / 17 | \$ 69.96 | Truck replica gift |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ 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)*
 • March Joint Powers Authority

ADDRESS *(Business Address Acceptable)*
 o 14205 Meridian Pkwy #140, Riverside, CA 92518

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 o Intergovernmental agency: Land use

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 11 / 16 / 17 | \$ 50.00 | Dinner sponsorship |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ 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)*

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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 – 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 ASSOCIATION OF GOVERNMENTS – DELEGATE