CITY CLERK **COVER PAGE Recipient Committee** MORENOPARAMELEY **CALIFORNIA Campaign Statement** RECEIVED **FORM Cover Page** Date of election if applicable AUG -9 PM 4: 03 Page\_\_ of. Statement covers period (Month, Day, Year) For Official Use Only 01/01/17 from 06/30/17 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Preelection Statement Quarterly Statement O State Candidate Election Committee Committee ✓ Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee ☐ Amendment (Explain below) Sponsored ☐ Primarily Formed Candidate/ Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 930860 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Tanya Dunlap CITY EMPLOYEE VOTER AWARENESS COMMITTEE MAILING ADDRESS MORENO VALLEY CITY EMPLOYEES ASSOCIATION STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE MORENO VALLEY CA 92552 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MORENO VALLEY CA 92552 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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.	
certify under penalty of perjury under the laws of the State of California that the foregoing is thue and correct.	
6 6 2 1 1	

under penalty of perjury un	ider the laws of the State of California that the	torego	ing is thue and correct.
Executed on Aug	9 2017 Date	Ву	Signature of Treasurer or Assistant Treasurer
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

		SUMMARY PAGE					
Statement covers period 01/01/17 from		california 460					
through	06/30/17	Page2 of3					
		I.D. NUMBER					

SEE INSTRUCTIONS ON REVERSE		through .				
NAME OF FILER CITY EMPLYEE VOTER AWARENESS COMMITTEE			I.D. NUMBER 930860			
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 6.11 0	\$ 6.11 0 \$ 6.11 0 \$ 6.11	20. Contributions Received \$ \$  21. Expenditures Made \$ \$ \$ \$			
Expenditures Made  6. Payments Made	\$ 0 0 0 0 \$ 0 \$ 0 \$ 8,403.77 6.11 0 0 0 8,409.77	\$ 0  \$ 0  \$ 0  \$ 0  \$ 0  \$ 0  \$ 0  \$ 0	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)			
18. Cash Equivalents	^		FPPC Form 460 (Jan/2016) FPPC 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		to whole dollars.		Statement covers period		CALIFORNIA 460	
	W 0 W 55 (5505			through06/30/17		Page3 of3	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER						I.D. NUMBER	
	LYEE VOTER AWARENESS COMMITTEE					93086	
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 T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
VARIOUS	Moreno Valley Employee Association Political Action Committee (PAC) Membership Dues	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$2.00	\$2.00		\$4.00
VARIOUS	Altura Credit Union 26925 Canyon Springs Parkway, Riverside, CA Interest on checking account	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$2.11	\$2	.11	\$2.11
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 6.11			
1. Amount re	A Summary ceived this period – itemized monetary contributions.		\$	6.11	IND		al ent Committee
(Include all Schedule A subtotals.) \$\\$ = 2. Amount received this period \( - \) unitemized monetary contributions of less than \$100 \\$ = 3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) \( \) TOTAL \$\( - \)				0		(other than PTY or SCC) "H – Other (e.g., business entity) "Y – Political Party	
				6 11		Y – Political Party C – Small Contributor Committee  FPPC Form 460 (Jan/2016)	