Recipient Committee Campaign Statement Cover Page		CITY CL Moreno Recei	ERK Date Stamp VALLEY VED	FORM 460
		Date of election if applicate: (Month, Day, Year)	PM 12: 51	Page 1 of 2 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/30/16			
1. Type of Recipient Committee: All Committees - Col	2. Type of Statement:			
State Candidate Election Committee ○ Recall (Also Complete Part 5) ② General Purpose Committee ③ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Schedule A (page 2 co	ermination) elow) if 2), revised Contr	Quarterly Statement Special Odd-Year Report
	. NUMBER 930860	Treasurer(s)		165
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NAME OF TREASURER		7-1-	
City Employee Voter Awareness Committee		Kathy Savala		
Moreno Valley City Employees Association		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Lake Elsinore	CA	92532
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURER	R, IF ANY	
Lake Elsinore CA 92532 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	2			
M. GENOVIDBREGG (I. BILL ENGIN) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S	
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my k	nowledge the information contained	nerein and in the attach	hed schedules is true and complete. I
Executed on	ramorma that the foregoing is	Three:		
Executed on Date	Ву	Signature of Treasurer or Assistant T	reasurer	
Executed on	BySignature of Control	Ulling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer	of Sponsor
Executed onDate	Bv	gnature of Controlling Officeholder, Candidate, St		
Executed on	_	g 2 . Controlling Children (Calculdate, St	me measure rroponent	
Date	By	mature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period 7/1/16		CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE				through12/30/16		Page	2	_ of2		
NAME OF FILER City Employee Voter Awareness Committee								I.D. NUMBER 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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	T	ELECTION TO DATE REQUIRED)		
Various	Moreno Valley Employee Association Political Action Committee Membership dues	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,342.00	3,821.00		3,821.00			
Various	Altura Credit Union 2692 Canyon Springs Parkway, Riverside, CA Interest/Dividend on Checking Account	☐IND ☐COM ØOTH ☐PTY ☐SCC		1.56	3.88		3.88			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
	=	☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
			SUBTOTAL \$	1,343.56						
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$					IND -	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)				
2. Amount received this period – unitemized monetary contributions of less than \$100\$					OTH-					
3. Total mone	etary contributions received this period.			1 242 56	PTY – SCC –	Political Small C	Party contributor	Committee		

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ __

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

1,343.56