Recipient Committee Campaign Statement Cover Page	Type or print in	MUREN	CLERK DVALLEY EIVED	CALIFORNIA 460	
(Government Code Sections 84200-84216.5)	Statement covers period from July 1, 2014	Date of election if applicable 5 JAN 3 (Month, Day, Year)) PH 3: 56	Page 1 of 5 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through December 31, 2014				
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		*	
O State Candidate Election Committee Committe	rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Spec ☐ Supp	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495	
	. NUMBER 309172	Treasurer(s)	-		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Residents for a Livable Moreno Valley		Tom Thornsley MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE	
		Moreno Valley	CA 9255	55	
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURER, IF ANY		<u> </u>	
Moreno Valley CA 92555 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		,,	
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE	
Moreno Valley CA 92556					
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
4. Verification					
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my knot that the foregoing is true and correct	owledge the information contained herein and in the	ie attached schedu	ules is true and complete. I certify	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

	COVERP	AGE	-PART2
	FORNIA ORM	4	60
Page _	2	of	5

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
N/A		N/A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling office	eholder, candidate,	or state measure p	roponent, if a
		NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPONENT		
	in this Statement: List any committees trolled by you or are primarily formed to receive alf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. I	= ANY
COMMITTEE NAME	I.D. NUMBER				
N/A					
	CONTROLLED COMMITTEE?	7. Primarily Formed Candi officeholder(s) or candidate(s) to			
N/A NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRI			for which this commit		
NAME OF TREASURER	☐ YES ☐ NO	officeholder(s) or candidate(s) f	for which this commit	tee is primarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRI	☐ YES ☐ NO	officeholder(s) or candidate(s) f	for which this committed in the committed of the committed in the committe	tee is primarily form	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRI	YES NO P.O. BOX)	officeholder(s) or candidate(s) for the NAME OF OFFICEHOLDER OR CAINA	NDIDATE OFFICE	sought or HELD	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRI CITY ST.	ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE	Officeholder(s) or candidate(s) to NAME OF OFFICEHOLDER OR CAN NAME OF OFFICEHOLDER OR CAN	NOIDATE OFFICE NOIDATE OFFICE NOIDATE OFFICE	SOUGHT OR HELD SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRI CITY ST. COMMITTEE NAME NAME OF TREASURER	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CAL	NOIDATE OFFICE NOIDATE OFFICE NOIDATE OFFICE	SOUGHT OR HELD SOUGHT OR HELD SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRI CITY ST. COMMITTEE NAME NAME OF TREASURER	ESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CAL	NOIDATE OFFICE NOIDATE OFFICE NOIDATE OFFICE	SOUGHT OR HELD SOUGHT OR HELD SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

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.

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** July 1, 2014 from _ December 31, 2014 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1309172 Residents for a Livable Moreno Valley **Calendar Year Summary for Candidates** Column A Column B 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 2. Loans Received Schedule B, Line 3 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ N/A Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures N/A s ____ N/A Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 689 Candidates 6. Payments Made Schedule E, Line 4 \$ _____ 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 53 689 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 689 N/A N/A **Current Cash Statement** 2005 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. < 53> report. Some amounts in Column A may be negative 1955 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 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. Amounts may be rounded

	SCHEDULEE
Statement covers period	CALIFORNIA ACO
fromJuly 1, 2014	FORM 400
through December 31, 20	Page4 of5
	I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1300172 Posidents for a Livable Moreno Valley

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	s the payment, you may enter the code. O MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate voter registration WEB information technology costs (internet, e-mail)		me candidate/sponso		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE C	PR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
USPS, Moreno Valley, CA 92555-6907			POS	Postage			53.00
* Payments that are contributions or independent expenditures m	ust al	so be summ	arized on So	chedule D.		SUBTOTAL	53.00
* Payments that are contributions or independent expenditures m Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E	Sub	totals.)				\$	53.

2. Unitemized payments made this period of under \$100\$ __ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 53.00

Schedule I Miscellaneous Increases to Cash

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM

December 31, 204

SCHEDULE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Residents for a Livable Moreno Valley

DATE RECEIVED

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

See below.

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I.D. NUMBER

1309172

AMOUNT OF INCREASE TO CASH

See below.

FPPC Form 460 (January/05)

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