

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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CALIFORNIA
FORM **460**

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For Official Use Only

<p style="text-align: center;">Statement covers period</p> <p>from <u>01/01/2020</u></p> <p>through <u>06/30/2020</u></p>	<p style="text-align: center;">Date of Election if applicable</p> <p>_____</p> <p style="text-align: center;">(Month, Day, Year)</p>
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1. Type of Recipient Committee

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
|--|---|

2. Type of Statement

- | | |
|--|---|
| <input type="checkbox"/> Pre-election Statement
<input checked="" type="checkbox"/> Semi-Annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Statement
<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. Number 1400113

COMMITTEE NAME
Carla Thornton for City Council 2022

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Richard Teaman

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Javier Carrillo

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 [REDACTED]

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 <u>7/28/2020</u>	By _____	OR ASSISTANT TREASURER	
Executed on <u>7/28/2020</u>	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	<u>7/28/2020</u>
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u>	Page 2 of 5
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Carla Thornton

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member - District 2 City of Moreno Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Moreno Valley 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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through		Page 3 of 5
		I.D. NUMBER
		1400113

NAME OF FILER Carla Thornton for City Council 2022

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 0.00

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 1,278.86	\$ 1,278.86
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,278.86	\$ 1,278.86
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,278.86	\$ 1,278.86

**Expenditure Limit Summary
for State Candidates**

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

_____	\$ _____
_____	\$ _____

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

Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1,471.38	
13. Cash Receipts Column A, Line 3 above	0.00	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.19	
15. Cash Payments Column A, Line 8 above	1,278.86	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 192.71	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	

Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	\$ 0.00	
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$ 0.00	

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	06/30/2020	Page 4 of 5
NAME OF FILER Carla Thornton for City Council 2022		I.D. NUMBER 1400113

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO	125.00
Troast and Associates LLC 3649 Mission Inn Ave 2nd Floor Riverside, CA 92501	CNS	1,007.98

SUBTOTAL \$ 1,132.98

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,132.98
2. Unitemized payments made this period of under \$100	\$ 145.88
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1,278.86

**Schedule I
Miscellaneous Increases to Cash**

Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER Carla Thornton for City Council 2022

I.D. NUMBER
1400113

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period	\$	0.00
2. Unitemized payments made this period of under \$100	\$	0.19
3. Total interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14	TOTAL \$	0.19