

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.



CITY CLERK  
MORENO VALLEY  
RECEIVED

FEB -2 AM 11:30

COVER PAGE

CALIFORNIA  
FORM **460**

Page 1 of 8

For Official Use Only

Statement covers period  
from 10-19-14  
through 12-31-14

Date of election if applicable:  
(Month, Day, Year)

11-04-14

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- 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)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1370669

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Neighbors for Marcia Amineo MV  
City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)

12625 Frederick St., Ste. 15-205

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Ted Amineo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley, CA 92557

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/15  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 2/1/15  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Marcia Amadio
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Moreno Valley City Council - D.2
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: [Redacted] MV CA 92557

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME: N/A I.D. NUMBER: N/A
NAME OF TREASURER: N/A CONTROLLED COMMITTEE?: YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX): N/A
CITY STATE ZIP CODE AREA CODE/PHONE: N/A

COMMITTEE NAME: N/A I.D. NUMBER:
NAME OF TREASURER: N/A CONTROLLED COMMITTEE?: YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX): N/A
CITY STATE ZIP CODE AREA CODE/PHONE: N/A

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE: N/A
BALLOT NO. OR LETTER: N/A JURISDICTION:
SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT: N/A
OFFICE SOUGHT OR HELD: N/A DISTRICT NO. IF ANY: N/A

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE: N/A OFFICE SOUGHT OR HELD: SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE: N/A OFFICE SOUGHT OR HELD: SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE: N/A OFFICE SOUGHT OR HELD: SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE: N/A OFFICE SOUGHT OR HELD: SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10-19-14</u>	<b>CALIFORNIA FORM 460</b>
through <u>12-31-14</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1370669</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Marcia Amnie MV City Council 2014

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>4500.00</u>	\$ <u>5748.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>2060.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>4500.00</u>	\$ <u>7808.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>4500.00</u>	\$ <u>7808.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	\$ <u>7808.00</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>7423.95</u>

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>4171.95</u>	\$ <u>7423.95</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>4171.95</u>	\$ <u>7423.95</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>4171.95</u>	\$ <u>7423.95</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>156.00</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>4500.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>4171.95</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>484.05</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous 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 any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10-19-14</u> through <u>12-31-14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Neighbors for Marcia Amine MW City Council 2014*

I.D. NUMBER

*1370669*

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<i>10-21-14</i>	<i>Riverside Sheriff's Assoc 6215 River Crest Dr. #A Riverside 92507</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>MENTAL HEALTH SPEC. SAN BERNARDINO COUNTY</i>			<i>4,000.00</i>
<i>10-24-14</i>	<i>Gordon Tucker, Jr. [REDACTED] Moreno Valley 92557</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<i>500.00</i>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ *4500.00***

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ *4500.00*
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ *0*
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ *4500.00***

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-19-14</u>	<b>CALIFORNIA FORM 460</b>
through <u>12-31-14</u>	
Page <u>5</u> of <u>8</u>	I.D. NUMBER <u>1370669</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Marcia Amine on City Council 2014

**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                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC 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                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Stater Brothers Market 11845 Pigeon Pass Rd Orv 92554</u>	<u>Refreshmt MTG</u>	<u>WATER &amp; COOKIES TO HAND OUT AT OUTREACH EVENT</u>	<u>32.00</u>
<u>Stater's Office Store 2550 Canyon Springs Pkwy Riverside 92504</u>	<u>OFC</u>	<u>COPIES, OFFICE SUPPLIES</u>	<u>456.80</u>
<u>USPS Redlands Ave Redlands CA</u>	<u>POS</u>	<u>STAMPS</u>	<u>588.00</u>

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

SUBTOTAL \$ 1076.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>4171.95</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	TOTAL \$ <u>4171.95</u>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>10-19-14</u> through <u>12-31-14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>
	I.D. NUMBER <u>1370669</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Neighbors For Marcia Amine MV City Council 2014

**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
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC 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
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc PO BOX 59570 Norwalk, CA 90652	VOTE LISTS	SPANISH + ENGLISH REG VOTERS WALKING LIST	221.58
CITY NEWS GROUP 22441 Barton Rd Grand Terrace 92313	PRT	AD	99.00
PRESS ENTERPRISE FREEDOM NEWS GROUP 1801 W. OLYMPIC BLVD PASADENA 91199	DIGITAL ADS	PE.COM DIGITAL FREEDOM PE + PE.COM ONLINE SPONSOR	549.00
FACEBOOK ADS + BOOST PAID VIA PAYPAL	DIGITAL ADS + BOOST	BOOSTING POSTS + PAGE	121.14
FREDES PRINTING 23846 sunnymead Blvd #1 Mojave Valley 92553	LIT \$	MAILER	808.13

**SUBTOTAL \$ 1798.85**

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

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>10-19-14</u> through <u>12-31-14</u>	CALIFORNIA FORM <b>460</b>
	Page <u>7</u> of <u>8</u>
	I.D. NUMBER <u>1370669</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Neighbors for Maria Amine mv City Council 2014

**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
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	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
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AR MANAGEMENT 1625 Frederick St, Ste 15-283 MNV 92553	CNS	ROBO CALLING & PHONE LIST	500.00
LIGHTHOUSE TLP FACILITY MORENO VALLEY 92551	PET	OUTREACH OF ELECTION MATERIALS (USED HOMELESS VETS)	500.00
SAM'S CLUB 6363 valley springs pkwy Riverside 92507	CMP	CANDY & TREATS FOR HALLOWEEN HANDOUT	100.00
CLAUDIA CORTEZ [REDACTED] SB 92415	CMP	CAMPAIGN LABELS	100.00
PIZZA HUT 11875 Pigeon Pass Rd MNV 92557	MTG Refresh- ments	PIZZA	25.89

SUBTOTAL \$ 1225.89

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

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period from <u>10-19-14</u> through <u>12-31-14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>8</u>
I.D. NUMBER <u>13706609</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Neighbors for Marcia Amato MV City Council 2014

**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                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC 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                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Maria's Cafe 2049 E. Washington St Colton 92324</u>	<u>MTG Refreshments</u>	<u>Food for Election NIGHT MTG</u>	<u>43.21</u>
<u>Debbie Baeza Cupcakes 503</u>	<u>MTG Refreshments</u>	<u>Cupcakes for Election Night Mtg</u>	<u>28.00</u>

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

SUBTOTAL \$ 71.21