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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Thornton Carla J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Moreno Valley

Division, Board, Department, District, if applicable Your Position

City Council District 2

Council Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attachment to cover page Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Moreno Valley Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

14177 Frederick St

Moreno Valley

CA

92552

DAYTIME TELEPHONE NUMBER

(951) 413-3008

EMAIL ADDRESS

carlat@moval.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3, 17, 2020
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Waste Management of the Inland Empire
 ADDRESS *(Business Address Acceptable)*
17700 Indian Street, Moreno Valley, CA 92551
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sanitation Service Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 16 / 19</u>	<u>90.00</u>	<u>Annual Dinner</u>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

NAME:
THORNTON, CARLA J.

ATTACHMENT TO COVER PAGE
STATEMENT OF ECONOMIC INTEREST

CITY OF MORENO VALLEY
ADDITIONAL AGENCY POSITIONS

1. MORENO VALLEY COMMUNITY SERVICES DISTRICT – BOARD MEMBER
2. SUCCESSOR AGENCY FOR THE COMMUNITY REDEVELOPMENT AGENCY OF MORENO VALLEY – AGENCY MEMBER
3. MORENO VALLEY HOUSING AUTHORITY – AUTHORITY MEMBER
4. BOARD OF LIBRARY TRUSTEES – BOARD MEMBER
5. MORENO VALLEY PUBLIC FINANCING AUTHORITY – AUTHORITY MEMBER
6. INDUSTRIAL DEVELOPMENT AUTHORITY – AUTHORITY MEMBER
7. MORENO VALLEY PUBLIC FACILITIES FINANCING CORPORATION – BOARD MEMBER
8. MARCH JOINT POWERS COMMISSION – COMMISSIONER
9. RIVERSIDE COUNTY TRANSPORTATION COMMISSION- COMMISSIONER