

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 2

For Official Use Only

Statement covers period
from 7-01-16
through 9-24-16

Date of election if applicable
(Month, Day, Year)
11-08-2016

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

correction made on page 8
individuals' unemployment status.

3. Committee Information

I.D. NUMBER 1310079

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

Jesse Molina For Mayor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

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

hidia Molina

MAILING ADDRESS

CITY STATE ZIP CODE

Moreno Valley CA 92557

NAME OF ASSISTANT TREASURER, IF ANY

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 10-3-16
Date

Executed on 10-3-16
Date

Executed on _____
Date

Executed on _____
Date

By _____ Assistant Treasurer

By _____
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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7-01-14</u> through <u>9-24-16</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>2</u> JLM JLM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jesse L. Molina

I.D. NUMBER

1310079

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)
<i>9-10-16</i>	<i>Chris Baca</i> [REDACTED] <i>Moreno Valley CA 92557</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>unemployed</i>	<i>set-up tables/chairs for fundraiser</i>	<i>40.00</i>	<i>40.00</i>	
<i>9-12-16</i>	<i>Chris Baca</i> [REDACTED] <i>Moreno Valley CA 92557</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>unemployed</i>	<i>labor/signs</i>	<i>60.00</i>	<i>100.00</i>	
<i>9-26-16</i>	<i>Tom Terrell</i> [REDACTED] <i>Moreno Valley CA 92553</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>retired</i>	<i>donated sign posts</i>	<i>50.00</i>	<i>50.00</i>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ *150.00*

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ *150.00*

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

\$ *0.00*

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.) TOTAL \$ *150.00*

*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