

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp

**CALIFORNIA
FORM 460**

Page 1 of 11

For Official Use Only

Statement covers period

from 09/23/2018
through 10/20/2018

Date of Election if applicable

11/06/2018
(Month, Day, Year)

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 2018

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 10/24/18 By _____
Executed on 10/24/18 By _____
Executed on _____ By _____
Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 09/23/2018
through 10/20/2018

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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 from 09/23/2018 through 10/20/2018
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NAME OF FILER Carla Thornton for City Council 2018

I.D. NUMBER 1400113

Table with 3 columns: Description, Column A (TOTAL THIS PERIOD), Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Contributions Received (Monetary, Loans, Nonmonetary) and TOTAL CONTRIBUTIONS RECEIVED.

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.

Table with 3 columns: Description, 1/1 through 6/30, 7/1 to Date. Rows include Contributions Received and Expenditures Made.

Table with 3 columns: Description, Column A, Column B. Rows include Expenditures Made (Payments, Loans, Accrued Expenses, Nonmonetary Adjustment) and TOTAL EXPENDITURES MADE.

Expenditure Limit Summary for State Candidates

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

Table with 2 columns: Description, Amount. Rows for cumulative expenditures.

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

Table with 3 columns: Description, Column A, Column B. Rows include Current Cash Statement (Beginning Balance, Receipts, Payments, Ending Balance) and LOAN GUARANTEES RECEIVED.

Table with 3 columns: Description, Column A, Column B. Rows include Cash Equivalents and Outstanding Debts.

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 4 of 11

NAME OF FILER Carla Thornton for City Council 2018

I.D. NUMBER
1400113

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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)
10/08/2018	Albert A. Webb Associates 3788 McCray St Riverside, CA 92506	OTH		250.00	250.00	
09/30/2018	Tanya Brown-Sampson [REDACTED] North Brunswick, NJ 08902	IND	Social Worker Department of Veterans Affairs	200.00	200.00	
10/12/2018	De Anza Tool & Mfg Co 4010 Garner Rd Riverside, CA 92501	OTH		300.00	550.00	
10/12/2018	Euclid Animal Hospital Inc. 13525 S Euclid Ave Ontario, CA 91762	OTH		250.00	250.00	

SUBTOTAL \$ 1,000.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	3,400.00
2. Amount received this period - unitemized	\$	75.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	<u>3,475.00</u>

** 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 09/23/2018
through 10/20/2018

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NAME OF FILER Carla Thornton for City Council 2018

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1400113

Table with 7 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED, CUMULATIVE TO DATE CALENDAR YEAR, PER ELECTION TO DATE. Rows include contributions from Monsita Faley, Amy Harrison, Sue Johnson, and Hani Matariyeh.

SUBTOTAL \$ 1,200.00

** 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

Statement covers period
from 09/23/2018
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NAME OF FILER Carla Thornton for City Council 2018

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1400113

Table with 7 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED, CUMULATIVE TO DATE CALENDAR YEAR, PER ELECTION TO DATE. Rows include Latosha McCoy, Gwendolyn Roux, Phil Ruzzo, and Dwight Tate.

SUBTOTAL \$ 1,000.00

** 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

Statement covers period
from 09/23/2018
through 10/20/2018

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Table with 7 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED, CUMULATIVE TO DATE CALENDAR YEAR, PER ELECTION TO DATE. Rows include Charlene Taylor and Wendel Tucker.

SUBTOTAL \$ 200.00

** 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		CALIFORNIA FORM 460
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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
Educate Your Vote 16633 Ventura Blvd Ste 1008 Encino, CA 91436	LIT	310.00
Latino Family Voter Guide 249 East Ocean Blvd Ste 685 Long Beach, CA 90802	LIT	434.25
Teaman Ramirez & Smith Inc. 4201 Brockton Ave Ste 100 Riverside, CA 92501	PRO	300.45
SUBTOTAL \$		1,044.70

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,599.02
2. Unitemized payments made this period of under \$100	\$ 180.99
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 \$ 2,780.01

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

Statement covers period		CALIFORNIA FORM 460
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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		855.47
Your Community Voter Guide 249 East Ocean Blvd Ste 685 Long Beach, CA 90802	LIT		698.85

SUBTOTAL \$ 1,554.32

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 10 of 11

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1400113

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Troast and Associates LLC

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) |

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
BuildASign.com 11525 A Stonehollow Dr Ste 100 Austin, TX 78758	CMP		626.45

TOTAL \$ 626.45

**Schedule I
Miscellaneous Increases to Cash**

Statement covers period
from 09/23/2018
through 10/20/2018

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NAME OF FILER Carla Thornton for City Council 2018

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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	\$ 0.23
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 \$ 0.23