Recipient	Committee
Campaign	Statement

DATE

COP	
	Type or print in ink.

	COVER PAGE
ENO VALLET	CALIFORNIA 2001/02 FORM

Campaign Statement Government Code Sections 84200-84216.5)	eta	95.	RECEIVED	2001/02 400 FORM
EE INSTRUCTIONS ON REVERSE	Statement covers period from03/18/2012 through06/30/2012	Date of election if applicable:	2 JUL 31 PH 4:27	1 / 15 For Official Use Only
1. Type of Recipient Committee: All Commi 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	ttees - 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 Stateme Pre-election Stateme Semi-annual State Termination Stateme Amendment (Explain	ment ment ment	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Jesse Molina for City Council 2012 STREET ADDRESS (NO P.O. BOX)	I.D.NUMBER 1310079	Treasurer(s) NAME OF TREASURER Mrs. Dana Hopkins, CPA MAILING ADDRESS	Α	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP CO	BOX	NAME OF ASSISTANT TREASULLIDIA MOLINA MAILING ADDRESS	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS	9 	OPTIONAL: FAX/E-MAIL ADDRE	STATE ZIP C	ODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in is true and complete. I certify under positive and complete. I certified and complete and co		t of my knowledge the infor a that the foregoing is true TANT TREASURER SURE PROPONENT OR RESPONSIBLE DIDATE, STATE MEASURE PROPONE	and correct.	nd in the attached schedules FPPC Form 460 (JAN/05

FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

COVER PAGE - PART 2

CALIFORNIA 460

2/15

Officeholder or Candidate Controlled	Committee	6. Ballot Measure Co	mmittee			
NAME OF OFFICEHOLDER OR CANDIDATE Jesse Molina		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICH Held: City Council Member 1st City of More		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
	TY STATE ZIP	Identify the controlling office	holder, candi	date, or state i	neasure propo	nent, if any.
· · · · · · · · · · · · · · · · · · ·	_	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid	primarily formed to receive	OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed C		2 List names	of officeholder(s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO	X)	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIP C	ODE AREA CODE/PHONE					☐ OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO	X)					
CITY STATE ZIP C	ODE AREA CODE/PHONE	Attach	continuation	sheets if nece	essary	

Campaign Disclosure Statement Summary Page

1. Monetary Contributions

Type or print in ink.

Amounts may be rounded to whole dollars.

Column A

28800.00

7507 12

0.00

470.00

TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jesse Molina for City Council 2012

Contributions Received

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

1/1 through 6/30 7/1 to Date

20. Contribution
Received \$ 0.00 \$ 0.00

21. Expenditures
Made \$ 0.00 \$ 0.00

I.D. NUMBER

1310079

2.	Loans Received	Schedule B, Line 7		0.00		0.00
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	_28800.00	\$	33800.00
4.	Nonmonetary Contributions	Schedule C, Line 3	_	0.00	_	0.00
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	_	28800.00	\$	33800.00
-						
Ex	penditures Made					
6.	Payments Made	Schedule E, Line 4	\$	3657.07	\$_	6801.84
7.	Loans Made	Schedule H, Line 7		0.00	_	0.00
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	3657.07	\$_	6801.84
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-	-560.00	_	470.00
10.	Nonmonetary Adjustment	Schedule C, Line 3	_	0.00	_	0.00
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	3097.07	\$_	7271.84
_	10 1011					

See instructions on reverse

Add Line 2 + Line 9 in Column B above

Schedule A, Line 3

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

12. Beginning Cash Balance Previous Summary Page, Line 16	\$
13. Cash Receipts Column A, Line 3 above	28800.00_
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.25
15. Cash Payments Column A, Line 8 above	3657.07
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$32740.30_
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00_

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).

Column B

CALENDAR YEAR TOTAL TO DATE

33800.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A

Type or print in ink.

