

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 08 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 460
	Page <u>1</u> of <u>13</u>
	For Official Use Only

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2014</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
- SCHEDULE 4: ① ADDED LIST OF CONTRIBUTORS OF UNITEMIZED CONTRIBUTIONS OF LESS THAN \$100 ② AMENDED LIST OF CONTRIBUTORS OF OVER \$100 ③ SCHEDULE 5: AMENDED CODES OF PAYMENTS ④ AMENDED ID #*

3. Committee Information

I.D. NUMBER
1371208

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
LUPE ARIM - LAW FOR CHICO CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Chico STATE CA ZIP CODE 95973 AREA CODE/PHONE [REDACTED]

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

CITY Chico STATE CA ZIP CODE 95927-4702 AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
/ LUPE.ARIM.LAW@gmail.com

Treasurer(s)

NAME OF TREASURER
CAREY KIDD

MAIL [REDACTED]

CITY Chico STATE CA ZIP CODE 95927-4702 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
/ KIDDZUS2@yahoo.com

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 10/6/2014
Date

Executed on 10/6/2014
Date

Executed on _____
Date

Executed on _____
Date

By Carey Kidd
Signature of Treasurer or 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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE LUPE ARIM-LAW OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) CHICO CITY COUNCIL, CALIF. RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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? 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? 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 SUPPORT 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 SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1371208</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>12,137</u>	\$ <u>12,137</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>12,137</u>	\$ <u>12,137</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>12,137</u>	\$ <u>12,137</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4 ^{+Sch G}	\$ <u>6,047.61</u>	\$ <u>6,047.61</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,047.61</u>	\$ <u>6,047.61</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,047.61</u>	\$ <u>6,047.61</u>

**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
<u>1/1/14</u>	\$ _____
<u>1/1/14</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	<u>12,137</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>6,047.61</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,089.39</u>

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	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 1/1/2014
through 9/30/2014

CALIFORNIA FORM 460

Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

I.D. NUMBER

1371208

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	<i>Please see ATTACHED PAGES 5-9</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9,190
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,947
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,137

*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

10/8/2014		CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL										Cumulative to date
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount		
9/1	Sara	Glassman					IND	Retired		500	500	
8/25	Glynda-Lee	Hoffmann					IND	Retired		500	500	
8/18	Andrew T	Holcombe					IND	former mayor	City of Chico	500	500	
9/1	Kimberlee	Candela					IND	Lawyer	Disability Rights CA	300	300	
8/25	Thomas P	Nickell					IND	Owner (retired CHP)	Nickell Investigations, Vice Mayor 2008-10, city council	200	200	
9/22	Thomas P	Nickell					IND	Owner (retired)	Nickell Investigations, Vice	300	300	
8/18	Seth	Derish					IND	Financial Investigato	Derish Associates, Inc.	250	250	
8/29	Seth	Derish					IND	Financial Investigato	Derish Associates, Inc.	120	120	
9/19	Jon-Tanha	Luvaas					IND	Retired		250	250	
9/1	Jon	Luvaas					IND	Retired mediator		250	250	
8/19	Michael	McGinnis					IND	Retired		250	250	
9/22	Michael	McGinnis					IND	Retired		100	100	
8/25	Greg Kelly	Meagher					IND	Retired		250	250	
9/1	Robert	Mulholland					IND	Campaign Strategist	Bob Mulholland-self	250	250	
9/3	Dale R.	Law					IND	Retired professor	Silliman Univ, Phillipines	200	200	
9/3	Manuel F.	Lucero					IND	Professor	CSU Chico/Butte College	200	200	
9/10	John P.	Shannon					IND	Retired		200	200	
9/15	Michael	Stauffer					IND	Retired		200	200	
9/10	Barbara V	Allen					IND	Retired		100	100	
9/5	James	Aram					IND	Retired		100	100	
9/26	Robert F.	Biehler					IND	Retired		100	100	
9/22	Jennifer, Ray	Bransky(Herron)					IND	Teachers	CUSD/Durham USD	100	100	
9/26	Caroline Jean	Burkett					IND	Retired		100	100	
9/22	Edward	Caldwell					IND	Retired		100	100	
9/10	Ed	Caldwell					IND	Retired		100	100	
9/1	Eric A.	Celaya					IND	Retired	controller	100	100	
9/1	John	Davis					IND	Retired	lawyer	100	100	
9/22	Diana F	Dwyre					IND	College professor	CSUChico	100	100	
9/3	Juanita I.	Farley					IND	Retired		100	100	
9/3	Diana	Fogel					IND	retired Social Wk	formerly Butte Co.	100	100	
9/15	Patsie -Charles	Fullmer					IND	Retired	CUSD	100	100	
9/13	Linda	Furr					IND	Retired teacher	CUSD	120	120	
8/25	Jim E & Lyla	Gregg					IND	Prof emeritus	CSU Chico	100	100	
9/19	David	Guzzetti					IND	Retired owner	Guzzetti Catering	50	50	
9/1	David	Guzzetti					IND	Retired owner	Guzzetti Catering	50	50	
8/18	Laurel	Heath					IND	Retired		100	100	
9/12	Margaret E	Hill					IND	Housepainter	Margaret Hill-self	100	100	
9/22	Kimarie, Chris	Hull					IND	Speech therapist	Enloe Hospital	100	100	
9/20	Jim	Jacob					IND	Professor	CSUChico	100	100	
Subtotal \$100 and over										\$ 6,840	\$ 6,840	

10/8/2014		CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL										Cumulative to date
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount		
8/25	Carey	Kidd					IND	Educator	Butte College	100	100	
9/10	Cheryl A	King					IND	Consultant	Cheryl King - self	100	100	
9/26	Bruce, Kathleen	Law					IND	Retired		100	100	
9/12	Beverly J	Law					IND	Retired		100	100	
9/19	Stephen	Lewis					IND	Professor	CSUChico	100	100	
9/26	Suzanne	Loor					IND	Dental insurance	Liberty Dental Plan	100	100	
9/1	Henry	Mendoza					IND	Retired CPA		100	100	
9/3	Carol L.	Meuer					IND	Retired		100	100	
9/22	Carol L.	Meurer					IND	Retired		100	100	
9/12	Kirk H	Monfort					IND	Professor	CSUC	100	100	
9/10	Linda	Morrison Ory					IND	Nurse practitioner	Ampla Health	100	100	
9/5	Philip F.	O'Neill					IND	Retired		100	100	
9/5	Nancy P	Ostrom					IND	retired teacher	CUSD, CSUC	100	100	
9/1	SafePath	Products					OTH	Manufacturing	SafePath Products	100	100	
9/20	Ann	Schulte					IND	Professor	CSUChico	100	100	
9/20	Ann M	Schwab					IND	Program Mgr	CAVE, CSUChico	100	100	
9/22	Ann M	Schwab					IND	Program Mgr	CAVE, CSUChico	50	50	
9/10	Randall	Stone					IND	Financial planner	Self Randall Stone Financial	100	100	
9/26	Linda	Stukey					IND	Retired	Social Welfare	100	100	
9/10	Tom A	Tarman					IND	Architect	Tarman Associates	100	100	
9/1	Leanne	Ulvang					IND	Retired		100	100	
9/22	Marji-Greg	Will (Thomas)					IND	Retired	Durham Electric	100	100	
9/19	Kent	Wooldridge					IND	Retired professor	CSUChico	100	100	
9/22	Maureen	Kirk					IND	Co. Supervisor	Butte Co.	100	100	
Subtotal \$100 and over										\$ 2,350	\$ 2,350	
GRAND SUBTOTAL Contributions of \$100 or more										\$ 9,190	\$ 9,190	

