Recipient Committee Campaign Statement Cover Page					M Wate Stayin	IVED	COVER PAGE ALIFORNIA 460 FORM of 7
		Stateme from	nt covers period July 1, 2018	Date of election if applicable: (Month, Day, Year)		111 35 141	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	-	through Se	ptember 22, 2018	November 6, 2018			
1. Type of Recipient Committee	All Committees - Co	omplete Parts 1, 2,	3, and 4.	2. Type of Statement:			
 ✓ Officeholder, Candidate Controlled ○ State Candidate Election Comn ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee 	nittee □	Primarily Formed Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Officeholder Com (Also Complete Part 7)	Candidate/	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	☐ Quarterly S ☐ Special Od	Statement Id-Year Report
3. Committee Information		D. NUMBER 1397724		Treasurer(s)			
COREY JACKSON FOR DIST	IF NO COMMITTEE)		*	NAME OF TREASURER Corey Jackson MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	S			CITY	STATE	ZIP CODE 92557	AREA CODE/PHONE
city Moreno Valley	STATE ZIP CO		REA CODE/PHONE	Moreno Valley NAME OF ASSISTANT TREASURED MAILING ADDRESS	CA R, IF ANY	92007	
MAILING ADDRESS (IF DIFFERENT) NO. AND	STREET OR P.O. BOX			MAJLING ADDRESS			
CITY	STATE ZIP CO	ODE AF	REA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRES	SS		
4. Verification I have used all reasonable diligence in certify under penalty of perjury under the Executed on 9/22/20 Executed on 9/22/20 Date	e laws of the State o	ing this statemen f California that th	t and to the best of my lee foregoing is true and By	knowledge the information contained correct. Signature of Transprod or Assistant		sched schedule	s is true and complete. I
Executed onDate			ByS	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed onDate			ByS	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent		EDDC F 460 (Jee /2016)

Recipient Committee Campaign Statement Cover Page — Part 2

CALII FO	ORNI/ ORM	4	460
Page _	2	of_	7

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Corey Jackson OFFICE SOUGHT OR HELD (INCLUDE LOCATION)	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
City Council - District 2							
RESIDENTIAL/BUSINESS ADDRESS (NO. A)	Moreno Valley, CA 92557		Identify the controlling office	ceholder, cand	lidate, or state	measure propo	onent, if any.
	Moreno validy, diverger		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Includ	ed in this Statement: List any committees		4			e de Lea	
not included in this statement that are concontributions or make expenditures on be	ntrolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER						
		_				***	
	CONTROLLED COMMITTEES	7.	Primarily Formed Car	ididate/Office	ceholder Co	mmittee Lis	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offic s) for which thi	ceholder Co s committee is p	ommittee Lis primarily formed	st names of d.
	YES NO		Primarily Formed Car officeholder(s) or candidate(s) for which thi	s committee is p	ommittee Lis primarily formed GHT OR HELD	d.
			officeholder(s) or candidate(s) for which thi	s committee is p	primarily formed	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADI	YES NO		officeholder(s) or candidate(S) for which thi	OFFICE SOU	primarily formed	d. ☐ SUPPORT
COMMITTEE ADDRESS STREET ADI	DRESS (NO P.O. BOX)	i	officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	S) for which thi CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADI	DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	i	officeholder(s) or candidate(S) for which thi CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADI	DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER		officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY COMMITTEE NAME NAME OF TREASURER	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY COMMITTEE NAME NAME OF TREASURER	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period July 1, 2018	california 460
through September 22, 2018	Page3 of7
	I.D. NUMBER
	1397724

