COVER PAGE **Recipient Committee** Date STIPPY CLE CALIFORNIA MORENO VAL FORM **Campaign Statement** Cover Page RECEIVED Statement covers period Date of election if applicable: (Month, Day, Year) 07/01/2018 07/26/2018 11/8/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Preelection Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled O Recall Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ To report reimbursement of overage paid on candidate statement fee O Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) 19 months after termination of this committee. Under \$10,000. O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1382758 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Renee Lorah-Shafer Elect Keri Then for Moreno Valley Mayor MAILING ADDRESS n/a CITY STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE n/a NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE 92506 Riverside CA n/a Robert Then MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS n/a CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CA Moreno Valley 92555 n/a OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS n/a n/a 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 Executed on Treasurer Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent 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 \_

FPPC Form 460 (Jan/2016)

5. Officeholder or Candidate Controlled Comm	ittee	6. F	rimarily Formed Ballo	t Measure	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
Keri Then			n/a					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			ALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE		
Mayor of Moreno Valley		-			COLUMN TO THE REAL PROPERTY OF THE PARTY OF			
	TY STATE ZIP  Valley, CA 92555	10	dentify the controlling office	holder, candi	date, or state	measure pro	onent, if any.	
Moralic		7	AME OF OFFICEHOLDER, CANI	DIDATE, OR PR	OPONENT			
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive	ō	FFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER	-		ALLER ET SONITORIONISSE SE TOTO DE SOUS DE SE			······································	
n/a		77 [	rimarily Formed Cand	idoto/Offic	ahaldar Ca	manaittaa 1		
NAME OF TREASURER	CONTROLLED COMMITTEE?	/. F	fficeholder(s) or candidate(s)	for which this	committee is p	orimarily form	ist names or ed.	
	YES NO	-			T			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)	N	AME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT	
			n/a				☐ OPPOSE	
CITY STATE ZIP C	DDE AREA CODE/PHONE	N	AME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		AME OF OFFICEHOLDER OR CA	VNDIDATE	OFFICE SOU	SHT OD HELD		
n/a		14	AME OF OFFICEHOLDER OR GA	ANDIDATE	OTTICE 3000	SITI OKTILLD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?	N	AME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	1						☐ OPPOSE	
·		*****						
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuatio	on sheets if ne	ecessary		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Staten	nent covers period 07/01/2018	CALIFORNIA 460					
through	07/26/2018	Page3 of6					
<u> </u>		I.D. NUMBER					
		1382758					

NAME OF FILER  Elect Keri Then for Moreno Valley Mayor			1.D. NUMBER 1382758
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
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	\$ 0 0 0	\$ 0 0 0 0 0 0	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 317.00 0 0	\$ 317.00 0 \$ 317.00 0 0 0 \$ 317.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$ 0 0 317.00 317.00 \$ 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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do	ž.	Statement covers from07/01/2 through07/26/	018	CALIFORNIA 460 FORM Page 4 of 6		
NAME OF FILER	Then for Moreno Valley Mayor	A Section of the Sect				NUMBER 882758		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO I CALENDAR YEA (JAN. 1 - DEC. 3*	AR TO DATE		
07/23/2018 K	Keri Then for Moreno Valley City Council District 2, 2018 FPPC #1401805	Monetary Contribution Nonmonetary Contribution Independent	Overage reimbursement of candidate statement fees to new committee, same candidate	317.00	317.	00 317.00		
		Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
		☐ Monetary Contribution ☐ Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$ 317.00				
Schedule	D Summary							
1. Itemized c	ontributions and independent expenditures mad	e this period. (Includ	de all Schedule D subtotals.).			\$317.00		
2. Unitemize	d contributions and independent expenditures m	ade this period of u	nder \$100			. \$0		
3. Total contr	ributions and independent expenditures made th	is period. (Add Lines	s 1 and 2. Do not enter on th	ie Summary Page.)	) TOTAL .	. \$317.00_		

								SCHEDULE
Schedule E Amounts may to whole				Staten		CALIFORNIA 46		
Payments Made	yments Made 07/01/2018 from 07/01/2018			FO	RMI	-,00		
OFF MOTPHOTIONS ON PENEDOS				through _	07/26/2018	Page	5	of6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUM		
Elect Keri Then for Moreno Valley Mayor						138275	8	
CODES: If one of the following codes accurately describe	s the payment, yo	ou may en	ter the code. Other					
CMP campaign paraphernalia/misc.	MBR member com MTG meetings and		c		airtime and production on a contributions	costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	OFC office expens		5		paign workers' salaries			
CVC civic donations	PET petition circul	lating		TEL t.v. o	r cable airtime and produ			
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and si		:h		idate travel, lodging, and spouse travel, lodging, a			
IND independent expenditure supporting/opposing others (explain)*	POS postage, deli	very and mes	senger services	TSF trans	fer between committees		e candida	ate/sponsor
LEG legal defense	PRO professional PRT print ads	services (lega	al, accounting)		registration mation technology costs	(internet e	mail\	
LIT campaign literature and mailings	PRI plintads			VVED IIIIOII	nation technology costs	(internet, e-	illall)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF P	AYMENT		AMO	OUNT PAID
Keri Then for Moreno Valley City Council, District 2, 2018		СТВ			andidate statement d to new committee			317.00
				<u></u>				
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUE	STOTAL \$		317.00
Schedule E Summary								
•						•		317.00
1. Itemized payments made this period. (Include all Schedule	e ⊑ subtotals.)					\$		

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317.00

SEE INSTRUCTION NAME OF FILER	eous Increases to Cash	Amounts may be to whole doll		Statement cov from 07/01 through 07/2	/2018 6/2018	CALIFORN FORM  Page 6  I.D. NUMBER  1382758	SCHEDUL NA 460 _ of 6		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CE	DE	SCRIPTION OF RECEIPT	-		OUNT OF SE TO CASH		
07/03/2018	City of Moreno Valley P.O. Box 88005 Moreno Valley, CA 925520805	0805		Overage reimbursement of candidate statement fees			317.00		
Attach addit	Information on appropriately labeled continuation sh	neets.			SUBTOTAL \$		317.00		
2. Unitemized	Summary creases to cash this period			\$	0				
3. lotal of all i	interest received this period on loans made to others	s. (Schedule H, Column	( <i>e</i> ).)	Φ					

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

317.00