

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM **460**Page 1 of 9

For Official Use Only

Statement covers period

from 01/01/2026through 06/30/2026Date of election if applicable:
(Month, Day, Year)11/03/26

Date Stamp

MORENO VALLEY CLERK
2026 JUL 27 PM 12:19

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.☒ Officeholder, Candidate Controlled Committee☐ State Candidate Election Committee☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee☐ Sponsored☐ Small Contributor Committee☐ Political Party/Central Committee☐ Primarily Formed Ballot Measure
Committee☐ Controlled☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:☐ Preelection Statement☒ Semi-annual Statement☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)☐ Quarterly Statement
Special Odd-Year Report**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Liza Arellano for Moreno Valley City Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Liza Arellano

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/26/2026
DateExecuted on 07/26/2026
DateExecuted on _____
DateExecuted on _____
DateBy _____
Signature of Treasurer or Assistant TreasurerBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Liza Arellano

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Moreno Valley City Council District 2

____ S (NO. AND STREET) CITY STATE ZIP
____ Moreno Valley C 9255

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2026 through 06/30/2026	CALIFORNIA FORM 460 Page 3 of 9 I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Liza Arellano for Moreno Valley City Council 2026

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 5,215	\$ 5,215
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 5,215	\$ 5,215
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,215	\$ 5,215

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 0	\$ 0
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0	\$ 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0
13. Cash Receipts Column A, Line 3 above	5,215
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,215

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 01/01/2026 through 06/30/2026	CALIFORNIA FORM 460
Page 4 of 9	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Liza Arellano for Moreno Valley City Council 2026

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/13/2026	Rose Andrade Murupa Valley, CA 91752	X IND COM OTH PTY SCC	Occ: Behavioral Health Counselor Emp: San Bernardino County Superintendent of Schools	100	100	
05/08/2026	Autumn King Winchesy, CA 92596	X IND COM OTH PTY SCC	Occ: Self Employed Emp: Autumn King	100	100	
05/08/2026	Eduardo Chavez ucaipa, CA 92399	X IND COM OTH PTY SCC	Occ: Electronics Technician Emp: County of San Bernardino	200	200	
05/08/2026	Carv Mejia Riverside, CA 92506-1890	X IND COM OTH PTY SCC	Occ: STYLIST Emp: Eugene Does Hair	100	100	
05/11/2026	Cheryl Jones Moreno Valley, CA 92555	X IND COM OTH PTY SCC	Occ: Director Emp: All of God's Children	250	250	
SUBTOTAL \$				750		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4450
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 765
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5215

*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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 01/01/2026 through 06/30/2026	CALIFORNIA FORM 460
Page 5 of 9	I.D. NUMBER

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05/11/2026	Blanca Aguilar [REDACTED] Lake Elsinore, CA 92530	X IND COM OTH PTY SCC	Occ: Not Employed Emp: Not Employed	100	100	
05/13/2026	Hannah Gutierrez [REDACTED] Moreno Valley, CA 92557	X IND COM OTH PTY SCC	Occ: Social Worker Emp: County of San Bernardino	100	100	
05/13/2026	Kimberly Skog [REDACTED] Fargo, ND 58104	X IND COM OTH PTY SCC	Occ: Nuclear Medicine Emp: VA	100	100	
05/15/2026	Maritza Bojorquez [REDACTED] Fontana, CA 92336	X IND COM OTH PTY SCC	Occ: Behavioral Health Emp: Self Employed	100	100	
05/15/2026	Jason Arellano [REDACTED] Moreno Valley, CA 92557	X IND COM OTH PTY SCC	Occ: Interventional Radiologic Technologist Emp: N/A	100	100	
SUBTOTAL \$				500		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$
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- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$**

4450

765

5215

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Schedule A Monetary Contributions Received

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Statement covers period from 01/01/2026 through 06/30/2026	CALIFORNIA FORM 460
Page 6 of 9	I.D. NUMBER

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Liza Arellano for Moreno Valley City Council 2026

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05/15/2026	Michael Mason [REDACTED] Riverside, CA 92509	X IND COM OTH PTY SCC	Occ: Radiology Emp: Kaiser Permanente	100	100	
05/17/2026	Ignacio Chavez [REDACTED] Moreno Valley, CA 92553	X IND COM OTH PTY SCC	Occ: Maintenance Technician Emp: American Campus Communities	100	100	
05/17/2026	Elsie Alexander [REDACTED] Ashland, OR 97520	X IND COM OTH PTY SCC	Occ: Not Employed Emp: Not Employed	100	100	
05/18/2026	Lindsay Lewis [REDACTED] Riverside, CA 92507	X IND COM OTH PTY SCC	Occ: Higher Education Emp: California Baptist	100	100	
05/21/2026	Rosalie Garcia [REDACTED] Riverside, CA 92504	X IND COM OTH PTY SCC	Occ: Social Work Emp: ChildNet Youth and Family Services/LLUCH	100	100	
SUBTOTAL \$				500		

Schedule A Summary

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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$**

4450

765

5215

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Schedule A Monetary Contributions Received

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Page 7 of 9	I.D. NUMBER

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05/21/2026	Tina Wright-Ervin [REDACTED] Georgetown, CA 95634	X IND COM OTH PTY SCC	Occ: Consultant Emp: APHSA	100	100	
05/21/2026	Antonio Sanchez [REDACTED] Riverside, CA 92501	X IND COM OTH PTY SCC	Occ: Customer Service Emp: Schools Frist Credit Union	200	200	
05/21/2026	Raul Anguiano [REDACTED] Moreno Valley, CA 92551	X IND COM OTH PTY SCC	Occ: Healthcare Worker Emp: Kaiser Permanente	200	200	
05/23/2026	Courtney Henderson [REDACTED] Rancho Cucamonga, CA 91730	X IND COM OTH PTY SCC	Occ: Social Worker Emp: Self Employed	100	100	
05/24/2026	Elisha Mejia [REDACTED] Loma Linda, CA 92354	X IND COM OTH PTY SCC	Occ: Special Agent Emp: DHS	200	200	
SUBTOTAL \$				800		

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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5215

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Page 8 of 9	

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05/27/2026	Theresa Brannon [REDACTED] Redlands, CA 92373	X IND COM OTH PTY SCC	Occ: Social Worker Emp: San Bernardino County	100	100	
05/30/2026	Leslie Abram [REDACTED] Beaumont, CA 92223	X IND COM OTH PTY SCC	Occ: Manager Emp: Children and Family Services	100	100	
06/10/2026	Gentre Adkins [REDACTED] Riverside, CA 92508	X IND COM OTH PTY SCC	Occ: Consultant Emp: Self Employed	100	100	
06/27/2026	Adrian Eimbres [REDACTED] Riverside, CA 92501	X IND COM OTH PTY SCC	Occ: Maintenance Technician Emp: American Campus Communities	100	100	
06/29/2026	Tilak Chopra [REDACTED] Yorba Linda, CA 92886	X IND COM OTH PTY SCC	Occ: Realtor Emp: Cal Top Realty	500	500	
SUBTOTAL \$				900		

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Page 9 of 9	I.D. NUMBER

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05/27/2026	Liza Arellano, [REDACTED] Moreno Valley, CA 92557	X IND COM OTH PTY SCC	Associate Professor, Cal Baptist University	1000	1000	
05/30/2026		IND COM OTH PTY SCC				
06/10/2026		IND COM OTH PTY SCC				
06/27/2026		IND COM OTH PTY SCC				
06/29/2026		IND COM OTH PTY SCC				

SUBTOTAL \$ 1000

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