					COVER PAGE	
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFO FORI	M	
	Statement covers period	Date of election if applicable:		Page 1	of 4	
	from July 1, 2024	(Month, Day, Year)		For O	fficial Use Only	
	Hom Z				MORENO VA	I I EU OI EDL
SEE INSTRUCTIONS ON REVERSE	through December 31, 2024				MORENO VA '25 JAN 2	2 AM8:41
1. Type of Recipient Committee: All Committees - Cor	riplete Parts 1, 2, 3, and 4.	2. Type of Statement:				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Stra Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Stra Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be		Quarterly Statemer Special Odd-Year I		
4 Committee Information	0. NUMBER 30860	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	30000	NAME OF TREASURER				
City Employee Voter Awareness Committee		Margret Linne				
Moreno Valley City Employee Association		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
14177 Frederick St		Moreno Valley	Ca	92552		
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY		_	
Moreno Valley CA 9255		n/a				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
P.O. Box 88005						
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS	,	OPTIONAL: FAX / E-MAIL ADDRES	\$S			3
4. Verification						
I have used all reasonable diligence in preparing and reviewing			herein and in the attache	ed schedules is true	and complete. I	
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct.				
Executed on January 22, 2025	Ву	Signature of Treasurer of Assistant	reasurer			
Executed onDate	By ——Signature of Control	olling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of	Sponsor		
Executed onDate	By	signature of Controlling Officeholder, Candidate, Si	late Measure Proponent			
Executed on	Ву	Signature of Controlling Officeholder, Cancidate, S	tate Measure Proponent			

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Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

Statement covers period from July 1 2024 CALIFORNIA FORM 460

through December 31 2024 Page 2 of 4

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Margret Linne Calendar Year Summary for Candidates Column B Column A Contributions Received CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1315.45 1.03 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 0.00 0.002. Loans Received...... Schedule B, Line 3 20. Contributions 1315.45 1.03 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 21. Expenditures 4. Nonmonetary Contributions..... Schedule C, Line 3 Made 1315.45 1.03 **Expenditure Limit Summary for State Expenditures Made** 11858.00 11858.00 Candidates 6. Payments Made...... Schedule E, Line 4 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 11858.00 11858.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 0.000.00 11858.00 11858.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 11970.75 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 1.03 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 11858.00 15. Cash Payments Column A, Line 8 above amounts in Column A may 113.78 be negative figures that should be subtracted from previous period amounts. If If this is a termination statement, Line 16 must be zero. this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00

0.00

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Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement covers period from July 1 2024		CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE			through Decemb	er 31 2024	Page	3 of 4	
NAME OF FILER Margret Lini						I.D. NU 930860		
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	AMCUNT RECEIVED THIS PERIOD	CALENDAR	CALENDAR YEAR		ON (D)
Various	Altura Credit Union 26925 Canyon Springs Parkway, Riverside, CA Dividends on Checking Account	□IND □COM ØOTH □PTY □SCC		1314.42	1314.42			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
-		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$ 1314.42				
Amount r (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)	******	\$ 13 n \$100\$ 0	314.42	OT PT	other) H – Other Y – Politic	uat ient Committee than PTY or SCC (e.g., business en	ntity)

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Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA from July 1 2024 **FORM** through December 31 2024 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events polling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I,D. NUMBER) 16 members, closing account, \$740. returned to each 11840.00 City Employee Voter Awareness Committee member

Moreno Valley City Employee Association OFC purchasing checks 18.00 City Employee Voter Awareness Committee Moreno Valley City Employee Association

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 11858.00

11959 00

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)\$	\$ _	11030.00
2.	. Unitemized payments made this period of under \$100\$	\$ -	
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. Enter here and on the Summary Page, Column A, Line 6.)	\$	11858.00

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