

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

RECEIVED

JUL 28 2014

CITY CLERK CITY OF CHICO

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Molina, Forough M DAYTIME TELEPHONE NUMBER (530) 891-0874 FAX NUMBER (optional) () E-MAIL (optional) friendsofforoughmolina@gmail.com CITY Chico, CA STATE CA ZIP CODE 95928 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME OFFICE JURISDICTION City of Chico DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: 2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election Special/runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On , I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on July 28, '14 (month, day, year)

Signature [Signature] Candidate

04

Rejected: 8/7/14
Returned: 18-7

Statement of Organization Recipient Committee

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified by or

List I.D. number:

List I.D. number:

1369597

8/14/14

1/1

Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

Date Stamp

FILED
in the office of the Secretary of State of the State of California
~~AUG 04 2014~~

CALIFORNIA FORM 410

For Official Use Only
RECEIVED AND FILED
in the office of the Secretary of State of the State of California

SEP 03 2014

DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF COMMITTEE

Elect Molina for Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE
Chico, CA 95928

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

friendsofforoughmolina@gmail

COUNTY OF DOMICILE

Butte

JURISDICTION WHERE COMMITTEE IS ACTIVE

Chico

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kathryn T. Early (Katy)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE
Chico CA 95928

NAME OF ASSISTANT TREASURER, IF ANY

Forough M. Molina

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE
Chico, CA 95928

NAME OF PRINCIPAL OFFICER(S)

Forough M. Molina

S

CITY STATE ZIP CODE
Chico, CA 95928

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 is true and correct.

Executed on 7-31-2014 By Kathryn T. Early Kathryn T. Early 8-29-2014

Executed on 7-31-2014 By Forough M. Molina Forough M. Molina 8/29/14

Executed on _____ By _____

Executed on _____ By _____

Statement of Organization
Recipient Committee

ROA 1369597

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Termination -- See Part 5

List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

FILED Date Stamp

in the office of the Secretary of State
of the State of California

AUG 11 2014

CALIFORNIA FORM 410

For Official Use Only

Treasurer ph # (530) 519-5289
GAK

ROA

1. Committee Information

NAME OF COMMITTEE

Elect Molina for Council 2014

CITY

Chico, CA

ZIP CODE

95928

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

frrendsofforoughmolina@gmail

COUNTY OF DOMICILE

Butte

JURISDICTION WHERE COMMITTEE IS ACTIVE

Chico

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kathryn T. Early (Katy)

CITY

Chico

STATE

CA

ZIP CODE

95928

NAME OF ASSISTANT TREASURER, IF ANY

Forough M. Molina

STREET ADDRESS (NO P.O. BOX)

CITY

Chico, CA

STATE

CA

ZIP CODE

95928

NAME OF PRINCIPAL OFFICER(S)

Forough M. Molina

CITY

Chico, CA

STATE

CA

ZIP CODE

95928

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 is true and correct.

Executed on

7-31-2014

By

Kathryn T. Early

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Kathryn T. Early 8-7-2014

Executed on

7-31-2014

By

Forough M. Molina

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Forough M. Molina 8/7/14

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

copy

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Elect Molina for Council 2014

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER 298011906
ADDRESS [REDACTED]	CITY Chico	STATE CA
		ZIP CODE 95928

4. Type of Committee: Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Forough Molina	City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 06 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 460
	Page <u>1</u> of <u>12</u> For Official Use Only

Statement covers period from <u>1.1.14</u> through <u>9.30.14</u>	Date of election if applicable: (Month, Day, Year) <u>11.4.14</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination)
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
1369597

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Elect Molina for Council 2014

STREET ADDRESS (NO. OR BOX)

CITY STATE ZIP CODE
 Chico CA 95928

DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
 Chico CA 95927

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kathryn Early

MAILING ADDRESS

CITY STATE ZIP CODE
 Chico CA 95926

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 and in the attached schedules is true 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 10-6-14
 Date

Executed on 10/6/14
 Date

Executed on _____
 Date

Executed on _____
 Date

By Kathryn Early
 Signature of Treasurer or Assistant Treasurer

By [Signature]
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

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
Page <u>2</u> of <u>12</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Forough Maria Molina

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Chico 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Forough Molina

Statement covers period from <u>1/1/14</u>	CALIFORNIA FORM 460
through <u>9/30/14</u>	
Page <u>3</u> of <u>12</u>	I.D. NUMBER 1369597

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>9,390.00</u>	\$ _____
2. Loans Received Schedule B, Line 3	<u>500.00</u>	<u>500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,890.00</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	<u>317.17</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>10,207.17</u>	\$ _____

**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	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>4,034.17</u>	\$ _____
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4,034.17</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>4,034.17</u>	\$ _____

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts Column A, Line 3 above	<u>9,890.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>4,034.17</u>
15. Cash Payments Column A, Line 8 above	<u>5,855.83</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>500.00</u>

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).