COREY JACKSON FOR DISTRICT 2 CITY COUNCIL 2018 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 1121.01 1. Monetary Contributions..... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 21380.00 Loans Received Schedule B, Line 3 20. Contributions 22501.01 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 6330.00 COS 22501.01 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 21295.64 15260.95 Candidates 6. Payments Made..... Schedule E, Line 4 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 21295.64 15260.95 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 21295.64 15260.95 **Current Cash Statement** 10,086.32 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 6330.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 15260.95 15. Cash Payments Column A, Line 8 above amounts in Column A may \$205.371155.37 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from previous period amounts. If If this is a termination statement, Line 16 must be zero. this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents..... See instructions on reverse \$ 21380.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			nts may be rounded whole dollars.	Statement cov fromJuly 1 through _Septem	1, 2018		
NAME OF FILER COREY J	ACKSON FOR DISTRICT 2 CITY COUNCIL 2018					1.D. NU	JMBER 724
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 THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/08/2018	Carole Oliver Moreno Valley, CA 92557	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100	.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 100.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions II Schedule A subtotals.)		\$_	100.00	IND		

2. Amount received this period – unitemized monetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ __

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

100.00

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

	A	and may be re	unded				SCHE	DULE B - PART
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORNIA 460	
Loans Received					from July 1	1, 2018	FORM	··· 400
SEE INSTRUCTIONS ON REVERSE					through Septem	nber 22, 201	Page 5	of
NAME OF FILER							I.D. NUMBER	
COREY JACKSON FOR DISTRICT 2 CI	TY COUNCIL 2018						1397724	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE
Corey Jackson	Sigma Beta Xi, Inc.			✓ PAID 950	s 20,430	0 %	s 21,380	s 21,380
Moreno Valley, CA 92557				FORGIVEN		RATE		PER ELECTION*
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s0	\$6,230	s <u></u>	DATE DUE	s	2018 DATE INCURRED	s
M IND COM COM COM				PAID				CALENDAR YEAR
		1		\$	_ \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	_ \$	RATE	\$	\$ PER ELECTION*
		\$	\$	\$	_	\$		s
[↑] IND COM OTH PTY SCC				<u> </u>	DATE DUE		DATE INCURRED	100
		SUBTOTALS	\$ 6,230	\$	0 \$ 20,430			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$ _	6,230.00			
(Total Column (b) plus unitemized loan	ns of less than \$100.)					(to	Contributor Codes	3
Loans paid or forgiven this period (Total Column (c) plus loans under \$1	00 paid or forgiven.)			\$	950.00	С		PTY or SCC)
(Include loans paid by a third party that	at are also itemized on Sche	edule A.)					TH - Other (e.g., TY - Political Par	
3. Net change this period. (Subtract Lir Enter the net here and on the Summa	e 2 from Line 1.)ry Page, Column A, Line 2.			.NET \$	5,280 00 (May be a negative number)	s	CC – Small Contr	ibutor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

phone banks

PET

MTG meetings and appearances

POL polling and survey research

POS postage, delivery and messenger services

SCHEDULE E Statement covers period CALIFORNIA **FORM** July 1, 2018 from through September 22, 204 Page.

I.D. NUMBER

1397724

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

IND

FND fundraising events

NAME OF FILER

COREY JACKSON FOR DISTRICT 2 CITY COUNCIL 2018

independent expenditure supporting/opposing others (explain)*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Best Buy	OFC			181.99
Blanchard Sign Co. Riverside, CA	LIT			2142.92
Uribe Printing Riverside, CA	LIT			7494.23
Payments that are contributions or independent expenditures must also be summarized	d on Schedule D.	SUB	STOTAL \$	9819.14
Schedule E Summary				14601.14
 Itemized payments made this period. (Include all Schedule E subtota 				659.81
2. Unitemized payments made this period of under \$100			\$	000.01
3. Total interest paid this period on loans. (Enter amount from Schedule		Q.	U	

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** July 1, 2018 from through September 22, 201 Page _ I.D. NUMBER 1397724

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

COREY JACKSON FOR DISTRICT 2 CITY COUNCIL 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants campaign workers' salaries SAL OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF IND independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City Of Moreno Valley Moreno Valley, CA	FIL		550.00
California Latino Voters Guide Los Angeles, CA	LIT		275.00
California Voter Guide Torrence, CA	LIT		2707.00
Edward Olmedo Moreno Valley, CA	РНО		300.00
Corey Jackson Moreno Valley, CA	Lo	pan Repayment	950.00
* Payments that are contributions or independent expenditures must also be sumr	narized on Schedule D.		SUBTOTAL \$ 4782.00