

**Recipient Committee  
Campaign Statement  
Cover Page**

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CALIFORNIA  
FORM  
**460**

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For Official Use Only

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>01/01/2019</u></p> <p>through <u>06/30/2019</u></p>	<p style="text-align: center;"><b>Date of Election if applicable</b></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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
|--|---|

**2. Type of Statement**

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

**3. Committee Information**

I.D. Number 1400113

COMMITTEE NAME  
Carla Thornton for City Council 2018

STREET ADDRESS (NO PO BOX)

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

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Marc Troast

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Riverside</u>	<u>CA</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 <u>7/29/19</u>	By <u>[REDACTED]</u>	TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
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 01/01/2019  
through 06/30/2019

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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 PROONENT

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		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	06/30/2019	
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NAME OF FILER Carla Thornton for City Council 2018

I.D. NUMBER  
1400113

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 5,949.00	\$ 5,949.00
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+ 2	\$ 5,949.00	\$ 5,949.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 5,949.00	\$ 5,949.00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 5,439.90	\$ 5,439.90
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 5,439.90	\$ 5,439.90
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	\$ 5,439.90	\$ 5,439.90

**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.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 792.60
13. Cash Receipts . . . . . Column A, Line 3 above	5,949.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	1.05
15. Cash Payments . . . . . Column A, Line 8 above	5,439.90
<b>16. ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,302.75
17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00

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

**Schedule A  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	06/30/2019	Page 4 of 10

NAME OF FILER Carla Thornton for City Council 2018

I.D. NUMBER  
1400113

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/16/2019	Christopher Paul Henry [REDACTED] Moreno Valley, CA 92551	IND	Real Estate Investor  Self-employed	1,000.00	1,000.00	
05/21/2019	Scott Hildebrandt [REDACTED] Newport Beach, CA 92663	IND	Engineer  Albert A Webb Associates	500.00	500.00	
01/28/2019	D. Clayton Mayes  Rancho Mirage, CA 92270	IND	Retired  N/A	500.00	500.00	
05/21/2019	Riverside Sheriffs Association Public Education Fund 777 S Figueroa St Ste 4050 Los Angeles, CA 90017	COM	ID No. 1286381	600.00	600.00	

**SUBTOTAL \$ 2,600.00**

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	5,850.00
2. Amount received this period - unitemized .....	\$	99.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<b>5,949.00</b>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/01/2019  
through 06/30/2019

CALIFORNIA FORM **460**

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NAME OF FILER Carla Thornton for City Council 2018

I.D. NUMBER  
1400113

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2019	Sater Oil Group Inc.  683 Cliffside Dr San Dimas, CA 91733	OTH		1,000.00	1,000.00	
05/16/2019	Dwight Tate  [REDACTED] Riverside, CA 92506	IND	Retired  N/A	250.00	250.00	
01/22/2019	Yum Yum Donut Shops Inc.  18830 San Jose Ave Rowland Heights, CA 91748	OTH		2,000.00	2,000.00	

**SUBTOTAL \$** 3,250.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	06/30/2019	Page 6 of 10
NAME OF FILER Carla Thornton for City Council 2018		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
	CODE	DESCRIPTION OF PAYMENT	
GoDaddy.com LLC 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260	WEB		12.98
GoDaddy.com LLC 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260	WEB		12.98
GoDaddy.com LLC 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260	WEB		12.98
<b>SUBTOTAL \$</b>			38.94

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,439.90
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$ 5,439.90</b>

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

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2019	
through	06/30/2019	Page 7 of 10
NAME OF FILER Carla Thornton for City Council 2018		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	AMOUNTPAID
GoDaddy.com LLC 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260	WEB		12.98
GoDaddy.com LLC 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260	WEB		12.98
GoDaddy.com LLC 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260	WEB		49.32
Lincoln Club of Riverside County Federal PAC #C00241323 4201 Brockton Ave Ste 100 Riverside, CA 92501	MTG		200.00
Lincoln Club of Riverside County Federal PAC #C00241323 4201 Brockton Ave Ste 100 Riverside, CA 92501	MTG		150.00

**SUBTOTAL \$** 425.28

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	06/30/2019	Page 8 of 10
NAME OF FILER Carla Thornton for City Council 2018		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	AMOUNTPAID
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO		106.25
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO		557.25
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO		293.75
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO		106.25
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO		181.25

**SUBTOTAL \$** 1,244.75



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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	06/30/2019	Page 9 of 10
NAME OF FILER Carla Thornton for City Council 2018		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
Troast and Associates LLC 3649 Mission Inn Ave 2nd Floor Riverside, CA 92501	CNS		820.36
Troast and Associates LLC 3649 Mission Inn Ave 2nd Floor Riverside, CA 92501	CNS		659.29
Troast and Associates LLC 3649 Mission Inn Ave 2nd Floor Riverside, CA 92501	CNS		500.00
Troast and Associates LLC 3649 Mission Inn Ave 2nd Floor Riverside, CA 92501	CNS		1,000.00
Troast and Associates LLC 3649 Mission Inn Ave 2nd Floor Riverside, CA 92501	CNS		751.28

**SUBTOTAL \$** 3,730.93

**Schedule I  
Miscellaneous Increases to Cash**

Statement covers period  
from 01/01/2019  
through 06/30/2019

**CALIFORNIA  
FORM 460**

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NAME OF FILER Carla Thornton for City Council 2018

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 . . . . .	\$ 1.05
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 . . . . .	<b>TOTAL \$ 1.05</b>