Recipient Committee Campaign Statement Cover Page		MOR F	ITY CLERK RECEIVED	CALIFORNIA 460
	Statement covers period from10-23-16	Date of election if applicable: (Month, Day, Year)	WIS INE.	Page1 of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12-31-16	Nov 8 2016		
1. Type of Recipient Committee: All Committee ✓ Officeholder, Candidate Controlled Committee ✓ State Candidate Election Committee ✓ Recall (Also Complete Part 5) ✓ General Purpose Committee ✓ Sponsored ✓ Small Contributor Committee ✓ Political Party/Central Committee	es – Complete Parts 1, 2, 3, and 4. 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 Term ☐ Amendment (Explain below	,	Quarterly Statement Special Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Darrell A. Peeden For Mayor 2016 STREET ADDRESS (NO P.O. BOX)	I.D. NUMBER 1382683 TEE)	Treasurer(s) NAME OF TREASURER Viviana Peeden MAILING ADDRESS CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE Moreno Valley CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	ZIP CODE AREA CODE/PHONE 92557 . BOX	Moreno Valley NAME OF ASSISTANT TREASURER, II MAILING ADDRESS	Ca FANY	92557
OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and recritify under penalty of perjury under the laws of the S	reviewing this statement and to the best of m tate of California that the foregoing is true an	y knowledge the information contained he	erein and in the attack	ned schedules is true and complete. I
Executed on	By	nirolling Officeholder, Candidate, State Measure Propor	nent or Responsible Officer	of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ..

Executed on _

Date

	COVER F	PAGE - PART 2	
	FORNIA DRM	460	
Page _	2	of 6	

	mmittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Darrell A. Peeden							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Mayor of Moreno Valley							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) MOR	city STATE ZIP eno Valley, Ca 92557		Identify the controlling offic	eholder, cand	idate, or state m	easure prop	onent, if any.
	,		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Office) for which this	eholder Com	nmittee Lis	st names of d.
	YES NO		officeholder(s) or candidate(s) for which this	committee is pri	imarily forme	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO		Primarily Formed Can officeholder(s) or candidate(s) for which this	ceholder Com s committee is pri	imarily forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO		officeholder(s) or candidate(s	CANDIDATE	committee is pri	HT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO		NAME OF OFFICEHOLDER OR O	candidate	OFFICE SOUGH	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX) ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s	candidate	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P. CITY STATE Z COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO NO NO NO NO NO NO NO NO		Officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR (NAME OF OFFICEHOLDER OR (NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P. CITY STATE Z COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO NO NO NO NO NO NO NO NO		Officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR (NAME OF OFFICEHOLDER OR (NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 10-23-16 CALIFORNIA FORM 460 through 12-31-16 Page 3 of 6

SEE INSTRUCTIONS ON REVERSE				through_		Page 01
Darrell A. Peeden For M	ayor 2	016		2 5522.com		I.D. NUMBER 1382683
Contributions Received	Column TOTAL THIS PEI (FROM ATTACHED SC	RIOD	Column CALENDAR TOTAL TO D	YEAR	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1406 0 1406 0 1406	\$ \$ \$	5961 500 6461 176 6637	20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$1	0 574.74 0	\$ \$ \$ \$	6461 0 6461 0 176 6637	Expenditure Limit S Candidates 22. Cumulative (If Subject to Its Subject Subje	Ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$		To calculate Coluradd amounts in CA to the corresporamounts from Color fyour last report amounts in Columbe negative figure should be subtrac previous period at this is the first repfiled for this calen only carry over the from Lines 2, 7, a any).	column Inding Ilumn B It. Some Inn A may Ites that Ites	*Amounts in this section in reported in Column B.	ay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				EDDC Advice: adv	FPPC Form 460 (Jan/2010

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

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received	10	Wildle donars.	Statement cov	ers period 23-16	CAL F	FORNIA 460
	ONS ON REVERSE			through12	-31-16	Page	
NAME OF FILER	Darrell A, Peeden F	for Mi	ayor 2016			1.D. NU 13826	JMBER 683
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/24/16	Service Employee International Union Local 721 Los Angeles, CA 90017	□IND □COM □OTH □PTY □SCC		1400			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	1400			
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	1400	IND -		I
3. Total mone	ceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colo			1406	PTY-	- Politica	(e.g., business entity) I Party Contributor Committee

0 1 1 1 5 5 1 4	Am	Amounts may be rounded					SCHE	DULE B - PART 1	
Schedule B – Part 1 Loans Received	to whole dollars.				Statement cov	ers period 23-16	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	1-14-16-				through12	-31-16	Page 5	of_6_	
	eden For W	layor	2016				1.D. NUMBER 1382683		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Viviana Peeden Moreno Valley, Ca 92557	Riverside County Sheriff Account Tech			PAID \$ 500 □ FORGIVEN	s	% RATE	\$ 500	CALENDAR YEAR \$ PER ELECTION**	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	s	10/06/16 DATE INCURRED	s	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	PAID FORGIVEN \$	\$DATE DUE	%	\$ DATE INCURRED	\$PER ELECTION **	
				PAID \$ FORGIVEN	s	%	\$	CALENDAR YEAR \$	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	

SUBTOTALS \$

\$ 500 \$

3.	Net change this period. (Subtract Line 2 from Line 1.)	\$ 500
	Enter the net here and on the Summary Page, Column A, Line 2.	(May be a negative number)

†Contributor Codes

IND - Individual

(Enter (e) on Schedule E, Line 3)

> COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

chedule E Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.			ts Made to whole dollars.				SCHEDULE DRNIA 460 RM
SEE INSTRUCTIONS ON REVERSE				through_	12-31-16	i ago _	6 of 6
Darrell A. Peeden For Mayor 2016						1.D. NUME	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circut PHO phone banks POL polling and so postage, deliv	munications I appearance es ating urvey researd very and mes	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	ibe the payment. airtime and production of the contributions aign workers' salaries cable airtime and producted travel, lodging, and the travel, lodging, and the company of the pouse travel, lodging, are between committees registration lation technology costs of the contribution of the payment.	uction costs I meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DE	SCRIPTION OF PA	YMENT		AMOUNT PAID
Callfire.com 1410 2nd St. Santa Monica, Ca 90401		PHO	Automated Phon	e Calls			557.15
Facebook 1 Hacker Way Menlo Park, Ca 94025		WEB	ADS				436.41
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUB	STOTAL \$	993.56
Schedule E Summary		·					
Itemized payments made this period. (Include all Schedule	E subtotals.)		•••••	•••••	***************************************	\$	993.56
2. Unitemized payments made this period of under \$100							86.18
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Parl	1, Columr	ı (e).)	• • • • • • • • • • • • • • • • • • • •	•••••	\$	0
4 Total navments made this period (Add Lines 1, 2, and 3, F	Inter here and on	the Summ	any Page Column	A Line 6)	TOT	FAI @	1079.74