Recipient Committee  Campaign Statement  Cover Page  Government Code Sections 84200-84216.5)	Type or print in ink.		Page 1 of 4		
COVERNITION COURS CONTROL OF 1200 OF 10.0)	Statement covers period January 1, 2017	Date of election if applicable: (Month, Day, Year)	17 JUL 28 PM		
SEE INSTRUCTIONS ON REVERSE	through June 30, 2017				
○ State Candidate Election Committee ○ Recall (Also Complete Part 5)  ② General Purpose Committee ○ Sponsored ○ Small Contributor 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 Te	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	
3. Committee Information	D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	<del></del>		
Residents for a Livable Moreno Valley		Tom Thornsley  MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY Moreno Valley		ZIP CODE AREA CODE/PHONE 02555	
CITY STATE ZIP CO Moreno Valley CA 9255		NAME OF ASSISTANT TREASUR	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS			
CITY STATE ZIP CO Moreno Valley CA 9255		CITY	STATE 2	ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
Verification     I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California      7/29/2017	g this statement and to the best of my kr a that the foregoing is true and correct.	nowledge the information contained her	rein and in the attached so	chedules is true and complete. I certify	
7/28/2017  Date	Ву	Agnature of Treasurer or Assistant	Treasurer		
Executed on	BySignature of C	ontrolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sp	ionsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	State Measure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S.	State Measure Proponent	EPPC Form 460 ( January/05)	

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

COVER PAGE

## **Campaign Disclosure Statement Summary Page**

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

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** January 1, 2017 from \_ June 30, 2017 through ... I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Residents for a Livable Moreno Valley **Calendar Year Summary for Candidates** Column B Column A 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 \$ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 20. Contributions N/A s SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ N/A Received Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures N/A s N/A Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 160 Candidates 0 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 160 (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 0 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/vv) 0 10. Nonmonetary Adjustment ...... Schedule C, Line 3 160 N/A N/A **Current Cash Statement** 2085 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. report. Some amounts in 156 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 1932 figures that should be 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14. then subtract Line 15 \$ \_\_\_\_\_

If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ **Cash Equivalents and Outstanding Debts** 

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

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).

> 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 to whole dollars.

7	SCHEDULE E
Statement covers period	CALIFORNIA 160
fromJanuary 1, 2017	FORM 400
throughJune 30, 2017	Page3 of4
	I.D. NUMBER

to whole donars.	from	TOKW
SEE INSTRUCTIONS ON REVERSE	throughJune 30, 2017	Page3 of4
NAME OF FILER		I.D. NUMBER
Residents for a Livable Moreno Valley		

			500		_*
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/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  LIT campaign literature and mailings	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)  RFD returned contribution campaign workers' TEL t.v. or cable airtime candidate travel, lod staff/spouse travel, lod voter registration			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production co TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meal ces TSF transfer between committees of the s y) VOT voter registration	s came candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS, Moreno Valley, CA 92555-6907 POS PO Box fee		fee	106		
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 m	nust also be summ	narized on S	Schedule D.	SUBTOTAL	-\$
Schedule E Summary					
Itemized payments made this period. (Include all Schedule E subtotals.)					156
2. Unitemized 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).)\$ -					^

156

discellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period fromJanuary 1, 2017	CALIFORNIA 460 FORM  Page 4 of 4
			through June 30, 2017	
EE INSTRUCTIONS ON REVERSE  AME OF FILER				I.D. NUMBER
Residents for	r a Livable Moreno Valley			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A			
		3		
Attach addit	tional information on appropriately labeled continuation sheets.		SUBTOTA	L\$
Schedule I	Summary			
1. Itemized in	ncreases to cash this period		\$	0
	d increases to cash of under \$100 this period			
3. Total of all	interest received this period on loans made to others. (Sche	edule H, Column (e).)	\$	0
4. Total misce Summary	ellaneous increases to cash this period. (Add Lines 1, 2, ar Page, Line 14.)	nd 3. Enter here and on the	TOTAL \$ 3.2	28

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