10/8/2014		CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL										Cumulative to date
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount		
9/3	Susan M	Green						Professor	CSU Chico	10	10	
9/1	Jenita	Rodriguez						Retired		10	10	
9/13	Michael	Worley						Merchandiser	Acosta Inc	10	10	
9/3	Hans-Sherry L.	Friestadt						retired physician		15	15	
9/22	Suzanne	Steel						Retired		15	15	
9/13	Emily	Alma						Retired		20	20	
9/10	Nelson	Anthone						Rental mgt	Nelson Anthone - self	20	20	
9/5	Mark	Gailey						Retired		20	20	
9/10	Peter	Jaramillo						Medical massage	IHSS	20	20	
9/10	Denver	Latimer						Attorney	self	20	20	
9/10	Tami	Ritter						Mediator	Glenn Co Superior Court	20	20	
9/22	Persis	Sturges						Retired		20	20	
9/1	Annie	Adamian						Teacher	CUSD	25	25	
9/3	Dona J.	Baird						Retired		25	25	
9/26	Pamela	Beeman						Retired	school psychologist	25	25	
9/1	William Oran	Bynum						Teacher	OUSD	25	25	
9/3	Dan F.	Carter						Media Prod Spec	CSU Chico	25	25	
9/26	Jacoba	Castro						Retired		25	25	
9/1	Stephanie	Cuccio						Teacher	Napa USD	25	25	
9/20	Jon	Ebeling						Professor	CSUChico	25	25	
9/3	Nancy C.	Fern						Retired		25	25	
9/5	Jim-Nelda	Jessee						Retired	formerly CSU Chico	25	25	
9/12	Leatha	King						Retired teacher	PUSD	25	25	
9/19	Malama	MacNeil						Manual therapist	MacNeil Therapy	25	25	
9/5	Don G	Miller						Professors	CSU Chico	25	25	
9/22	Russell, Leslie	Mills						Professor/teacher	CSUChico/Hamilton High Sch	25	25	
9/3	David-Jeanne	Morrow						Retired		25	25	
9/10	Cathy	Mueller						not employed		25	25	
9/22	Christine E	Nelson						Retired	nurse	25	25	
9/15	Norma E	Odell						Retired		25	25	
9/3	Susan J.	Parke						Retired		25	25	
9/26	Robin N	Soloway						Retired professor	CSUChico	25	25	
9/19	Cathy	Webster						Activista	Humanity	25	25	
9/10	Michael	Hawkins						Activist	Democrats	30	30	
9/10	Sue	Steiner						Professor	CSUC	30	30	
9/30	Nancy	Good						Retired		35	35	
Subtotal Unitemized less than \$100										\$ 820	\$ 820	

10/8/2014		CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL										Cumulative to date
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount		
9/19	Sandy	Fisher-Woven						Weaver	Fisher Weaving	40	40	
9/10	Grace M	Marvin						Retired		40	40	
9/12	Susan L	Mason						Retired		40	40	
9/10	Jeff	Morris						Consultant	Red Dirt Music Inc	40	40	
9/22	Karl	Ory						Housing specialist	House Assistance Council	40	40	
9/22	Ken	Bower MBA						Principal	Moneta Group	50	50	
9/10	Robert E.	Bowman						Retired music teacher	CSUC	50	50	
9/19	Isabel, Kevin	Burkfield, Cajilog						Retired		50	50	
9/22	Jacquel	Chase						Professor	CSUChico	50	50	
9/1	Robyn	DiFalco						Executive Director	Butte Environmental Council	50	50	
9/1	Karen Elizabeth	Duncanwood						Retired		50	50	
9/10	Lisa E	Emmerich						Professor	CSUChico	50	50	
9/1	Dan	Everhart						Retired		50	50	
9/19	Rosario B	Fernandez						Retired		50	50	
9/10	Paul	Friedlander						Retired		50	50	
9/1	Dianne	Gregory						Analyst	UC Davis	50	50	
9/3	Scott	Gruendl						Director of HHSA	Glenn Co.	50	50	
9/10	Heidi M	Hall						Retired		50	50	
9/5	Yvette-Ben	Irons						RN	Enloe Hospital	50	50	
9/15	AD & Dorothy	Johnson						Retired		50	50	
9/22	Celeste A	Jones						Retired		50	50	
9/12	Hilary R	Locke						Social Worker	CDSS	50	50	
9/22	Tim D	Marble						Realtor	ReMax Realty Co.	50	50	
9/26	Janey, Robert	Mayer						not working		50	50	
9/12	Mavis & Darrell	McGillis-Uthe						Retired		50	50	
9/13	Kelly	Meagher						Retired		50	50	
9/22	Eileen M	Morris						Univ. Lecturer	CSUChico	50	50	
9/26	John, Melissa	Nelsen						Dentist	Nelsen Family Dentristry	50	50	
9/22	Al	Petersen						Appraiser	Sutter Co	50	50	
9/3	Sheldon	Praiser						Retired teacher	Biggs	50	50	
9/13	Michelle	Shover						Retired professor	CSUChico	50	50	
9/5	Georgianna	Summers						Retired		50	50	
9/10	Jeanne	Thatcher						Retired professor	CSUC	50	50	
Subtotal Unitemized less than \$100										\$ 1,600	\$ 1,600	

10/8/2014		CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL										Cumulative to date
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount		
9/5	Suzanne	Toaspern-Holm	[REDACTED]					Retired		50	50	
9/5	Joyce	Walker						Retired	Internet sales	50	50	
8/25	Robert A	Woods						Retired		50	50	
9/22	Margaret R	Worley						Retired professor	CSUChico	50	50	
9/10	Julian C	Zener MD						Retired M.D.		50	50	
9/22	Abe	Baily						Retired	CSUChico	60	60	
9/10	Dave	Garcia						Fracking	State of Calif.	60	60	
9/5	Robert J	Hanford Jr						Retired		75	75	
9/22	Rashid, Christine	Allayla						Retired professor	KFUPM	82	82	
Subtotal Unitemized less than \$100										\$ 527	\$ 527	
GRAND SUBTOTAL of Unitemized Contributions less than \$100										\$ 2,947	\$ 2,947	

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	9/30/2014	Page 10 of 13
NAME OF FILER		I.D. NUMBER
LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014		1371208

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STOTT OUTDOOR ADVERTISING P.O. Box 7209 CHICO, CA 95927-7209	CMP	3 JR. POSTER LOCATIONS, SEPT. PRODUCTION, SHIPPING for billboard advertising	640.05
STUDIO 9 DESIGN - Phyllis Orzalli, owner 12575 CEMENT HILL NEVADA CITY, CA 95959	WEB	WEBSITE DESIGN	200.00
MC 2 330 WALL ST., SUITE 12 CHICO, CA 95928	CMP	YARD SIGNS & DESIGN	1,555.95

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

SUBTOTAL \$ 2,396.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,758.87
2. Unitemized payments made this period of under \$100	\$ 91.74
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,850.61

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

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

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>13</u>
	I.D. NUMBER <u>1371208</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO City Council 2014

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>COSTCO</u> <u>2100 Dr. MARTIN LUTHER KING Jr. PARKWAY</u> <u>CHICO, CA 95928</u>	<u>LIT</u>	<u>PRINT SUPPLIES for</u> <u>fundraising & advertising</u>	<u>468.84</u>
<u>ELECTION DIGEST G 2014</u> c/o <u>LARRY LEVINE</u> <u>13701 RIVERSIDE DR, STE 604</u> <u>SHERMAN OAKS, CA 91423</u>	<u>LIT</u>	<u>LISTING & DISTRIBUTION</u> <u>of SLATE CARDS</u>	<u>545.00</u>
<u>C.O.P.S. VOTER GUIDE</u> <u>706-2 E. BIDWELL ST, #370</u> <u>FOLSOM, CA 95630</u> FPPC <u>599014</u>	<u>LIT</u>	<u>LISTING & DISTRIBUTION</u> <u>of SLATE CARDS</u>	<u>550.00</u>
<u>VOTER GUIDE SLATE CARDS</u> <u>6285 E. SPRING ST, STE 202</u> <u>LONG BEACH, CA 90808</u> FPPC <u>1319578</u>	<u>LIT</u>	<u>SLATE CARDS</u>	<u>1,050.00</u>
<u>ED'S PRINTING</u> <u>P.O. BOX 5214</u> <u>CHICO CA 95927-5214</u>	<u>LIT</u>	<u>PRINTING FUNDRAISER LETTERS,</u> <u>ENVELOPES, ETC.</u>	<u>351.53</u>