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

Schedule A Monetary Contributions Received				Statement covers period from 1.1.14 through 9.30.14		Page <u>4</u> of <u>12</u>	
Name of Filer: Forough Molina				I.D. Number: 1369597			
Date	Full Name	Street Address, ID number (committees)	Cont. code	Employer	Amount Received	Cumulative to Date, Calendar	Per Election to Date
8/7/14	Tammie Watkins		ind	Gas Transmission Systems, Engineer	\$200.00		
8/13/14	Billie Kanter		ind	retired	\$100.00		
8/16/14	Jerry Early		ind	PSMG; Courier	\$250.00		
8/9/14	Thomas P Nickell		ind	retired	\$200.00		
8/16/14	Linda M. Ory		ind	Ampla; Nurse Practitioner	\$50.00		
8/16/14	Katherine S O'Brien		ind	retired	\$150.00		
8/16/14	Jim Goodridge		ind	retired	\$20.00		
8/16/14	Hilary Locke		ind	California Department of Social Service; Social Worker	\$20.00		
8/15/14	Sean Molina		ind	CSU, Chico University Foundation, Coach	\$45.00		
8/18/14	Deborah Burfeind		ind	retired	\$100.00		
8/17/14	Maria Del Rocio Weems		ind	retired	\$100.00		
8/17/14	Ur Aura Weems		ind	Northern Valley Catholic Social Services, Program Assistant	\$25.00		
8/17/14	Tristan Weems		ind	County of Butte, Assistant Planner	\$25.00		
8/16/14	Ova Lessenger		ind	At home mother	\$50.00		
8/16/14	Shawn Lessenger		ind	Glenn County Office of Education, teacher	\$50.00		
8/17/14	Margaret Weems		ind	retired	\$100.00		
8/17/14	Maureen Kirk		ind	Butte County; Butte County Supervisor	\$100.00		
8/17/14	Aev Weems		ind	Hydro-Organics Wholesale; Warehouse Worker	\$20.00		
8/17/14	Cynthia Weems		ind	At home mother	\$20.00		

Date	Full Name	Street Address, ID number (committees)	Cont. code	Employer	Amount Received	Cumulative to Date, Calendar	Per Election to Date
8/22/14	Zena Chan	[REDACTED]	ind	Duerr Evaluation Resources; Research Associate	\$20.00		
8/29/14	Maria Del Rocio Weems	[REDACTED]	ind	retired	\$200.00	\$300.00	
8/28/14	Flavio Silva	[REDACTED]	ind	retired	\$100.00		
8/30/14	Nora Toddenhagen	[REDACTED]	ind	retired	\$50.00		
8/30/14	Francis Farley	[REDACTED]	ind	retired	\$20.00		
8/31/14	Joanne Gilchrist	[REDACTED]	ind	CA State Dept. of Public Health; RN	\$100.00		
8/31/14	Ray Bransky	[REDACTED]	ind	Chico Unified School District; Teacher	\$100.00		
9/1/14	Dave Garcia	[REDACTED]	ind	retired	\$50.00		
9/1/14	David Welch	[REDACTED]	ind	Enloe Hospital, RN	\$100.00		
9/1/14	Becky Llamas	[REDACTED]	ind	Oroville City Elementary School District; Teacher	\$100.00		
9/1/14	John P. Shannon	[REDACTED]	ind	retired	\$200.00		
8/30/14	Chico Democrats	[REDACTED]		committee	\$250.00		
8/30/14	Courtney J Casey	[REDACTED]	ind	Destinations Mobility, Mobility Specialist	\$25.00		
8/30/14	Valerie Wells	[REDACTED]	ind	Sewing Chico. Seamstress	\$20.00		
9/1/14	Diana Fogel	[REDACTED]	ind	retired	\$100.00		
9/1/14	Walter Schafer	[REDACTED]	ind	retired	\$75.00		
8/31/14	OJ McMillan	[REDACTED]	ind	retired	\$200.00		
8/30/14	Timothy Giusta	[REDACTED]	ind	Pageant, self-employed	\$40.00		
9/2/14	Mark E. Bloom	[REDACTED]	ind	retired	\$50.00		
9/1/13	Zachariah L. Kincheloe	[REDACTED]	ind	retired	\$100.00		
9/4/14	Janet Leslie	[REDACTED]	ind	retired	\$200.00		
9/4/14	Juanita I. Farley	[REDACTED]	ind	retired	\$50.00		
9/2/14	Laurel Heath	[REDACTED]	ind	retired, Teacher	\$50.00		
9/2/14	Eileen Robinson	[REDACTED]	ind	retired, Current school board member	\$5.00		
9/3/14	Mark Gailey	[REDACTED]	ind	retired, Educator	\$20.00		
9/2/14	Nancy Ostrom	[REDACTED]	ind	retired, Teacher	\$100.00		
9/4/14	Linda J.B. Furr	[REDACTED]	ind	retired	\$50.00		

