

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from July 1, 2015
 through December 31, 2015

Date of election if applicable:
 (Month, Day, Year) _____

CITY CLERK
 MORENO VALLEY
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Date Stamp
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SHORT FORM
CALIFORNIA FORM 450

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For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
 1377826

COMMITTEE NAME
 Moreno Valley Residents for Honest Government

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley ca 92557 _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

 CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92556 _____

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
 Daniel Peeden

MAILING ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92557 _____

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 _____

Executed on 2/1/2016
 DATE
 Executed on _____
 DATE
 Executed on _____
 DATE
 Executed on _____
 DATE

By _____
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR
 By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT
 By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2015</u> through <u>December 31, 2015</u>	CALIFORNIA FORM	450
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NAME OF COMMITTEE		I.D. NUMBER
Moreno Valley Residents for Honest Government		1377826

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>0</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>0</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	<u>0</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>0</u>
8. Non-monetary contributions received this period.....		<u>0</u>
9. Total contributions received from previous statement..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>0</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$	<u>0</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>0</u>
13. Miscellaneous increases to cash	\$	<u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>0</u>

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NAME OF COMMITTEE

Moreno Valley Residents for Honest Government

I.D. NUMBER

1377826

5. Payments Made *(if more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
n/a				0	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
n/a				0	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
n/a				0	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				0	

* Required only for payments which are contributions or independent expenditures.