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

SUBTOTAL \$ 2,965.37

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

SCHEDULE E (CONT.)

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

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>13</u>
	I.D. NUMBER <u>1371208</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LUPE ARIM-LAW FOR CHICO City Council 2014

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>SQUARE INC</u> <u>www.squareup.com</u>	<u>PRO</u>	<u>credit card processing fee</u> <u>(from contributors cr. card transactns)</u>	<u>397.50</u>

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

SUBTOTAL \$ 397.50

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 1/1/2014
 through 9/30/2014

SCHEDULE G

CALIFORNIA FORM 460

Page 13 of 13

I.D. NUMBER
1371208

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LUPEARIM-LAW FOR CHICO CITY Council 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CAREY KIDD

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAREY KIDD 634 Black Oak Dr. CHICO, CA 95926	FIL	Filing fee for EIN # for Lupearim-LAW to IRS - Dept of Treasury Cincinnati, OH 45999-0023	\$197

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 197

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM	460
RECEIVED OCT 07 2014 CITY CLERK CITY OF CHICO	Page <u>1</u> of <u>10</u>	
For Official Use Only		

Statement covers period	Date of election if applicable:
from <u>1/1/2014</u>	(Month, Day, Year)
through <u>9/30/2014</u>	<u>11/4/2014</u>

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
36-4792508

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
LUPE ARIM-LAW FOR CHICO City Council 2014

[REDACTED]

CITY CHICO STATE CA ZIP CODE 95973 [REDACTED]

[REDACTED] ND STREET OR P.O. BOX [REDACTED]

CITY CHICO STATE CA ZIP CODE 95927 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
—/ LUPE.ARIM.LAW@gmail.com

Treasurer(s)

NAME OF TREASURER
CAREY KIDD

[REDACTED]

CITY CHICO STATE CA ZIP CODE 95927 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS
—/ KIDDZUS2@yahoo.com

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 10/6/2014
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Carey Kidd
Signature of Treasurer or 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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

LUPE ARIM-LAW

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CHICO CITY COUNCIL, CALIF

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED ADDRESS]

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? <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? <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 <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 <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/2014</u>	CALIFORNIA FORM 460
through <u>9/30/2014</u>	
Page <u>3</u> of <u>10</u>	
I.D. NUMBER <u>36-4792508</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>12,137 -</u>	\$ <u>12,137</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>12,137</u>	\$ <u>12,137</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>12,137</u>	\$ <u>12,137</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	\$ _____
21. Expenditures Made	\$ <u>0</u>	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>6,047.61</u>	\$ <u>6,047.61</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,047.61</u>	\$ <u>6,047.61</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,047.61</u>	\$ <u>6,047.61</u>

**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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	<u>12,137.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>6,047.61</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,089.39</u>

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).

*Since January 1, 2001. 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	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>
I.D. NUMBER <u>36-4792508</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LUPE ARIM-LAW FOR CHICO CITY COUNCIL

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Please see attached forms - Pages 5 & 6</i>			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 9,090.00
- Amount received this period – unitemized contributions of less than \$100 \$ 3,047.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,137.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

