

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|--|---|---|---|
| NAME OF FILER Molina for Supervisor 2016 | | Date of This Filing <u>6/8/16</u> | Date Stamp REGISTRATION AND ELECTIONS DIV 2016 JUN -8 AM 11:03 STANISLAUS COUNTY CLERK-RECORDER | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (209) 681-1937 | I.D. NUMBER (if applicable) 1383749 | Report No. <u>BOS-4</u> | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages <u>1</u> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 6/6/16 | California Teamsters Public Affairs Council, [REDACTED] [REDACTED] ID#742500 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

****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