

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> JAN 28 2015 CITY CLERK CITY OF CHICO	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	
For Official Use Only	

Statement covers period from <u>10/31/14</u> through <u>12/31/14</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.

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  
 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  
1369597

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Elect Molina for Council 2014

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Kathryn Early

MAILING ADDRESS  
[REDACTED]

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
katyearly@comcast.net

**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 1/26/15  
Date

Executed on 1/26/15  
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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/31/14</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/14</u>	
Page <u>3</u> of <u>    </u>	I.D. NUMBER <u>1369597</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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>1699.00</u>	\$ <u>16,859.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>-500.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1199.00</u>	\$ <u>16,859.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>570.00</u>	\$ <u>2,637.17</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1769.00</u>	\$ <u>19,496.17</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>3468.53</u>	\$ <u>16,859.00</u>
7. Loans Made ..... Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3468.53</u>	\$ <u>16,859.00</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>3468.53</u>	\$ <u>16,859.00</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>2269.53</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1199.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>3468.65</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>-12</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>0.</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 10.31.14 through  
12.31.14

Page \_\_\_  
of \_\_\_

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
10/31/14	Karen Laslo		ind	retired	\$5.00	\$40.00	
10/31/14	Emily Alma		ind	retired	25.00		
10/31/14	Ann M. Schwab		ind	CAVE, Program Manager	\$20.00	\$120.00	
10/31/14	Karl Ory		ind	Housing Assistance Council, Housing Specialist	\$100.00	\$200.00	
10/31/14	Nancy L. Good		ind	retired	\$20.00	\$45.00	
10/31/14	Edward Caldwell		ind	retired	\$50.00	\$150.00	
10/31/14	Janine Rood		ind	Chico Velo, Executive Director	\$50.00		
11/3/14	Sean Molina		ind	CSU, Chico University Foundation, Coach	\$50.00	\$95.00	
11/3/14	Deborah Burfeind		ind	retired	\$25.00	\$125.00	
11/3/14	Herman A. Ellis		ind	retired	\$50.00		
11/3/14	Two Holding Company		other		\$250.00		
11/3/14	Ellen Simon		ind	retired	\$50.00		
11/3/14	Elizabeth F. Daniels		ind	Self-employed; Reflexology	\$50.00		
11/3/14	Andy Holcombe		ind	retired	\$60.00	\$260.00	
11/1/14	Mark Stemen		ind	CSU, Chico, Professor	\$37.00	\$87.00	
11/1/14	Rebecca Llamas		ind	Oroville City Elementary School District; Teacher	\$25.00	\$175.00	
11/1/14	James Dwyer		ind	retired, CSU Chico	\$50.00		
11/14/14	Olivia Garcia		ind	Unemployed	\$10.00		
11/14/14	Nora May		ind	retired	\$20.00		



**Schedule B – Part 1  
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from <u>10/31/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <b>1369597</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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 715 Parkwood Dr. Chico, 95928 ID # 1369597 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Oroville City Elementary School District	\$ 500	\$ 0	<input checked="" type="checkbox"/> PAID \$ 500.00 <input type="checkbox"/> FORGIVEN	\$ 0 DATE DUE	0 % RATE \$ DATE INCURRED	\$ 500 8/8/14 DATE INCURRED	CALENDAR YEAR \$ 500. 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 ** \$
<b>SUBTOTALS \$</b>		<b>0 \$</b>	<b>500.00 \$</b>	<b>0 \$</b>	<b>0 \$</b>	<b>0</b>		

**Schedule B Summary**

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

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 500.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- 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)

†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 from <u>10/31/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	
I.D. NUMBER 1369597	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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)
11/1/14	Mark Stemen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CSU, Chico Professor	Food	\$70.00		
1/21/15	SEIU Local 1021 ID # 1296948 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	Candidate PAC Small Contributor Committee	Partial payment of printing costs	\$500.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<b>SUBTOTAL \$</b>							

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$ 500.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 70.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$ 570.00</b>

**\*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

Statement covers period  
from 10.31.14 through  
1.31.15

Page \_\_\_ of \_\_\_

Name of Filer: Forough Molina

I.D. Number: 1369597

NAME AND ADDRESS OF PAYEE

CODE

DESCRIPTION OF PAYMENT

AMOUNT PAID

Ed's Printing

PRT

4 Large Molina for Council signs

\$279.50

La Familia

FND

food for end-of-campaign  
event

\$387.00

Automate Mailing

Sacramento, CA 95828

PRT

campaign mailers

\$787.62

Jerry Early

WEB

Reimbursement for  
Website fee

\$132.82

Sean Molina

95928

CMP

Reimbursement for printer  
cartridges, cell phone,  
campaign poster stakes

\$103.15

6th Street for Youth

CTB

cash donation

\$200.00

Catalyst

95928

CTB

cash donation

\$200.00

Schedule E Payments Made			Statement covers period from 10.31.14 through 1.31.15	Page ___ of ___
Name of Filer: Forough Molina			I.D. Number: 1369597	
NAME AND ADDRESS OF PAYEE	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Torres Community Shelter 1 [REDACTED] [REDACTED]	CTB	cash donation	\$200.00	
DCBA Clean and Safe [REDACTED] Chico 95928	CTB	Cash Donation	\$200.00	
Forough Molina [REDACTED] 95928		Reimbursement of Loan	\$500.00	
Time Printing, [REDACTED] 95814	PRT	Printing costs	\$204.17	