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Monetary Contributions Received		to whole dollars.		Statement cov	ers period	CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through		4	1 / 15
NAME OF FILER				J.		I.D. Num	nber
Jesse Molina fo	or City Council 2012		1:		10	13100	79
DATE RECEIVED	FULL NAME, MAILING 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 06/04/2012	Mr. Nelson Chuna	X IND COM OTH PTY SCC	President Pacific Communities Builder Inc.	500.00	250	0.00	
	*** TYPE: Intermediary *** MV Homes LLC 1000 Dove St Ste 100 Newport Beach CA 92660 ID:	IND COM OTH PTY SCC			ur M		
Rept Dt: 06/04/2012	Mr. Nelson Chuna	IND COM OTH PTY SCC	President Pacific Communities Builder Inc.	500.00	250	0.00	9
	*** TYPE: Intermediary *** Avone Homes LLC 1000 Dove St Ste 100 Newport Beach CA 92660 ID:	IND COM OTH PTY SCC	B		= 0		
Rcpt Dt: 06/04/2012	Mr. Nelson Chuna	X IND COM OTH PTY SCC	President Pacific Communities Builder Inc.	500.00	250	00.00	
			SUBTOTAL	\$			
Schedule A 1. Amount rec (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)	И	\$		IN	•	
2. Amount rec	eived this period - unitemized contributions of less the	nan \$100	\$ _	0.00		H - Other	,
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page. Col		A.	28800.00		Y - Politica CC - Small C	l Party Contributor Committee

Schedule A

Type or print in ink.

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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cov	ers period	california 460 FORM	
SEE INSTRUCTION	NC ON DEVEDSE			through			5 / 15
NAME OF FILER	or City Council 2012					I.D. No	
DATE RECEIVED	FULL NAME, MAILING 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) '	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
	*** TYPE: Intermediary *** MEF Homes LLC 1000 Dove St Ste 100 Newport Beach CA 92660 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Ð	-			i.
Rept Dt: 06/04/2012	Mr. Nelson Chung		President Pacific Communities Builder Inc.	500.00	2500	0.00	
	*** TYPE: Intermediary *** AVTWO Homes LLC 1000 Dove St Ste 100 Newport Beach CA 92660 ID:	IND COM OTH PTY SCC					* 4 /
Rcpt Dt: 06/04/2012	Mr. Nelson Chung	X IND COM OTH PTY SCC	President Pacific Communities Builder Inc.	500.00	2500	0.00	201
	*** TYPE: Intermediary *** California Palms Enterprise Inc. 1000 Dove St Ste 100 Newport Beach CA 92660 ID:	IND COM OTH PTY SCC					
	Ni		SUBTOTAL	\$			
Amount rec (Include all Amount rec Total mone	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.) ceived this period - unitemized contributions of less total contributions received this period.	han \$100	\$		OTH PTY	oth) H - Other Y - Politi	idual sipient Committee ner than PTY or SCC)
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.) TOTAL \$ _				

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

C	\sim L	 וח	- 11	٨

Monetary Contributions Received		to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			6 / 15
NAME OF FILER				,		I.D. Nu	mber
Jesse Molina fo	or City Council 2012			1		1310	079
DATE RECEIVED	FULL NAME, MAILING 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR.	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 06/18/2012	Owik Pack Systems Inc.	IND COM OTH PTY SCC	2	3000.00	3000	0.00	
Rept Dt: 03/26/2012	Rancho Belago Developers Inc. 27700 Kalmia Ave. Rancho Belago CA 92555 ID:	IND COM OTH PTY SCC	9 V	2500.00	5000	0.00	
Rcpt Dt: 06/27/2012	Rancho Belago Developers Inc. 27700 Kalmia Ave. Rancho Belago CA 92555	IND COM OTH PTY SCC	n n	2500.00	5000	0.00	ř.
Rept Dt: 06/27/2012	Robert Pictures & Frames 24050 Sunnymead Blvd Moreno Valley CA 92553 ID:	IND COM OTH PTY SCC	.XX	300.00	300	0.00	TC.
Rept Dt: 05/29/2012	Roller City - Glendora Inc. 7391 East Ave Fontana CA 92336 ID:	IND COM OTH PTY SCC		500.00	500	0.00	
70			SUBTOTAL	\$			
(Include all 2. Amount reco 3. Total monet	eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less tary contributions received this period.	s than \$100	\$		OT PT	othe) H - Other Y - Politic	dual pient_Committee er than PTY or SCC)

Schedule A **Monetary Contributions Received**

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

CH			

Statement covers period

Monetary Contributions Received		to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE through							
or City Council 2012			59				
FULL NAME, MAILING 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)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YI	EAR	PER ELECTION TO DATE (IF REQUIRED)	
SBI Builders Inc. 6140 Hellyer Ave San Jose ⁻ CA 95138 ID:	IND COM OTH PTY SCC		2500.00	250	0.00		
Silverie Properties LLC 3160 Ocean Terrace Marina CA 93933	IND COM OTH PTY	sa š	2500.00	250	0.00		
Skechers USA Inc. 228 Manhattan Beach Blvd Manhattan Beach CA 90266 ID:	IND COM OTH PTY SCC		10000.00	1000	0.00	× ×	
Mr. Douglas Whitney	X IND COM OTH PTY SCC	Homebuilder Self Employed	2500.00	250	0.00		
	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SBI Builders Inc. 6140 Hellyer Ave San Jose CA 95138 ID: Silverie Properties LLC 3160 Ocean Terrace Marina CA 93933 ID: Skechers USA Inc. 228 Manhattan Beach Blvd Manhattan Beach CA 90266 ID: Mr. Douglas Whitney	SBI Builders Inc. 6140 Hellyer Ave San Jose CA 95138 ID: Silverie Properties LLC 3160 Ocean Terrace Marina CA 93933 ID: Skechers USA Inc. 228 Manhattan Beach Blvd Manhattan Beach CA 90266 ID: Mr. Douglas Whitney SON REVERSE CONTRIBUTOR CODE * CONTRIBUTOR COM SOTH PTY PTY SCC	NS ON REVERSE Or City Council 2012 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) SBI Builders Inc. 6140 Hellyer Ave San Jose CA 95138 SID: Silverie Properties LLC 3160 Ocean Terrace Marina CA 93933 Skechers USA Inc. 228 Manhattan Beach CA 90266 Mr. Douglas Whitney Mr. Douglas Whitney NS ON REVERSE CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER OCCUPATION OC	To contributions Received to whole dollars. Statement coverage Sta	Contributions Received to whole dollars. Statement covers period from	ILD. No Or City Council 2012 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND Ind	

SUBTOTAL \$	28800.00
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount received this period - unitemized contributions of less than \$100\$	OTH - Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	SCC - Small Contributor Committee

Schedule E **Payments Made**

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

15	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 100
through	8 / 15
•	I.D. NUMBER
×	

•				HOITI	100000000000000000000000000000000000000	Machine Anna Security
SEE INSTRUCTIONS ON REVERSE				through	. 8	/ 15
NAME OF FILER					I.D. NUM	BER
Jesse Molina for City Council 2012				si.	131007	79
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunications and appearances ases ulating s survey research livery and mess	enger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and product travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of	ies production co , and meals ng, and mea tees of the s	ls ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R - DESC	CRIPTION OF PAYMENT		AMOUNT PAID
AFS Printing 2678 Hamner Avenue	ID:	LIT		T.		326.81
AFS Printing 2678 Hamner Avenue	_ ID;	LIT				337.26
Norco CA 92860			<u> </u>			
AT&T 221 Venture Way LaFavette LA 70507	ID:	OFC			-	159.89
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.		SL	BTOTAL \$	
Schedule E Summary						
Payments made this period of \$100 or more. (Include all	Schedule F subtot	als)			\$	3422.35
·						204.72
2. Unitemized payments made this period of under \$100.						0.00
3. Total interest paid this period on loans. (Enter amount fro4. Total payments made this period. (Add lines 1, 2, and 3.			` ' '			3657.07

Schedule E

100	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	9 / 15
	I.D. NUMBER
	φ

Payments Made	to	whole dollars.		from	FO.	RM TOO
SEE INSTRUCTIONS ON REVERSE				through	9	/ 15
NAME OF FILER					I.D. NUN	BER
Jesse Molina for City Council 2012	848				131007	79
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants	the payment, you r MBR member cor MTG meetings ar	nmunications	code. Otherwis	e, describe the payment. RAD radio airtime and RFD returned contribu	I production costs	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	OFC office expen PET petition circle PHO phone bank POL polling and a POS postage, de	ses ulating s survey research	oger sendese	SAL campaign worke TEL t.v. or cable airtir TRC candidate travel, TRS staff/spouse trav TSF transfer between	me and production co lodging, and meals rel, lodging, and mea	ls
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PRO professiona PRT print ads	services (legal,	accounting)	VOT voter registration WEB information tech	1	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	•	CODE OR	DE	SCRIPTION OF PAYMENT		AMOUNT PAID
AT&T 221 Venture Way	ID:	OFC				119.94
LaFayette LA 70507 AT&T 221 Venture Way	ID:	OFC				119.94
LaFayette LA 70507	641					
Brian Floyd & Associates 10930 Terra Vista Pkwy #18	ID <u>*</u>	CMP			(A)	135.94
Rancho Cucamonga CA 91730						
* Payments that are contributions or independent expenditures must	also be summarized or	Schedule D.			SUBTOTAL \$	
Schedule E Summary	Ж					
1. Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)			\$	
2. Unitemized payments made this period of under \$100.						
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	rt 1, Column (e).)		\$	
4. Total payments made this period. (Add lines 1, 2, and 3.				A, Line 6.)	TOTAL \$	

Schedule E

er	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	10 / 15
-4	I.D. NUMBER

Payments wade	to	whole dollars.	from	- 10.00
		*	through	10 / 15
SEE INSTRUCTIONS ON REVERSE			an organization	I.D. NUMBER
NAME OF FILER				i.b. Noise
Jesse Molina for City Council 2012				1310079
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and	mmunications ad appearances ases ulating s	wise, describe the payment. RAD radio airtime and produ RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodgin	aries I production costs g, and meals
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and messenger services	TSF transfer between comm	nittees of the same candidate/sponsor
LEG legal defense	PRO professional	I services (legal, accounting)	VOT voter registration	
LIT campaign literature and mailings	PRT print ads		WEB information technology	costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Delta Business Machines 14175 Apple Blossom Lane	ID:	OFC	41	100.00
Moreno Valley CA 92553 Delta Business Machines 14175 Apple Blossom Lane	ID:	OFC	a	100.00
Moreno Valley CA 92553 Delta Business Machines 14175 Apple Blossom Lane	ID:	OFC	э	509.87
Moreno Valley CA 92553				
* Payments that are contributions or independent expenditures must a	Ilso be summarized or	n Schedule D.	s	UBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include all	Schedule E subtot	tals.)		\$
Unitemized payments made this period of under \$100.				
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Pa	art 1, Column (e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3.				

Schodule F

Type or print in ink.

		SCHEDULE E
	Statement covers period	CALIFORNIA 460
	from	, okim 100
	through	11 / 15
-		LD NUMBER

Payments Made	Amounts may be rounded		from	FORM 460	
SEE INSTRUCTIONS ON REVERSE			through	1	1 / 15
NAME OF FILER				I.D. NUN	IBER
Jesse Molina for City Council 2012				131007	79
CODES: If one of the following codes accurately describes	the payment, you r	nay enter the code. Otherv	vise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de PRO professional PRT print ads	d appearances ses alating s	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and product trace candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology of	ies production co , and meals ng, and mea tees of the s	ls ame candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	ZI.	AMOUNT PAID
Perfect Impressions 3547 Market St.	ID:	CMP			172.40
Riverside CA 92501					222.22
Perfect Impressions 3547 Market St.	ID:	LIT			200.00
Riverside CA 92501			9		
Perfect Impressions 3547 Market St.	ID:	LIT			80.15
Riverside CA 92501		*			
* Payments that are contributions or independent expenditures must a	lso be summarized or	Schedule D.	SU	BTOTAL \$	3
Schedule E Summary		-			
1. Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)		\$	
Unitemized payments made this period of under \$100.					
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Pa	rt 1, Column (e).)		\$ _	
4. Total payments made this period. (Add lines 1, 2, and 3.					

Schedule E

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	12 / 15
	I.D. NUMBER

Payments Made	to	whole dollars.	from	- FORWI
SEE INSTRUCTIONS ON REVERSE			through	12 / 15
NAME OF FILER				I.D. NUMBER
Jesse Molina for City Council 2012	*	* H		1310079
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member co MTG meetings al OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating	RAD radio airtime and productions RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging	ries production costs g, and meals
LIT campaign literature and mailings	PRT print ads	a services (regar, accounting)	WEB information technology	costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	V 2011	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Perfect Impressions 3547 Market St.	ID:	CMP		177.79
Riverside CA 92501				450.00
Photos Onsight Studio 22500 Town Circle Suite #1090 Moreno Valley CA 92553	ID:	LIT		152.36
Moreno Valley CA 92553 Photos Onsight Studio 22500 Town Circle Suite #1090	ID:	LIT		200.00
Moreno Valley CA 92553				
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.	SI	UBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)		\$
2. Unitemized payments made this period of under \$100.			<i>j</i>	\$
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	art 1, Column (e).)		\$

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
through	13 / 15
	I.D. NUMBER
	1310079

SEE INSTRUCTIONS ON REVERSE	through	13 / 15
NAME OF FILER		I.D. NUMBER
Jesse Molina for City Council 2012		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS CTB CVC FIL FND IND	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO	office expens petition circu phone banks polling and s postage, deli	d appearances ses lating	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, email)
LIT	campaign literature and mailings	PRT	print ads		MEB	Information technology costs (internet, email)

FRI print aus		WEB Intermation tournelogy of	
	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ID:	PRO		530.00
		code or	CODE OR DESCRIPTION OF PAYMENT PRO

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	3422.35
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$	·
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 \$	

		F	

Schedule F

Statement covers period from	CALIFORNIA 460
through	14 / 15

Accrued Expenses (Unpaid Bills)	to whole dollars.	from	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through	14 / 15	
NAME OF FILER			I.D. NUMBER	
Jesse Molina for City Council 2012			1310079	
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Otherwis	se, describe the payment.		

COD	ES: If one of the following codes accurately describes	tne pay	ment, you may enter the code. Oth	ierwise, c	iescrit	be 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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Delta Business Machines 14175 Apple Blossom Lane Moreno Valley CA 92553	OFC	500.00	0.00	200.00	300.00
ID: Trimble & Company An Accountancy Corp. 5041 La Mart Drive Suite 110 Riverside CA 92507	PRO	530.00	170.00	530.00	170.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1030.00\$	170.00\$	730.00 \$	470.00
Schedule F Summary		T.			
1. Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized accrue			INCURRED	TOTALS \$	170.00
2. Total accrued expenses paid this period. (Include all Schedule Faccrued expenses of \$100 or more, plus total unitemized payme			PAID	TOTALS \$	730.00
3. Net change this period. Subtract Line 2 from Line 1. Enter the on the Summary Page, Column A, Line 9.)				NET \$May be a n.	-560.00 egative number.

Schedule I			
Miscellaneous	Increases	to	Cash

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Miscellane	ous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS	S ON REVERSE			through	15 / 15
NAME OF FILER					I.D. NUMBER
Jesse Molina fo	r City Council 2012				1310079
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ii.	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		ID:			
	s				
	á.		542		

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$ 0.00
Schedule I Summary		
1. Increases to cash of \$100 or more this period	\$	
2. Unitemized increases to cash under \$100 this period	\$0.25	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)_)	\$	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$0.25_	
	FPPC To	FPPC Form 460 JAN/05 ill-Free Helpline: 866/ASK-FPPC