

**Recipient Committee  
Campaign Statement  
Cover Page**

CITY CLERK  
MORENO VALLEY

COVER PAGE

Date Stamp 21 JAN 25 PM 3: 2	<b>CALIFORNIA FORM 460</b>
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For Official Use Only	

Statement covers period from 07/01/2020 through 12/31/2020	Date of Election if applicable  (Month, Day, Year)
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**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- 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

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

NAME OF ASSISTANT TREASURER, IF ANY  
Javier Carrillo

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Riverside CA 92501

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 1/21/2021 By [Signature] 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 07/01/2020  
through 12/31/2020

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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**

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2020	
through	12/31/2020	
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NAME OF FILER Carla Thornton for City Council 2022

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	\$ 10,500.00	\$ 10,500.00
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+2	\$ 10,500.00	\$ 10,500.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 10,500.00	\$ 10,500.00

**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	\$ 690.50	\$ 1,969.36
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 690.50	\$ 1,969.36
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	\$ 690.50	\$ 1,969.36

**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	\$ 192.71
13. Cash Receipts . . . . . Column A, Line 3 above	10,500.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	690.50
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,002.21
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>
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NAME OF FILER Carla Thornton for City Council 2022	I.D. NUMBER 1400113
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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)
07/24/2020	California For A Better Future PAC 9070 Irvine Center Dr 150 Irvine, CA 92618	COM	ID No. 1420444	500.00	500.00	
12/29/2020	CHT Investment LLC 1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	CT Capital LLC 1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	Desert-Candle LP 1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	

<b>SUBTOTAL \$</b>	3,500.00
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**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$ 10,500.00
2. Amount received this period - unitemized .....	\$ 0.00
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 \$ 10,500.00</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**

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NAME OF FILER Carla Thornton for City Council 2022

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)
12/29/2020	JCLIN Investment LP  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	LCTH Investment LP  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	Magnolia LP  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	Malaguena LP  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
<b>SUBTOTAL \$</b>				4,000.00		

\*\* 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**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>	
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NAME OF FILER Carla Thornton for City Council 2022

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)
12/29/2020	Pachome LLC  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	Palmdale Summit LP  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	
12/29/2020	Pinehurst LLC  1000 Dove St Ste 300 Newport Beach, CA 92660	OTH		1,000.00	1,000.00	

**SUBTOTAL \$** 3,000.00

\*\* 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**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>	
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through	12/31/2020	I.D. NUMBER	1400113

NAME OF FILER Carla Thornton for City Council 2022

**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	690.50

**SUBTOTAL \$ 690.50**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 690.50
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 \$ 690.50</b>