Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Type or print in	CITY CORENO RECE	VALLEY	ΕÝ	CALIFORNIA 460		
		fror	Statement covers period July 1, 2016	Date of election if applicable: (Month, Day, Year)	JAN 24	PM 3: 5		For Official Use Only	
SEE INSTRUCTIONS ON REVERSE			December 31, 2016						
1. Type of Recipient Com	2. Type of Statement:								
☐ Officeholder, Candidate Co ☐ State Candidate Election ☐ Recall ☐ (Also Complete Part 5) ☐ General Purpose Committe ☐ Sponsored ☐ Small Contributor Committed ☐ Political Party/Central Committed	en Committee	Commi Con Spo (Also Corr Primari Officeh		☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)		Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495	
3. Committee Information		I.D. NUM	BER	Treasurer(s)					
COMMITTEE NAME (OR CANDIDA	TE'S NAME IF NO COMM	ITTEE)		NAME OF TREASURER					
Residents for a Livable	Moreno Valley		Tom Thornsley						
	Wording Valley			MAILING ADDRESS		·			
STREET ADDRESS (NO P.O. BOX	3)	-		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
				Moreno Valley		CA	92555		
CITY Moreno Valley		ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY				
MAILING ADDRESS (IF DIFFERE		92555							
WALLING ADDRESS (IF DIFFERE	1) NO. AND STREET OR	P.O. BOX		MAILING ADDRESS					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Moreno Valley		92556						MEN GODEN HONE	
OPTIONAL: FAX / E-MAIL ADDRE	SS		· · · · · · · · · · · · · · · · · · ·	OPTIONAL: FAX / E-MAIL ADDR	RESS				
4. Verification									
	ence in preparing and rev	riewing this st	atement and to the best of my know	wledge the information contained her	min and in the	attached a		min and assertated to safe.	
under penalty of perjury under the	ne laws of the State of Ca	lifornia that ti	ne foregoing is true and correct.	mode and imprination contained field	ciii and iii the	attached Si	chedules is i	rue and complete, i certify	
Executed on	22/17 Date	-	Ву	on latti o or measings or Assistant	reasurer				
Executed on	Date		BySignature of Cont	rolling Officeholder, Candidate, State Measure Prop	nonent or Responsi	hla Officer of Se	onear		
Executed on			Bv		permit of INDAPOLISE	on once of 91	ALT HIGH		
	Date		J,	Signature of Controlling Officeholder, Candidate, St	ate Measure Propor	nent			
Executed on	Date	-	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Propos	nent			

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

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2016 CALIFORNIA FORM 460

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

through December 31, 2016 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Residents for a Livable Moreno Valley Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 n 7/1 to Date 2. Loans Received Schedule B. Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0 n 20. Contributions N/A s ____ N/A Received 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures N/A s ____ 0 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 160 Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 22. Cumulative Expenditures Made* 160 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 0 (mm/dd/yy) 160 N/A **Current Cash Statement** N/A 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2081 To calculate Column B. add 13. Cash Receipts Column A. Line 3 above amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2085 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 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05)

Schedule I Miscellaneous Increases to Cash		Туре с	or print in ink.		SCHEDULE	
		Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460	
				from July 1, 2016	FORM 400	
SEE INSTRUCTION	NS ON REVERSE			through December 31, 20	Page 3 of 3	
NAME OF FILER					I.D. NUMBER	
Residents fo	or a Livable Moreno Valley					
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	N/A			<u> </u>		
		1				
Attach addit	\$					
Schedule I	Summary					
1. Itemized in	creases to cash this period.		***************************************	\$ <u></u>	_	
	l increases to cash of under \$100 this period				, -	
	interest received this period on loans made to others. (Sched			\$	-	
1. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, and	l 3. Enter he	re and on the	TOTAL \$ 4.17		
Summary F	Page, Line 14.)			IUTAL \$4.17	-	