Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA 460 2001/02 FORM

Statement covers period	Date of election if applicable: (Month, Day, Year)	
from ___03/18/2006___		Page __1__ of __11__
	06/06/2006	For Official Use Only
through ___05/20/2006___		

SEE INSTRUCTIONS ON REVERSE

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

[X] Officeholder, Candidate Controlled Committee
   ○ State Candidate Election Committee
   ○ Recall
   (Also Complete Part 5)

[ ] General Purpose Committee
   ○ Sponsored
   ○ Small Contributor Committee
   ○ Political Party/Central Committee

[ ] Ballot Measure Committee
   ○ Primarily Formed
   ○ Controlled
   ○ Sponsored
   (Also Complete Part 6)

[ ] Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

[X] Preelection Statement
[ ] Semi-annual Statement
[ ] Termination Statement
[ ] Amendment (Explain below)

[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Supplemental Preelection
Statement - Attach Form 495

_____

_____

3. Committee Information

I.D. NUMBER 1277352

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

Molina 2006

STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

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

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jonathan Fuhrman

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Kinde Durkee

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 __05/22/2006__   By __Jonathan Fuhrman__
     Date   Signature of Treasurer or Assistant Treasurer

Executed on __05/22/2006__   By __Gloria Molina__
     Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____   By _____
     Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____   By _____
     Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gloria Molina

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

County Supervisor, Los Angeles County, District: 1

RESIDENTIAL/BUSINESS ADDRESS   (NO. AND STREET)   CITY   STATE   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
Molina Officeholder Account	962879

NAME OF TREASURER	CONTROLLED COMMITTEE?
Jonathan Fuhrman	☒ YES ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
F			

COMMITTEE NAME	I.D. NUMBER
The Empowerment Fund	962880

NAME OF TREASURER	CONTROLLED COMMITTEE?
Jonathan Fuhrman	☒ YES ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	
		☐ SUPPORT ☐ OPPOSE

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 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	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary