COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

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OFFICE OF CITY CLERK
CHINO HILLS

CALIFORNIA FORM 460

Page 1 of 1

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/15
through 6/30/15

Date of election if applicable (Month, Day, Year): N/A

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Cynthia Moran for City Council 2016

[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Amy A. Trujillo

MAILING ADDRESS [redacted]

CITY

NAME OF

MAILING ADDRESS: N/A

CITY | STATE | ZIP CODE | AREA CODE/PHONE: N/A

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best [redacted] ules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and c

Executed on 7/15/15 (Date) By [redacted]

Executed on 7/15/15 (Date) By [redacted] (Sig

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Cynthia Moran

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Council Member - Chino Hills

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS 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	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/15
through 6/30/15

CALIFORNIA FORM **460**

Page 1 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 0	$ 0
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0	$ 0
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0	$ 0

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 22.00	$ 22.00
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 22.00	$ 22.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 22.00	$ 22.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 397.00
13. Cash Receipts	*Column A, Line 3 above*	0
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	22.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 375.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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	$	$

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 1/1/15
through 6/30/15

Page 1 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cynthia Moran for City Council 2016

I.D. NUMBER
1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 0
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 0

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE E

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/15
through 6/30/15

CALIFORNIA FORM 460

Page 1 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

CODES: If one of the following codes 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 airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 0

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 0
2. Unitemized payments made this period of under $100 ..... $ 22.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 22.00

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/15
through 6/30/15

SCHEDULE
CALIFORNIA FORM 460

Page 1 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cynthia Moran for City Council 2016

I.D. NUMBER
1338498

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0
2. Unitemized increases to cash of under $100 this period. ..... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 0

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/15
through 12/31/15

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

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City of Chino Hills
City Clerk's Department

CALIFORNIA FORM 460

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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1338698

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Cynthia Moran for City Council 2016

[redacted]

Treasurer(s)

NAME OF TREASURER
Amy A. Trujillo

MAILING ADDRESS [redacted]

CITY

NAME

MAILING ADDRESS
N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best [redacted] ched schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is tru

Executed on 1-26-16 (Date) By [redacted]

Executed on 1-26-16 (Date) By (Signature [redacted] r of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Cynthia Moran

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Chino Hills City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[redacted]

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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS 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	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM 460

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cynthia Moran for City Council 2016

I.D. NUMBER
1338698

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 9269-	$ 9269-
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9269-	$ 9269-
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 9269-	$ 9269-

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 3315-	$ 3315-
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3315-	$ 3315-
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 3315-	$ 3315-

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 375-
13. Cash Receipts	*Column A, Line 3 above*	9269-
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	3315-
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 12,959-

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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	$	$

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 7/1/15 through 12/31/15

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/15	John R. Young [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Home Builder Young Homes	$250-	$250-	
7/18/15	Dan Capener [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Manager Republic Services	$250-	$250-	
9/5/15	Don & Kellie Alexander [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sergent Detective LA Sheriff Dept.	$200-	$200-	
9/5/15	John & Debbie Zemitis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accounting Manager CALTech/JPL	$250-	$250-	
9/10/15	Chino Valley Professional [redacted] ID#902370	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	Fire Dept. CUIFD	$1000-	$1000-	

SUBTOTAL $ 1950-

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 8020-
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1249-
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 9269-

