

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

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LOS ANGELES COUNTY  
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CAMPAIGN FINANCE  
REGULATORY DIVISION

CALIFORNIA **460**  
2001/02  
FORM

Statement covers period  
from 07/01/2005  
through 12/31/2005

Date of election if applicable:  
(Month, Day, Year)  
06/06/2006

Page 1 of 70  
For Official Use Only

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
  - Ballot Measure Committee
    - Primarily Formed
    - 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
  - Amendment (Explain below)  
To Amend Sch A, Sch F, Summary Page, and to add filing notes.
  - 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  
John 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 3/1/06  
Date

Executed on 3/1/06  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Kinde Durkee  
Signature of Treasurer or Assistant Treasurer

By Gloria Molina  
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