10/6/2014		CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL									
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount	
9/1	Sara	Glassman					IND	Retired		500	
8/25	Glynda-Lee	Hoffmann					IND	Retired		500	
8/18	Andrew T	Holcombe					IND	former mayor	City of Chico	500	
9/	Kimberlee	Candela					IND	Lawyer	Disability Rights CA	300	
8/25	Thomas P	Nickell					IND	Owner (retired CHP)	Nickell Investigations, Vice Mayor 2008-10, city council	200	
9/22	Thomas P	Nickell					IND	Owner (retired)	Nickell Investigations, Vice	300	
8/18	Seth	Derish					IND	Financial Investiga	Derish Associates, Inc.	250	
8/29	Seth	Derish					IND	Financial Investiga	Derish Associates, Inc.	120	
9/19	Jon-Tanha	Luvaas					IND	Retired		250	
9/1	Jon	Luvaas					IND	retired mediator		250	
8/19	Michael	McGinnis					IND	Retired		250	
9/22	Michael	McGinnis					IND	Retired		100	
8/25	Greg Kelly	Meagher					IND	Retired		250	
9/1	Robert	Mulholland					IND	Campaign Strategist		250	
9/3	Dale R.	Law					IND	Retired professor	Silliman Univ, Phillipines	200	
9/3	Manuel F.	Lucero					IND	Professor	CSU Chico/Butte College	200	
9/10	John P.	Shannon					IND	Retired		200	
9/15	Michael	Stauffer					IND	retired		200	
9/10	Barbara V	Allen					IND	Retired		100	
9/5	James	Aram					IND	Retired		100	
9/26	Robert F.	Biehler					IND	retired		100	
9/22	Jennifer, Ray	Bransky(Herron)					IND	Teachers	CUSD/Durham USD	100	
9/26	Caroline Jean	Burkett					IND	Retired		100	
9/22	Edward	Caldwell					IND	Retired		100	
9/10	Ed	Caldwell					IND	Retired		100	
9/1	Eric A.	Celaya					IND	Retired	controller	100	
9/1	John	Davis					IND	Retired	lawyer	100	
9/22	Diana F	Dwyre					IND	College professor	CSUChico	100	
9/3	Juanita I.	Farley					IND	Retired		100	
9/3	Diana	Fogel					IND	retired Social Wk	formerly Butte Co.	100	
9/15	Patsie -Charles	Fullmer					IND	retired	CUSD	100	
9/13	Linda	Furr					IND	Retired teacher	CUSD	120	
8/25	Jim E & Lyla	Gregg					IND	Prof emeritus	CSU Chico	100	
8/18	Laurel	Heath					IND	Retired		100	
9/12	Margaret E	Hill					IND	Housepainter	self	100	
9/22	Kimarie, Chris	Hull					IND	Speech therapist	Enloe Hospital	100	
9/20	Jim	Jacob					IND	Professor	CSUChico	100	
									subtotal \$100 and over	\$ 6,740.00	

10/6/2014 CONTRIBUTORS TO LUPE ARIM-LAW FOR CHICO CITY COUNCIL										
date	First name	Last name	Address	City	State	Zip	Contrib	Occupation	Employer	Amount
8/25	Carey	Kidd					IND	Educator	Butte College	100
9/10	Cheryl A	King					IND	Consultant	self	100
9/26	Bruce, Kathleen	Law					IND	Retired		100
9/12	Beverly J	Law					IND	Retired		100
9/19	Stephen	Lewis					IND	Retired		100
9/26	Suzanne	Loor					IND	Dental insurance	Liberty Dental Plan	100
9/1	Henry	Mendoza					IND	Retired CPA		100
9/3	Carol L.	Meuer					IND	Retired		100
9/22	Carol L.	Meurer					IND	Retired		100
9/12	Kirk H	Monfort					IND	Professor	CSUC	100
9/10	Linda	Morrison Ory					IND	Nurse practitioner	Ampla Health	100
9/5	Philip F.	O'Neill					IND	Retired		100
9/5	Nancy P	Ostrom					IND	retired teacher	CUSD, CSUC	100
9/1	SafePath	Products					OTH	Manufacturing	SafePath Products	100
9/20	Ann	Schulte					IND	Professor	CSUChico	100
9/20	Ann M	Schwab					IND	Program Mgr	CAVE, CSUChico	100
9/22	Ann M	Schwab					IND	Program Mgr	CAVE, CSUChico	50
9/10	Randall	Stone					IND	Financial planner	Self Randall Stone Financial	100
9/26	Linda	Stukey					IND	Retired	Social Welfare	100
9/10	Tom A	Tarman					IND	Architect	self	100
9/1	Leanne	Ulvang					IND	retired		100
9/22	Marji-Greg	Will (Thomas)					IND	retired	Durham Electric	100
9/19	Kent	Wooldridge					IND	Retired professor	CSUChico	100
9/22	Maureen	Kirk					IND	Co. Supervisor	Butte Co.	100
									subtotal \$100 and over	\$ 2,350.00
									GRAND total \$100 and over	\$ 9,090.00