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/15	Treh Partners II LLC [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Real Estate	$250-	$250-	
10/23/15	Tacie Adams [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Manager St Paul the Apostle Church	$100-	$100-	
10/23/15	DAVID Kramer [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Los Serranos Country Club owner	$150-	$150-	
10/23/15	Brad & Paula Holous [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	teacher CVUSD	$150-	$150-	
10/23/15	Gary & Kelly Bracamontes [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business owner	$150-	$150-	
			SUBTOTAL $	800-		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/15	Angela Turner [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP Marketing Revolt Media & TV	$150 —	$150 —	
10/23/15	Robert & Daisy Apodaca [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer P.C.A.	$150 —	$150 —	
10/23/15	Steve Bowie [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Fire Captain LA. County Fire Dept.	$150 —	$150 —	
10/23/15	Andrew & Linda Luian [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owners St. Andrew Equestrian	$150 —	$150 —	
10/23/15	Michael & Patricia Stover [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$150 —	$150 —	
			SUBTOTAL $	750 —		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/15	Brett & Jeanette Benson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$150 —	$150 —	
10/23/15	Julie Allen [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Engineer City of L.A.	$150 —	$150 —	
10/23/15	Tim & Fawn Witten [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$370 —	$370 —	
10/23/15	Sharon & Chuck Stueve [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$150 —	$150 —	
10/23/15	Kenneth Rivera [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President YM Fiber Optics, Inc.	$370 —	$370 —	
			SUBTOTAL $	1190 —		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/15	Belinda Douglas [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant self-Business	$150 —	$150 —	
10/23/15	Victor & Voshie Botta [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Legal Secretary McKoolSmith	$150 —	$150 —	
10/23/15	Jerry & Kerry Ruiz [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Court Reporter LA County	$150 —	$150 —	
10/23/15	Bill Mc Donnell [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Metropolitan Water District	$100 —	$100 —	
10/23/15	Ron Madrid [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Teacher	$100 —	$100 —	
			SUBTOTAL $	650 —		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/15	Bill & Ann Taylor [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator L.A. County	$150 —	$150 —	
10/23/15	Patrick & Kathleen Hamamoto [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contract mgr City of Corona	$200 —	$200 —	
10/23/15	Pete & Cindy Del Duca [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Del Mechanical owner	$150 —	$150 —	
10/23/15	Jane De Frank [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	$150 —	$150 —	
10/23/15	Bob Jacobs [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Radiology Director PVHMC	$150 —	$150 —	
			SUBTOTAL $	800 —		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/15	Lisa McPheron [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	High Ed PR North OC Community College	$250-	$250-	
10/23/15	Scott Morley [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Advisor self	$150-	$150-	
10/23/15	Jerry Moser [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor SCM Construction	$225-	$225-	
10/23/15	Mary Parente [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer/ Developer S&M Dairy	$150-	$150-	
10/23/15	Jean Gorgone [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accounting Chino Grading	$105-	$105-	
			SUBTOTAL $	880-		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/15	Larry Rovira [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Exective Miller Coors	$400—	$400—	
10/23/15	Linda Pomeroy [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Material Manager World Kitchen Snapware	$150—	$150—	
10/23/15	KV Kumar [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Partner, Kumar & Talvadkar Associates	$450—	$450—	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 1000—

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

CODES: If one of the following codes 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 airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Albertson's	FND	Fundraising supplies	137—
Post OFFICE	POS	postage	348—
Los Serranos Country Club	FND	Fundraiser venue	1586—

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 2071.—

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2992—
2. Unitemized payments made this period of under $100 ..... $ 323—
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 3315—

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/15
through 12/31/15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cynthia Moran for City Council 2016

I.D. NUMBER: 1338698

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Christine Dominguez	FND	Florist For Fund raiser	140—
Vista Sight Sound	FND	Photo Booth for Fundraiser	200—
DJ Carlos	FND	DJ For Fundraiser	100—
Richard Wallace	FND	Video Production Services	100—
Reinberger Printwerks Chris Reinberger	FND	Print invites & Envelopes	381—

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 921—

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/15
through 12/31/15

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

Date Stamp
RECEIVED
JAN 29 2016
City of Chino Hills
City Clerk's Department

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Schedule E Addresses

3. Committee Information

I.D. NUMBER 1338698

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Cynthia Moran for City Council 2016

STREET ADDRESS (NO P.O. BOX)
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Amy A. Trujillo

MAILING ADDRESS
[redacted]

CITY

NAME

MAILING ADDRESS
N/A

CITY STATE ZIP CODE AREA CODE/PHONE
N/A

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 kn[redacted]rue 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 1/28/16 (Date) By [redacted]

Executed on 1/28/16 (Date) By [redacted] (Signature of Co[redacted])

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/15 through 12/31/15

CALIFORNIA FORM 460

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Schedule E (Continuation Sheet) Payments Made

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CALIFORNIA FORM 460

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Reinberger Printwerks Chris Reinberger	FND	Print invites & Envelopes	381—

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SUBTOTAL $ 921—

[redacted]