| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in | RECEIVED | ate Stamp C | FORM TOO | |
|--|---|--|----------------------------|---|--|
| (Covernment Code Cooling Covernment Code Covernment Code Cooling Covernment Code Cooling Covernment Code Code Code Code Code Code Code Code | Statement covers period fromJanuary 1, 2019 | Date of election if a plicable: 9 AM ((Month, Day, Year) | J: 23 Ps | For Official Use Only | |
| SEE INSTRUCTIONS ON REVERSE | throughJune 30, 2019 | | | | |
| 1. Type of Recipient Committee: All Committees - Co | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | |
| Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) | Special O Suppleme | Statement dd-Year Report ental Preelection t - Attach Form 495 | |
| 3. Committee Information | D. NUMBER | Treasurer(s) | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | | | |
| Residents for a Livable Moreno Valley | | Tom Thornsley | | | |
| CONTESTION DESCRIPTION OF STATE STAT | | MAILING ADDRESS | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP CODE | AREA CODE/PHONE | |
| STREET ADDRESS (NO F.O. BOX) | | Moreno Valley | CA 92555 | AREA GODEN NORE | |
| CITY STATE ZIP C | ODEAREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| Moreno Valley CA 9255 | 55 | | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | BOX | MAILING ADDRESS | | | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | CITY | STATE ZIP CODE | AREA CODE/PHONE | |
| Moreno Valley CA 9255 | 56 | | | | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | | | |
| 4 N-28-41-0 | | | | | |
| Verification I have used all reasonable diligence in preparing and reviewir | ng this statement and to the best of my kno | owledge the information contained herein and in th | ne attached schedules is | true and complete. I certify | |
| under penalty of perjury under the laws of the State of Californ | nia that the foregoing is true and correct. | | | | |
| Executed on 8/8/10)9 | Ву | nt Treasurer | | - | |
| Executed on | By | ntrolling Officeholder, Candidate, State Measure Proponent or Respo | and the Office of S | - | |
| Date | Signature of Co. | ntrolling Officenolder, Candidate, State Measure Proponent or Respo | Insidie Officer of Sponsor | | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure Pro | ponent | - | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure Pro | pponent | = EDDC Form 450 / January/05) | |

Campaign Disclosure Statement Summary Page

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Residents for a Livable Moreno Valley Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ N/A s N/A Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures N/A Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 160 **Candidates** 6. Payments Made Schedule E, Line 4 \$ _____ 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 0 162 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 0 10. Nonmonetary Adjustment Schedule C, Line 3 162 N/A N/A Current Cash Statement 1774 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 162 report. Some amounts in Column A may be negative 1612 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15 \$ _____ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any).

> FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E **Payments Made**

Type or print in ink.

| Statement covers period fromJanuary 1, 2019 | CALIFORNIA 460 | | |
|---|----------------|--|--|
| through June 30, 2019 | Page3 of3 | | |
| | I.D. NUMBER | | |

Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Residents for a Livable Moreno Valley

| | The second secon | | The second second second second | | |
|---|--|--------|---------------------------------|------------------------------|-------------|
| 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 | es the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs returned contributions office expenses SAL campaign workers' salaries returned contributions campaign workers' salaries tv. or cable airtime and production costs returned contributions campaign workers' salaries tv. or cable airtime and production costs returned contributions campaign workers' salaries trect tv. or cable airtime and production costs returned contributions campaign workers' salaries trect tv. or cable airtime and production costs returned contributions campaign workers' salaries trect tv. or cable airtime and production costs returned contributions campaign workers' salaries trect tv. or cable airtime and production costs returned contributions campaign workers' salaries trect tv. or cable airtime and production costs returned contributions campaign workers' salaries trect tv. or cable airtime and production costs returned contributions campaign workers' salaries tv. or cable airtime and production costs trect tv. or cable airtime and production costs tv. or | | | | |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE C | PR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| USPS, Moreno Valley, CA 92555-6907 | | POS | P.O. Box | | 112 |
| Secretary of State, 1500 11th St. Sacramento, CA 95814 | | PRO | Filling fee for | our local campaign committee | 50 |
| | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL\$ | | | | | |
| Schedule E Summary | | | | | 162 |
| Itemized payments made this period. (Include all Schedule E subtotals.) \$ | | | | | |
| 2. Unitemized payments made this period of under \$100 | | | | | 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | | | | | |
| 4. Total payments made this period, (Add Lines 1, 2, and 3. En | n A. Line 6.) TOTAL \$ | 162 | | | |