Paginiant Committee		_		COVERPAGE
Recipient Committee Campaign Statement Cover Page	Type or print in	-	Date Stamp CITY CLERK ORENO VALLE	CALIFORNIA 460
(Government Code Sections 84200-84216.5)		15	RECEIVED	Page1 of6
	Statement covers period from	Date of election if applicable: (Month, Day, Year)) JUN -9 AM 8:(
SEE INSTRUCTIONS ON REVERSE	through12-31-19	-		
1. Type of Recipient Committee: All Committee	s - Complete 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 ○ Political Party/Central 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 Tel ☐ Amendment (Explain be	rmination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1355432	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI		NAME OF TREASURER		
Concerned Citizens of Moreno Valley Advo	cacy Group	Craig R. Givens		
,		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)		сіту Moreno Valley		2551 AREA CODE/PHONE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		2331
	92551	Curtis L. Gardner	,	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX	MAILING ADDRESS		
	+ 12 XXX X			
CITY STATE 2	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
	474	Moreno Välley		2553
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
4. Verification		ā		
I have used all reasonable diligence in preparing and rev under penalty of perjury under the laws of the State of Ca	riewing this statement and to t <u>he best of mv kr</u> alifornia that the foregoing is tru	nowledge the information contained here	ein and in the attached sc	hedules is true and complete. certify
05/25/2019	.			
Executed onDate	By		surer	
Executed on05/25/2019	Ву			
Date '	-7		nt or Responsible Officer of Spo	DRSOF
Executed on		Signature of Controlling Officeholder, Candidate, Str.	ale Measure Proponent	
	B.,	, , , , , , , , , , , , , , , , , , , ,	and the state of t	
Executed on		Signature of Controlling Officeholder, Candidate, Str.	ate Measure Prononent	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 12-31-19 | CALIFORNIA | 460 | FORM | 12-31-19 | Page 2 of 6 | |

NAME OF FILER Craig R. Givens/Curtis L. Gardner 1355432 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 192.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 742.00 1484.00 2. Loans Received Schedule B. Line 3 838.00 1676.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 838.00 1676.00 Made **Expenditures Made Expenditure Limit Summary for State** 1484.00 742,00 6. Payments Made Schedule E. Line 4 \$ **Candidates** 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 742.00 1484.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 0 (mm/dd/yy) 742.00 1484.00 **Current Cash Statement** 90.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B, add 96.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 0.00 *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. report. Some amounts in 96.00 Column A may be negative 90.00 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 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). 18. Cash Equivalents See instructions on reverse \$ _____ 742.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07-01-19 CALIFORNIA FORM FORM

from	07-01-19	FORM	1 -100
through	12-31-19	Page3	3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Craig R. Givens/Curtis L. Gardner

I.D. NUMBER 1355432

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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH PTY SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC			•	
		□IND □COM □OTH □PTY □SCC				
ř		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
8			SUBTOTALS	3		

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

 Amount received this period – unitemized monetary contributions of less than \$100\$

 96.00

 Total monetary contributions received this period.

IND – Individual COM – Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

96.00

*Contributor Codes

SCH	EDUL	EB-	PAF	₹T 1	

Type or print in ink.
Amounts may be rounded Schedule B - Part 1

Statement covers period

Loans Received	s Received to whole dollars. 67-01-19		FORM 460					
SEE INSTRUCTIONS ON REVERSE	through12-31-19					-31-19	Page4	of6
NAME OF FILER							I.D. NUMBER	
Craig R. Givens/Curtis L. Gardner							1355432	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVED THIS PERIOD	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Craig R. Givens Moreno Valley CA, 92551	Teacher MVUSD	0.00	0.00	\$ 371.00	\$ 742.00	O RATE	\$ 742.00	\$ 7665.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
Curtis L. Gardner Moreno Valley CA, 92553	Retired USAF Retired Educator MVUSD	0.00	0.00	\$ 371.00	ş <u>742.00</u>	%	\$ 742.00	CALENDAR YEAR \$ 7665.00 PER ELECTION **
TIND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	\$	RATE %	\$	CALENDAR YEAR \$ PER ELECTION **
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	000 9	742.00	\$ 15330	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans)		***************************************		\$	742.00	[†0	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0.00	- C	ID – Individual OM – Recipient Co (other than I TH – Other (e.g., TY – Political Party	PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summary			••••••	NET \$	742.00 (May be a negative number)		CC - Small Contrib	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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

Supportin Candidate	D of Expenditures g/Opposing Other es, Measures and Committees	Type or print Amounts may b to whole do	e rounded	Statement covers from	19 F	SCHEDULE FORNIA 460
Craig R. Gi	ivens/Curtis L. Gardner				1355	432
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
12-31-19	□ Support □ Oppose Concerned Citizens of Moreno Valley Advocacy Group Craig R. Givens - Curtis L. Gardner (Citizens' Led Charter) ☑ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure	Phone/Internet/Bank Fees	742.00	4406.00	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$ 742.00		

2. Unitemized contributions and independent expenditures made this period of under \$100\$

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

742.00

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULEE
Statement covers period	CALIFORNIA ACO
from07-01-19	FORM 400
through12-31-19	Page66
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Craig R. Givens/Curtis L. Gardner 1355432 **CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs PET CVC civic donations phone banks candidate filing/ballot fees PHO candidate travel, lodging, and meals polling and survey research fundraising events POL TRS staff/spouse travel, lodging, and meals FND postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* POS TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) voter registration LEG legal defense PRO VOT campaign literature and mailings PRT print ads information technology costs (internet, e-mail) WEB NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID T-Mobile Phone Expense OFC 300 1 and 1 internet Internet expense WEB 346 Bank of America Banking Fees 96 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 742 Schedule E Summary 742.00 2. Unitemized payments made this period of under \$100\$

742.00

SCF	HEDU	LE E	(CONT

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period	
from07-01-19	FORM 460
through12-31-19	Page6 of6
	I.D. NUMBER
	1355/32

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Craig R. Givens/Curtis L. Gardner 1355432

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

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

SUBTOTAL \$