							Page 6 of 12
Date	Full Name	Street Address, ID number (committees)	Cont. code	Employer	Amount Received	Cumulative to Date, Calendar	Per Election to Date
9/2/14	Eric Ayars		ind	CSU, Chico, Professor	\$50.00		
9/5/14	Luz E. Alva		ind	Enloe Hospital, RN	\$30.00		
9/6/14	Susan Mason		ind	retired	\$40.00		
9/1/14	Randall C. Stone		ind	Self-employed, Financial Advisor	\$100.00		
9/5/14	Paul Friedlander		ind	retired	\$50.00		
9/7/14	Andrew T. Holcombe		ind	retired, Attorney	\$200.00		
9/7/14	Edward Caldwell		ind	retired	\$100.00		
9/7/14	Linda L. Zorn		ind	Butte College, Manager	\$250.00		
9/7/14	Robert Eric Bowman		ind	retired, CSU Chico	\$50.00		
9/7/14	Katherine S. Cavell		ind	Wells Fargo Advisors, Financial Advisor	\$100.00		
9/7/14	Carol Johnson		ind	Keller Williams, Realtor	\$25.00		
9/7/14	Ann Schwab		ind	CAVE, Program Manager	\$25.00		
9/7/14	Lisa E. Emmerich		ind	CSU, Chico, Professor	\$50.00		
9/8/14	Sandra Barton		ind	CSU, Chico, Costume Designer	\$200.00		
9/7/14	Margo J. Milliken		ind	retired, RN	\$100.00		
9/7/14	Cathy Mueller		ind	none	\$25.00		
9/7/14	Laurel Heath		ind	retired, Teacher	\$50.00	\$100.00	
9/7/14	Julian C. Zener, M.D.		ind	retired	\$25.00		
9/7/14	Cathleen Slattery Reed		ind	Enloe, RN	\$100.00		
9/7/14	Linda M. Ory		ind	Ampla; Nurse Practitioner	\$100.00	\$150.00	
9/7/14	Cheryl King		ind	Self-employed, Consultant	\$100.00		
9/7/14	Thomas A. Tarman		ind	Self-employed, Architect	\$100.00		
9/7/14	Heidi M. Hall		ind	California Department of Water Resources, Program Manager	\$25.00		
9/7/14	Denver Latimer		ind	Self-employed, Attorney	\$20.00		
9/7/14	Nelson H. Anthoine		ind	Self-employed, Rental Management	\$20.00		
9/7/14	Michael Hawkins		ind	Democrats, activist	\$30.00		
9/8/14	Jeanne Thatcher		ind	retired, Professor	\$50.00		
9/6/14	James E. Gregg		ind	retired	\$25.00		
9/7/14	Gerda R. Lydon		ind	retired	\$25.00		

Page 7 of 12							
Date	Full Name	Street Address, ID number (committees)	Cont. code	Employer	Amount Received	Cumulative to Date, Calendar	Per Election to Date
9/7/14	Sandy Fisher Woven		ind	Self-employed, Weaver	\$40.00		
9/7/14	Kirk H. Monfort		ind	CSU, Chico, Teacher	\$100.00		
9/8/14	Roger P. Montalbano		ind	Self-employed, Bar owner	\$100.00		
9/9/14	Maureen Fredrickson		ind	retired	\$100.00		
9/9/14	Michael McGinnis		ind	ARC of Butte County, Executive Director	\$100.00		
9/11/14	Richard Macias		ind	retired	\$50.00		
9/11/14	Gary W. Towne		ind	CSU, Chico, Coach	\$25.00		
9/13/14	Michael Stauffer		ind	retired	\$300.00		
9/14/14	Carey Kidd		ind	Butte College, Educator	\$50.00		
9/13/14	Paul O'Rourke-Babb		ind	Colusa Regional Medical Center, Nurse Practioner	\$35.00		
9/15/14	Malama MacNeil		ind	Self-employed, Manual Therapist	\$25.00		
9/16/14	Jon Luvaas		ind	retired	\$500.00		
9/16/14	The Laura L. Joplin Revocable Trust		ind	Fantality, Manager	\$100.00		
9/16/14	James Dwyer		ind	retired, CSU Chico			
9/19/14	Henry W. Elliott III		ind	retired	\$100.00		
9/19/14	R. Mills		ind	Hamilton High School, Teacher	\$100.00		
9/18/14	Rozemary Sabino-Blodget		ind	OCESD & Butte County, Teacher	\$40.00		
9/18/14	Juanita I. Farley		ind	retired	\$50.00		
9/20/14	Barbara S. Copeland		ind	retired	\$100.00		
9/20/14	Sheldon Praiser		ind	retired	\$35.00		
9/20/14	M.C. Stokes		ind	Cal-Flor, Vice President	\$100.00		
9/20/14	Anna E. Dove		ind	Butte County, Administrative Analyst	\$50.00		
9/20/14	Susan J. Parke		ind	Feather River, RN	\$30.00		
9/20/14	Shelton T. Enochs		ind	retired	\$50.00		
9/21/14	Evanne O'Donnell		ind	CSU Chico, Labor Relations	\$50.00		
9/22/14	Nelda F. Jessee		ind	retired	\$25.00		

