

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA 460 FORM

Page 1 of 7  
For Official Use Only

Date Stamp  
SEP 24 2024  
CITY CLERK'S OFFICE

Date of election if applicable:  
(Month, Day, Year)  
11/05/2024

Statement covers period  
from 07/01/2024 through 09/21/2024

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
(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  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 I.D. NUMBER

Molina for City Council 2024  
 1470554

**Treasurer(s)**

NAME OF TREASURER  
 Robert Rego

MAILING ADDRESS  
 22365 Barton Road Ste 207

CITY STATE ZIP CODE AREA CODE/PHONE  
 Grand Terrace CA 92313 909-496-1210

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
 robert@rego.com

STREET ADDRESS (NO P.O. BOX)  
 22365 Barton Road Ste 207

CITY STATE ZIP CODE AREA CODE/PHONE  
 Grand Terrace CA 92313 909-496-1210

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

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 9/24/24 Date  
 Executed on 9/24/24 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Linda Molina

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Calimesa City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
566 Ronda Ct. Calimesa CA 92320

**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   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 Candidate/Officeholder 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/2024

through 09/21/2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Molina for City Council 2024

I.D. NUMBER

1470554

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

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

Column B  
CALENDAR YEAR  
TOTAL TO DATE

|                                 |                    |           |           |                  |             |
|---------------------------------|--------------------|-----------|-----------|------------------|-------------|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 849.00 | \$ 849.00 | 1/1 through 6/30 | 7/1 to Date |
| 2. Loans Received               | Schedule B, Line 3 | 2,960.00  | 2,960.00  |                  |             |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | 3,809.00  | 3,809.00  |                  |             |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 0.00      | 0.00      |                  |             |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | 3,809.00  | 3,809.00  |                  |             |

|                            |    |
|----------------------------|----|
| 20. Contributions Received | \$ |
| 21. Expenditures Made      | \$ |

## Expenditures Made

|                                    |                      |             |             |
|------------------------------------|----------------------|-------------|-------------|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 3,404.00 | \$ 3,404.00 |
| 7. Loans Made                      | Schedule H, Line 3   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | 0.00        | 0.00        |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 0.00        | 0.00        |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | 3,404.00    | 3,404.00    |

## 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 |
| / /                         | \$            |
| / /                         | \$            |

## Current Cash Statement

|                                     |   |           |
|-------------------------------------|---|-----------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 0.00   |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 3,809.00  |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0.00      |
| 15. Cash Payments                   | Column A, Line 8 above                        | 3,404.00  |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 405.00 |

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).

\*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

|                              |                                       |             |
|------------------------------|---------------------------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2                    | \$ 0.00     |
| 18. Cash Equivalents         | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts        | Add Line 2 + Line 9 in Column B above | \$ 2,960.00 |

## Cash Equivalents and Outstanding Debts

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

## CALIFORNIA 460 FORM

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Statement covers period  
from 07/01/2024  
through 09/21/2024

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Molina for City Council 2024

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/06/2024         | Southern California Edison<br>PO Box 700<br>Rosemed CA 91770                                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   |                                       |
| 09/16/2024         | CR&R<br>11393 Western Ave<br>Stanton, CA 90680  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   |                                       |
| 09/10/2024         | David Fernandez<br>566Ronda Ct<br>Calimesa, CA 92320  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>Retired  | 250.00                      | 250.00   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>749.00</b>               |  |                                       |

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 749.00

2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 100.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ 849.00**

\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1  
**CALIFORNIA 460  
FORM**

Statement covers period from 07/01/2024 through 09/21/2024  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Molina for City Council 2024

I.D. NUMBER  
1470554

| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | IF COMMITTEE, ALSO ENTER I.D. NUMBER  | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD*  | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|-----------------------------|---|---|---------------------------|-------------------------|----------------------------------|
|  |   | (a)                                       | (b)                         | (c)   | (d)   | (e)                       | (f)                     | (g)                              |
| Linda Molina<br>566 Ronda Ct<br>Calimesa, CA 92320   | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | 0.00                                      | 560.00                      | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ | 560.00                                      | 0.00 %                    | 560.00                  | 560.00                           |
| Linda Molina<br>566 Ronda Ct<br>Calimesa, CA 92320   | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | 0.00                                      | 2,400.00                    | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ | 2,400.00                                    | 0.00 %                    | 2,400.00                | 2,400.00                         |
|  | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   |                             | <input type="checkbox"/> PAID \$<br><input type="checkbox"/> FORGIVEN \$      |   |                           |                         |                                  |
| <b>SUBTOTALS</b>   |   |   | \$ 2,960.00                 | \$ 0.00   | \$ 2,960.00                                 | \$ 0.00                   |                         |                                  |

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) .....\$ 2,960.00
  - Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) .....\$ 0.00
  - Net change this period. (Subtract Line 2 from Line 1.) .....NET \$ 2,960.00
- Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period

from 07/01/2024

through 09/21/2024

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Molina for City Council 2024

I.D. NUMBER

1470554

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

CMP campaign paraphernalia/misc.  
 CTS campaign consultants  
 CNB 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 communications  
 MITG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads

RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Bobby Duncan and Associates<br>35212 j Ave C Yucaipa, CA 92399                   | CMP  |    |                        | 1200.00     |
| Budget Watch Dog<br>22410 Hawthorne Blvd Ste 5 Torrance, CA 90505 FPCC #13455115 | LIT  | +  |                        | 927.00      |
| Cal Voter<br>22410 Hawthorne Blvd Ste 5 Torrance, CA 90505 FPCC# 1468377         | LIT  | +  |                        | 447.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,574.00**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 3,404.00
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 3,404.00**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from 07/01/2024  
through 09/21/2024

**CALIFORNIA 460  
FORM**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Molina for City Council 2024

I.D. NUMBER  
1470554

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

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>CMP campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FIL candidate filing/ballot fees</li> <li>FND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LIT campaign literature and mailings</li> </ul> | <ul style="list-style-type: none"> <li>MBR member communications</li> <li>MTG meetings and appearances</li> <li>OFC office expenses</li> <li>PET petition circulating</li> <li>PHO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul> | <ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL t.v. or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul> |
|--|--|---|

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID   |
|---|------|----|------------------------|---------------|
| Election Digest<br>22410 Hawthorne Blvd Ste 5 Torrance, CA 90505 FPPC #1345303  | LIT  |    |                        | 195.00        |
| Senior Advocate<br>22410 Hawthorne Blvd Ste 5 Torrance, CA 90505 FPPC#1439476   | LIT  |    |                        | 494.00        |
| Voter Newsletter<br>22410 Hawthorne Blvd Ste 5 Torrance, CA 90505 FPPC #1355767 | LIT  |    |                        | 141.00        |
|   |      |    |                        |               |
|   |      |    |                        |               |
|   |      |    |                        |               |
| <b>SUBTOTAL \$</b>  |      |    |                        | <b>830.00</b> |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.