

SEMI-ANNUAL ORIGINAL

Statement of Orga
Recipient Committ

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee _____ Date qualified as committee (if applicable) _____
 Date of Termination 12 / 31 / 06

Date Stamp: 10/15/06 10:22 AM

004493
C07243

1. Committee Information

NAME OF COMMITTEE
Molina 2006

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jonathan Fuhrman

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1/18/07
DATE

Executed on 1/18/07
DATE

Executed on _____
DATE

Executed on _____
DATE

By Kinda Durkee
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Gloria Molina
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT