

Recipient Committee Campaign Statement Cover Page

COVER PAGE

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FORM **460**Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2026through 09/19/2026Date of election if applicable:
(Month, Day, Year)11/03/2026

Date Stamp

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

1486129

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 (909) 921-3317

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 (909) 921-3317

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

lizaformorenovalley@gmail.com**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

Executed on 09/22/2026
DateExecuted on 09/22/2026
DateExecuted on _____
DateExecuted on _____
DateBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent_____
Signature of Treasurer or Assistant Treasurer_____
Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor

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Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Moreno Valley CA 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

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

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

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Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Liza Arellano for Moreno Valley City Council 2026

Statement covers period

from 07/01/2026

through 09/19/2026

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I.D. NUMBER

1486129

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 2125.00	\$ 6340.00
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2125.00	\$ 6340.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2125.00	\$ 6340.00

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	\$ 4949.62	\$ _____
7. Loans Made..... Schedule H, Line 3	0.00	_____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 4949.62	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	_____
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	_____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 4949.62	\$ _____

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	\$ 5215.00
13. Cash Receipts..... Column A, Line 3 above	2125.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	4949.62
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2390.38

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

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

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

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Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 07/01/2026
through 09/19/2026

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NAME OF FILER

Liza Arellano for Moreno Valley City Council 2026

I.D. NUMBER

1486129

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)
07/11/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Workforce Development; Johnson Plumbing	50.00	100.00	
07/19/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Billing Coordinator; Fennemore Craig	100.00	100.00	
07/19/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed	50.00	50.00	
07/20/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Computer Programmer; CPS, Inc.	100.00	100.00	
08/05/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor; Cbu	500.00	500.00	

SUBTOTAL \$ 800.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1850.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 275.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 2125.00

*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

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2026 through 09/19/2026		CALIFORNIA FORM 460 Page 5 of 7
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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)
08/11/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Workforce Development; Johnson Plumbing	50.00	150.00	
08/18/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Billing Coordinator; Fennemore Craig	100.00	200.00	
08/18/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed	50.00	100.00	
08/25/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FAO; UCR	100.00	100.00	
09/11/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent; State Farm	250.00	250.00	
SUBTOTAL \$ 550.00						

*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

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FPPC Form 460 (Jan/2016))
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

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NAME OF FILER Liza Arellano for Moreno Valley City Council 2026		I.D. NUMBER 1486129

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)
09/13/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Program Manager; County of Riverside	100.00	100.00	
09/18/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Billing Coordinator; Fennemore Craig	100.00	300.00	
09/18/2026	[REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed	50.00	150.00	
09/18/2026	Inland Empire Action Fund 515 S. Figueroa St. Ste 100 Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 500.00						

*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

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460 Page 7 of 7
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NAME OF FILER

Liza Arellano for Moreno Valley City Council 2026

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Slates 12501 Imperial Hwy, Suite 200	PRT		3030.69
Cogs South Signs 3309 S. Main St	PRT		1228.93
Universal Mailworks 6910 Aragon Cir Ste B	PRT		690.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4949.62

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4949.62
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4949.62

FPPC Form 460 (Jan/2016))

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