

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 23 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 460
	Page <u>1</u> of <u>7</u>
	For Official Use Only

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/14</u>
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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"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1369597

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

Elect Molina for Council 2014

Treasurer(s)

NAME OF TREASURER

Kathryn Early

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

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 10-24-14 10-23-14 KE
Date

Executed on 10-24-14 10-23-14 KE
Date

Executed on _____
Date

Executed on _____
Date

By Kathryn T. 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
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Forough Maria Molin

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

STATE ZIP
 [REDACTED] E ZIP

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
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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

Statement covers period from <u>10/1/14</u>	CALIFORNIA FORM 460
through <u>10/18/14</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER 1369597

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Forough Molina

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>3185.00</u>	\$ _____
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3185.00</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3185.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>6052.30</u>	\$ _____
7. Loans Made Schedule H, Line 3	<u>0</u>	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6052.30</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	_____
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6052.30</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>5855.83</u>
13. Cash Receipts Column A, Line 3 above	<u>3185.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>6052.30</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2988.53</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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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>7</u>		
Name of Filer: Forough Molina			I.D. Number: 1369597				
Date	Full Name	Street Address, ID number (committee)	Cont. code	Employer	Amount Received	Cumulative to Date,	Per Election to Date
10/1/14	Grace Marvin		ind	retired	\$25.00		
10/1/14	Bruce S. Ertle		ind	retired	\$25.00		
10/2/14	Mark S. Gailey		ind	retired	\$20.00		
10/2/14	Michael R. Bush		ind	Self-employed, lawyer	\$75.00		
10/2/14	Barbara Boyle		ind	retired	\$100.00		
10/2/14	Steven Schuman		ind	Self-employed, North Valley Produce, Organic Produce Distributor	\$75.00	\$125.00	
10/2/14	Susan Hughes		ind	CSU, Chico, Video Producer	\$25.00		
10/2/14	Daniel F. Carter		ind	CSU, Chico, Video Producer	\$25.00		
10/4/14	Kristyna Demaree		ind	retired	\$100.00		
10/4/14	Sarah Newton		ind	retired	\$100.00		
10/4/14	Karen Laslo		ind	retired	\$15.00		
10/4/14	Janice Nielsen		ind	retired	\$25.00		
10/4/14	Jan Hildenbrand		ind	retired	\$50.00		
10/4/14	Robert Speer		ind	Self-employed, construction	\$50.00		
10/4/14	Margaret R. Worley		ind	retired	\$50.00		
10/4/14	Tom J. Snyder Lando		ind	retired	\$100.00		
10/4/14	Marianne Werner		ind	retired	\$25.00		
10/4/14	Jamie Batha		ind	retired	\$75.00		
10/4/14	Mike Trowbridge		ind	North Rim Adventure sport, bike mechanic	\$50.00		
10/4/14	Robert J. Hanford, Jr.		ind	retired	\$75.00		
10/3/14	Rebecca Llamas		ind	Oroville City Elementary School District, teacher	\$50.00		
10/5/14	Mark L. Stemen		ind	CSU, Chico, Professor	\$50.00		
10/9/14	Karl C. Dawson		ind	retired	\$25.00		
10/11/14	Jane Martin		ind	Self-employed, Paralegal	\$200.00		
10/14/14	Jonathan Richman		ind	Self-employed, Singer	\$400.00		
10/14/14	Christian Todenhagen		ind	retired	\$75.00		
10/6/14	Madeline Caton		ind	retired	\$100.00		

Schedule A Monetary Contributions Received			Statement covers period from 1.1.14 through 9.30.14		Page <u>5</u> of <u>7</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,	Per Election to Date
10/8/14	Mary Lue G. More		ind	retired	\$25.00		
10/8/14	Greg K. Meagher		ind	retired	\$250.00		
10/8/14	Nancy C. Praizler		ind	retired	\$35.00		
10/8/14	Nora E. Burnham		ind	retired	\$25.00		
10/14/14	James R. Dwyer		ind	retired	\$50.00		
10/10/14	M.Mow		ind	retired	\$20.00		
10/14/14	Karen Goodwin		ind	Self-employed, Nutrition Educator	\$100.00		
10/12/14	Margaret Bomberg		ind	Self-employed, attorney	\$100.00		
10/13/14	William S. Stewart		ind	CSU, Chico, Faculty	\$100.00		
10/11/14	Edward J. Bronson		ind	retired	\$50.00		
10/17/14	Jon S. Ebeling		ind	retired	\$25.00		
10/17/14	Maureen Kirk for Supervisor ID #1277946		com	Butte County, County Supervisor	\$200.00		
10/15/14	Caryn B. Albrecht		ind	Self-employed, Educator	\$20.00		
10/9/14	Robert Dean Jones		ind	Self-employed, Heating/Air Conditioning Specialist	\$100.00		
10/9/14	Dan Nguyen-Tan		com	Public Bikes, Vice President	\$50.00		
10/6/14	Chuck Lundgren	1000 W. Lindo Ave., Chico 95926	ind	Self-employed, Programmer	\$50.00		

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Forough Molina	I.D. NUMBER 1369597
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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]	teacher, Oroville City Elementary School District	\$ 500.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 500.00 DATE DUE _____	0 % RATE	\$ 500.00 8/8/14 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** \$ _____
† <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 \$					\$ 500.00			

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0
(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 \$** 0
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 E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 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
Voter Guide, Slate Cards [REDACTED]	LIT		\$1050.00
Stott Outdoor Advertising [REDACTED]	PRT		\$795.00
Creative Composition, Incorporated [REDACTED]	LIT		\$4158.55

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

SUBTOTAL \$ 6003.55

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6003.55
2. Unitemized payments made this period of under \$100	\$ 48.75
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 \$ 6052.30