Recipient Committee Campaign Statement (Covernment Code Sections 84200-84216.5)

Executed on.

Executed on.

DATE

DATE

Type or print in ink.

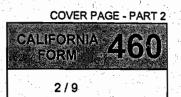
"COVER PAGE CALIFORNIA 2001/02

Government Code Sections 84200-84210.5)						
SEMI-ANNUAL	Statement covers period from 01/01/2004	Date of election if applicable? (Month, Day, Year)	-2 FH 2		1 / 9 or Official Use Only	
original	through 06/30/2004	03/05/2002 DISOLO	CASAL-VIGHT FINANCE VISCLOSITIES SECTION		804493 *C04886	
1. Type of Recipient Committee: All Commit Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: ☐ Pre-election Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain belo	w)	Special C	v Statement Odd-Year Report ental Preelection nt - Attach Form 4	
3. Committee Information	I.D.NUMBER 962880	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE - The Empowerment Fund		NAME OF TREASURER Jonathan Fuhrman				
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	вох	NAME OF ASSISTANT TREASURER, IF A	INY			
CITY STATE ZIP CO	DE AREA CODE/PHONE	MAILING ADDRESS				
OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		OPTIONAL: FAX/E-MAIL ADDRESS				
DATE Executed on 07/19/2004 By G	ry under the laws of the State of Conathan S. Fuhrman SIGNATURE OF TREASURER OF TRE	flifornia that the foregoing is true and co	rrect.	erein and in the	attached schedules	

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page — Part 2



NAME OF OFFICEHOLDER OR CANDIDATE Gloria Molina OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: County Supervisor LA County Supervisor County Los Angeles County 1 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			NAME OF BALLOT MEASURE						
			BALLOT NO. OR LETTER JURISDICTION	ON		SUPPORT OPPOSE			
			identify the controlling officeholder, candidate, or state measure proponent, if any.						
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
Related Committees Not Included in this State of included in this statement that are controlled by you or are pontributions or to make expenditures on behalf of your candidate.	orimarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY			
OMMITTEE NAME folina 2002	I.D.NUMBER 1236840	7.	7. Primarily Formed Committee List names of officeholder(s) or candidate(s) f which this committee is primarily formed.						
AME OF TREASURER onathan Fuhrman	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD		☐ SUPPORT			
STATE ZIP CO	DDE AREA CODE/PHONE					OPPOSE			
OMMITTEE NAME Molina Officeholder Account	I.D.NUMBER 962879		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	GHT OR HELD	SUPPORT OPPOSE			
IAME OF TREASURER Ionathan Fuhrman	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	GHT OR HELD	SUPPORT OPPOSE			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO	x)								