Recipient Committee Campaign Statement Cover Page			CALIBATE STAMP FEB 2 7 2018	COVER PAGE CALIFORNIA 460 FORM
	Statement covers period from	Date of election if applicable: (Month, Day, Year)	KECEIVED -	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/3//17	11/8/16	P C C C C C C C C C C C C C C C C C C C	
1. Type of Recipient Committee: All Committees - Com	pplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	uarterly Statement pecial Odd-Year Report
o. Committee information	NUMBER 379113	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ton Valle of City Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP COD OPTIONAL: FAX / E-MAIL ADDRESS	(805) PHS-201L E AREA CODE/PHONE	NAME OF TREASURER MAILING ADDRESS CITY NAME OF ASSISTANT TREASURER MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP R, IF ANY STATE ZIP (CODE AREA CODE/PHONE CODE AREA CODE/PHONE
I. Verification I have used all reasonable diligence in preparing and reviewing certify under regulty of periods under the laws of the State of C	I this statement and to the best of my kn	outledge the information and in-		
certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and co	owledge the information contained prect.	nerein and in the attached s	chedules is true and complete.
Executed on 2/27(18 Date	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on 2/21/18 Date	BySignature of Controlli	ng Officeholder, Candidate, State Measure Pro		nsor
Executed onDate	By	nature of Controlling Officeholder, Candidate, S		
Executed onDate	BySign	nature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE		through	12/31/17 Page 2 of 2	
Tony Valleyo for City Council 2	016		1379113	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
 Monetary Contributions Loans Received Schedule A, Line 3 Schedule B, Line 3 	\$	\$	1/1 through 6/30 7/1 to Date	
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3	\$	\$	20. Contributions Received \$\$ 21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	\$	Made \$\$	
Expenditures Made 6. Payments Made	\$	s <u>500.</u>	Expenditure Limit Summary for State Candidates	
8. SUBTOTAL CASH PAYMENTS	\$	\$	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
10. Nonmonetary Adjustment	\$	\$ 500.	Date of Election Total to Date (mm/dd/yy)	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above	s 748.64	To calculate Column B, add amounts in Column	\$	
14. Miscellaneous Increases to Cash		A to the corresponding amounts from Column B of your last report. Some amounts in Column A may	*Amounts in this section may be different from amounts reported in Column B.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	s <u>748.04</u>	be negative figures that should be subtracted from previous period amounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	this is the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	s 748.04	from Lines 2, 7, and 9 (if any).		
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