| Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in ink. | | MORENO VALLE FORM 460 | | |
|---|--|--|----------------------------|---|--|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period from July 1, 2022 through December 31, 2022 | Date of election if applicable: (Month, Day, Year) | - I PH 5: 0 | For Official Use Only | |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee | implete Parts 1, 2, 3, and 4, implete Parts 1, imple | 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) | Supplem | y Statement Odd-Year Report Int - Attach Form 495 | |
| 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Residents for a Livable Moreno Valley STREET ADDRESS (NO BO. BOX) CITY STATE ZIP CO. Moreno Valley MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | 3 | Treasurer(s) NAME OF TREASURER Tom Thornsley MAILING ADDRESS CITY Moreno Valley NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS | STATE ZIP CODE CA 92555 | AREA CODE/PHONE | |
| OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification | DE AREA CODE/PHONE | OPTIONAL: FAX / E-MAIL ADDRESS | STATE ZIP CODE | AREA CODE/PHONE | |
| 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on | a that the foregoing is t <u>rue and correct.</u> By | Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Proponent or Responseture of Controlling Officeholder, Candidate, State Measure Officeholder, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candida | onable Officer of Sponsor | is true and complete. I certify | |

COVER PAGE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2022

through December 31, 2022

CALIFORNIA 460

FORM 460

Page 2 of 3

I.D. NUNBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Residents for a Livable Moreno Valley Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDARYEAR Running in Both the State Primary and (FROM ATTACHED BCHEDULES) TOTAL TO DATE **General Elections** 0 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B. Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ 0 20. Contributions N/A s____ N/A Received ٥ 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures N/A s____ 0 N/A Made **Expenditures Made** Expenditure Limit Summary for State 6. Payments Made Schedule E, Line 4 \$ 50 50 Candidates 7. Loans Made Schedule H, Line 3 0 0 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Unes 6+7 \$ _____ 50 50 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 0 (mm/dd/yy) 50 N/A **Current Cash Statement** N/A 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 1203 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 0 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 1 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 50 15. Cash Payments Column A, Line 8 above Column A may be negative 1204 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrept Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ for this calendar year, only n/a carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents...... See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I SCHEDULET Type or print in ink. Miscellaneous Increases to Cash Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. FORM July 1, 2022 from through December 31, 20 Page__3 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Residents for a Livable Moreno Valley DATE FULL NAME AND ADDRESS OF SOURCE AMOUNT OF DESCRIPTION OF RECEIPT RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) INCREASE TO CASH Provident Bank Interest 3756 Central Ave. 0.60 Riverside, CA 92517 Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ Schedule | Summary