

COPY

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER <u>Chico Democrats</u>		Date of This Filing <u>10/29/14</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <u>980026</u>	Report No. <u>2014-6</u>	RECEIVED OCT 29 2014 CITY CLERK CITY OF CHICO	
CITY <u>Chico</u>	STATE <u>CA</u>	ZIP CODE <u>95928</u>		No. of Pages <u>1</u>

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>Mark Sorensen</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>Chico City Council</u>	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
			<input checked="" type="checkbox"/>				

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28-29/14	Mail thru Federal Committee Cumulative thru today \$1,208.95	\$958.95

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>980026</u>	Report No. <u>2014-5</u>	RECEIVED OCT 29 2014 CITY CLERK CITY OF CHICO	
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Chico</u>	STATE <u>CA</u>		ZIP CODE <u>95928</u>	No. of Pages <u>1</u>

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>Raenette Fillmer</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>Chico City Council</u>	DISTRICT NO.	SUPPORT	OPPOSE <input checked="" type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<u>10/28-29/14</u>	<u>Mail thru Federal Committee</u> <u>Cumulative thru today \$1,208.95</u>	<u>\$958.95</u>

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>980026</u>	Report No. <u>2014-4</u>	RECEIVED OCT 29 2014 CITY CLERK CITY OF CHICO	
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Chico</u>	STATE <u>CA</u>	ZIP CODE <u>95928</u>	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>Andrew Coolidge</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>Chico City Council</u>	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
			<input checked="" type="checkbox"/>				

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NAME OF FILER Chico Democrats			Date of This Filing 10/29/14	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 980026		Report No. 2014-3	RECEIVED OCT 29 2014 CITY CLERK CITY OF CHICO	
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chico	STATE CA	ZIP CODE 95928	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Scott Gruendl				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Chico City Council	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>980026</u>	Report No. <u>2014-2</u>	RECEIVED	
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 29 2014	
CITY <u>Chico</u>	STATE <u>CA</u>	ZIP CODE <u>95928</u>	CITY CLERK CITY OF CHICO	
		No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>Lupe Arim-Law</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>Chico City Council</u>	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>980026</u>	Report No. <u>2014- 1</u>		
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Chico</u>	STATE <u>CA</u>	ZIP CODE <u>95928</u>	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>Forough Maria Molina</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>Chico City Council</u>	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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