

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period  
from 01-01-14  
through 10-18-14

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

11-4-14

CITY OF SERRA  
MORENO VALLEY  
RECEIVED  
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CALIFORNIA FORM **450**

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For Official Use Only

### 1. Type of Recipient Committee:

- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

### 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
1372710

COMMITTEE NAME

Citizens for an Elected Mayor-YES on Measure R

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Lidia Molina

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### 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 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 10-23-14  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
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

**Recipient Committee  
Campaign Statement  
Summary Page**

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

SHORT FORM

Statement covers period from <u>01-01-14</u> through <u>10-18-14</u>	<b>CALIFORNIA FORM 450</b>
	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE

I.D. NUMBER

Citizens for an Elected Mayor - YES ON MEASURE R

1372710

**Expenditures Made**

- |   |                |
|---|----------------|
| 1. Expenditures of \$100 or more made this period .....   | \$ <u>0.00</u> |
| 2. Expenditures under \$100 made this period (Not itemized.) .....  | <u>0.00</u>    |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... Add Lines 1 + 2   | \$ <u>0.00</u> |
| 4. Nonmonetary Adjustment ..... From Line 8 Below   | <u>0.00</u>    |
| 5. Total expenditures made from previous statement ..... Previous Summary Page, Line 6<br>(If this is the first statement for the calendar year, enter zero.) | \$ <u>0.00</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE ..... Add Lines 3 + 4 + 5  | \$ <u>0.00</u> |

**Contributions Received**

- |   |                |
|---|----------------|
| 7. Monetary contributions received this period .....  | \$ <u>0.00</u> |
| 8. Non-monetary contributions received this period .....  | <u>0.00</u>    |
| 9. Total contributions received from previous statement ..... Previous Summary Page, Line 10<br>(If this is the first statement for the calendar year, enter zero.) | \$ <u>0.00</u> |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... Add Lines 7 + 8 + 9  | \$ <u>0.00</u> |

**Current Cash Statement**

- |   |                          |
|---|--------------------------|
| 11. Beginning cash balance ..... Previous Summary Page, Line 15                         | \$ <u>0.00</u> <i>du</i> |
| 12. Cash receipts this period ..... Line 7 above  | <u>0.00</u>              |
| 13. Miscellaneous increases to cash .....   | \$ <u>0.00</u>           |
| 14. Cash expenditures this period ..... Line 3 above                                    | <u>0.00</u>              |
| 15. ENDING CASH BALANCE THIS PERIOD ..... Add Lines 11 + 12 + 13, then subtract Line 14 | \$ <u>0.00</u> <i>du</i> |

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**CALIFORNIA FORM 450**

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I.D. NUMBER  
1372710

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NAME OF COMMITTEE

Citizens for an Elected Mayor - YES on MEASURE R

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>					0

\* Required only for payments which are contributions or independent expenditures.