Recipient Committee		0173	- Carrier and Carr	COVER PAGE
Campaign Statement Cover Page	Type or print in i	MORENO RECEI	VALLEY	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from January 1, 2020	Date of election if applicable: JUL 16 (Month, Day, Year)	PM 3: 02	Page of 3 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through June 30, 2020			
1. Type of Recipient Committee: All Committees - Committees	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee ○ Recall (Also Complete Part S) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Compilete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Compilete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Spec	terly Statement sal Odd-Year Report olemental Preelection ement - 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 Thomsley		
·		MAILING ADDRESS		
PERFECT AND PERFECT AND DO DOWN				
STREET ADDRESS (NO P.O. BOX)		CITY Marcan Valley	STATE ZIP C	
CITY STATE ZIP C	ODE AREA CODE/PHONE	Moreno Valley NAME OF ASSISTANT TREASURER, IF ANY	CA 9255	5
Moreno Valley CA 9255		The state of the s		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
Moreno Valley CA 9255	56			THE GODEN HORE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and reviewin	on this statement and in the hest of my know	the first rice of tening and tennal in the	n attached rehadu	in in true and complete. I write.
under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct	mode are anomiation contained necessaria and an		res is true and complete. Tostury
5- 7/11/2020	Ph. c			
Cale	Ву .	Tevalesara in acceptant		
Executed on	BySignature of Corr	trolling Officetolder, Candidate, State Measure Proponent of Respon	naible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	भ्यानवार्त	
Executed on	Ву	Signature of Controlling Officeholder, Cambidate, State Measure Pro	Nitrochands	
- Carlo		adiama a aminand anonima 'an initiale' ages making Light	PARTITION OF	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2020

through June 30, 2020

Page 2 of 3

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 (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A. Line 3 S ______ 1/1 through 6/30 7/1 to Date 0 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 s___ N/A Made **Expenditures Made Expenditure Limit Summary for State Candidates** 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 **Date of Election** Total to Date 0 n (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 164 N/A N/A Current Cash Statement 1615 12. Beginning Cash Balance Previous Summary Page. Line 16 \$ To calculate Column B, add 13. Cash Receipts Column A Line 3 above amounts in Column A to the corresponding amounts 0 *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 164 15. Cash Payments Column A, Line & above Column A may be negative 1451 16. ENDWING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15 S 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).

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

Schedule E

Type or print in ink. Amounts may be rounded

SCHEDULEE Statement covers period CALIFORNIA **FORM** January 1, 2020 from June 30, 2020 through I.D. NUMBER

Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Residents for a Livable Moreno Valley

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

NAME AND ADDRESS OF PAYEE (#F COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS, Moreno Valley, CA 92555-6907	POS	P.O. Box	114
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\$ 164 Schedule E Summary 164 2. Uniternized 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).).......(e). 164