**Schedule E
Payments Made**

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

Statement covers period
from 1/1/2014
through 9/30/2014

SCHEDULE E
CALIFORNIA FORM 460

Page 7 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO City Council 2014

I.D. NUMBER

1371208

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>STATT OUTDOOR ADVERTISING</u> [REDACTED] <u>CHICO CA 95927-7209</u>	<u>PRT</u>	<u>3 Jr. POSTER LOCATIONS POSTER PRODUCTION & shipping SEPT 2014</u>	<u>640.05</u>
<u>COPS Voter Guide</u> [REDACTED] <u>Folsom CA 95630 FPPC 599014</u>	<u>CMP</u>	<u>Political Flyers</u>	<u>550.00</u>
<u>MC 2 Design Group</u> [REDACTED] <u>CHICO CA 95928</u>	<u>CMP</u>	<u>Print Street Posters</u>	<u>1,555.95</u>

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

SUBTOTAL \$ 2,746.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>5758.87</u>
2. Unitemized payments made this period of under \$100	\$	<u>91.74</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>5850.61</u>

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	9/30/2014	Page 8 of 10
		I.D. NUMBER 1371208

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LUPE ARIM-LAW FOR CHICO City Council 2014

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ed's PRINTING [REDACTED] Chico CA 95927	PRT	Print flyers & envelopes	351.53
ELECTION DIGEST G 2014 [REDACTED] Sherman Oaks CA 91423 1345303	CMP	Listing in Election Digest	545.00
Studio 9 DESIGN [REDACTED] Nevada City, CA 95959	WEB	Web design	200.00
Voter Guide State Cards [REDACTED] Long Beach CA 90808 1319578	CMP	state cards printed	1,050.00
Square Inc	OFC	Credit Card Processor	397.50

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

SUBTOTAL \$ 2,544.03

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>1/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>10</u>
	I.D. NUMBER <u>1371208</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LUPE ARIM-LAW FOR CHICO City Council 2014

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>COSTCO</u> <u>Chico CA 95928</u>	<u>PRT</u>	<u>Print supplies for Flyers, fundraisers, etc</u>	<u>468.84</u>

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

SUBTOTAL \$ 468.84

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from <u>1/1/2014</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>10</u>
	I.D. NUMBER <u>36-4792508</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW for Chico City Council 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Carey KIDD

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Carey Kidd</u> [REDACTED] <u>Chico CA 95926</u>	<u>FIL</u>	<u>Payment to IRS - Dept of Treasury to file for EIN # for candidate</u>	<u>197.00</u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 197.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

RECEIVED

MJG 12 2014

CITY CLERK
CITY OF CHICO

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Arin-law, Guadalupe M. [Redacted] FAX NUMBER (optional) () E-MAIL (optional) lucy.arin-law@gmail.com

STREET ADDRESS [Redacted] CITY [Redacted] STATE [Redacted] ZIP CODE [Redacted]

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN

OFFICE JURISDICTION _____ PARTY: _____

State (Complete Part 2.)

City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____/_____/_____ Primary/general election _____ Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.
Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/12/14 Signature Guadalupe M. Arin Law
(month, day, year) (Candidate)