Date	Full Name	Street Address, ID number (committees)	Cont. code	Employer	Amount Received	Cumulative to Date, Calendar	Per Election to Date
9/22/14	Caroline Jean Burkett		ind	retired	\$100.00		
9/22/14	Country Garden Flowers		other		\$100.00		
9/22/14	Robert F. Biehler		ind	retired	\$100.00		
9/22/14	Steven Schuman		ind	Self-employed, North Valley Produce, Organic Produce Distributor	\$50.00		
9/23/14	Elizabeth F. Daniels		ind	Self-employed, Reflexology & Essential Oils	\$50.00		
9/23/14	Deromedi Associates Real Estate		other		\$50.00		
9/23/14	Becky Hart		ind	retired	\$25.00		
9/24/14	Jerry Ringel		ind	retired	\$30.00		
9/25/14	Philip F. O'Neill		ind	retired	\$100.00		
9/26/14	David Guzzetti		ind	retired	\$75.00		
9/26/14	Thomas Weems		ind	Pacific Coast Producers, Warehouse employee	\$100.00		
9/26/14	Christina Plummer		ind	At home mother	\$25.00		
9/13/14	Ann M. Schwab		ind	CAVE, Program Manager	\$25.00	\$50.00	
9/7/14	Bruce T. McLean		ind	Stott Outdoor Advertising, Outdoor Sales Representative	\$25.00		
9/28/14	Steve O'Bryan		ind	Self-employed, Bike Shop Proprietor	\$20.00		
9/28/14	Nancy L. Good		ind	retired	\$25.00		
9/28/14	Linda M. Ory		ind	Ampla; Nurse Practitioner	\$40.00	\$190.00	
9/29/14	Susan Steiner		ind	CSU, Chico, Professor	\$50.00		
9/26/14	Sharon Bloker		ind	retired	\$25.00		
9/28/14	Ann Schwab		ind	CAVE, Program Manager	\$25.00	\$75.00	
9/28/14	Michael McGinnis		ind	ARC of Butte County, Executive Director	\$50.00	\$150.00	

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>1/1/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>12</u>
I.D. NUMBER 1369597	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Forough Molina

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Forough Molina [REDACTED] Chico, CA 95928	teacher, Oroville City Elementary School District	\$ _____	\$ <u>500</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ <u>500</u> <u>8/8/2014</u> DATE INCURRED	CALENDAR YEAR \$ <u>500</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ _____	\$ <u>500</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Schedule B Summary

1. Loans received this period \$ 500
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 500
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

(Enter (e) on
Schedule E, Line 3)

†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

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	9/30/14	Page <u>10</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Forough Molina		1369597

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/15/14	Sean Molina [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CSUC Foundation, Coach (part-time)	cell phone, one month rental	\$45.00	\$45.00	
8/27/14	Katherine O'Brien [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	Shipping charges for buttons	\$25.85	\$25.85	
8/31/14	Ann Schwab [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAVE Associated Students, Program Director	Fundraising Letter	\$146.32	\$146.32	
9/12/14	Karl Ory [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	Office Space at 333 Main St., #6; 9-12 a.m. 4 days per wk./monthly	\$100.00	\$100.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ \$317.17

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 317.17
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 317.17

*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
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	9/30/14	Page <u>11</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Forough Molina		1369597

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Forough Molina

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
Ed's Printing [REDACTED]	PRT		\$947.75
Ed's Printing, [REDACTED]	PRT		\$268.75
Stott Outdoor Advertising, [REDACTED]	PRT		\$397.50

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

SUBTOTAL \$ 1614.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3681.55
2. Unitemized payments made this period of under \$100	\$ 352.62
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4034.17

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	9/30/14	Page <u>12</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Forough Molina		1369597

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
Stott Outdoor Advertising, [REDACTED]	PRT		\$242.55
Costo, [REDACTED]	POS		\$205.00
COPS [REDACTED]	LIT		\$550.00
Election Digest G2014, [REDACTED]	LIT		\$545.00
California Voter Guide, [REDACTED]	LIT		\$525.00

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

SUBTOTAL \$ 2067.55