Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/19/2014 through 10/30/2014

Date of election if applicable: (Month, Day, Year) 11/04/2014

Date Stamp: RECEIVED OCT 31 2014 CITY CLERK CITY OF CHICO

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

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

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1371208

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]

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

[redacted]

CITY: CHICO STATE: CA ZIP CODE: 95927-4702 [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: 95927-4702 [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 10/30/2014 (Date) By Carey Kidd (Signature of Treasurer or Assistant Treasurer)

Executed on (Date) By Lupe Arim-Law (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

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, CALIFORNIA

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

[redacted]

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
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

CALIFORNIA FORM 460

Statement covers period from 10/19/2014 through 10/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

I.D. NUMBER: 1371208

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 4,075.00	$ 21,213.00
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4,075.00	$ 21,213.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	67.63
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4,075.00	$ 21,280.63

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 6,368.44	$ 20,069.15
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6,368.44	$ 20,069.15
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 6,368.44	$ 20,069.15

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 3,437.29
13. Cash Receipts	*Column A, Line 3 above*	4,075.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	6,368.44
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1,143.85

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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).

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	$	$

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
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 10/19/2014
through 10/30/2014

CALIFORNIA FORM 460

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)
	PLEASE SEE ATTACHED PAGES 5-7	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	0		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,760.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,315.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4,075.00

*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 A Monetary Contributions Received

Statement covers from 10/19/2014
through 10/30/2014

CALIFORNIA FORM 460

FILER: **LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014**

ID NUMBER 1371208

Date	First name	Last name	[redacted]	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/20	Democratic Action Club of Chico			COM	PAC	FPPC 990613	500	500
10/29	UFCW 8 Golden State FPPC 950663			COM	Union	United Food & Commerial Workers	500	500
10/23	Cindy	Alarcon-Rivera		IND	Compliance	self employed	250	250
10/20	Maureen	Kirk		IND	Supervisor	Butte Co.	200	300
10/29	Robert	Odland		IND	Retired		200	200
10/23	LaVergne	Poe		IND	Bookkeeper/Therapist	self employed	110	110
10/23	Josephine	Mendoza		IND	Registered Nurse/ Office Manager	Kaiser & Daniel B.Mendoza, DDS, Inc	100	100
10/23	Joseph Kathryn	Yarosevich		IND	Retired Sales/Educator		100	100
10/20	Debra	Cannon		IND	Business owner	Lulu's	100	100
10/20	M. Max	Del Real		IND	Owner	Capital Solutions	100	100
10/20	Cheryl	King		IND	Consultant	self employed	100	200
10/20	Matthew C	Martin		IND	Farmer-owner	Pyramid Farms	100	100
10/20	Karl	Ory		IND	Housing Specialist	Housing Assistance Council	100	140
10/20	Harchetan	Singh, MD		IND	MD	Harchetan Singh Inc	100	100
10/27	OJ & Gene Anna	McMillan		IND	Retired		100	100
10/29	John	Merz		IND	Retired		100	100

GRAND SUBTOTAL Contributions of $100 or more $ 2,760

SCHEDULE A Monetary Contributions Received

Statement covers from 10/19/2014 through 10/30/2014

CALIFORNIA FORM 460

FILER: LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

ID NUMBER 1371208

Date	First name	Last name	Address	City	State	Zip	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/20	Felipe D	Garcia	[redacted]				IND	Retired		75	175
10/27	Grady M	Davis					IND	Attorney	Davis Grady Law Offices	60	60
10/23	Antoine	Baptiste					IND	Retired		50	50
10/20	Edward J	Bronson					IND	Retired professor	CSUC	50	50
10/20	Marty	Dunlap					IND	Attorney	M. Dunlap Legal Services	50	50
10/23	Sarah	Farley					IND	Consultant/Labor	Self/Farley Asso.	50	50
10/23	Francine	Gair					IND	Writer/editor	self employed	50	50
10/23	Kimberly D'Urso & Shawn	Garvey					IND	Deposition reporter	self-employed	50	50
10/20	Tara Sullivan	Hames					IND	Director / Assoc Faculty	Butte 2-1-1 / Butte College, CSUC	50	50
10/20	Michael	McGinnis					IND	Exec. Director	ARC of Butte Co.	50	500
10/27	Rev. William	Miller					IND	Minister	Etna Church	50	50
10/23	Dan	Nguyen-Tan					IND	Executive	Public	50	50
10/23	Nancy	Ostrom					IND	Retired teacher		50	50
10/20	Nancy W	Schleiger					IND	Nursery sales	self employed	50	50
10/20	Randall C	Stone					IND	Financial planner	Randall Stone Financial	50	150
10/20	Anna	Ugl					IND	Retired		50	50
10/23	David	Welch					IND	Registered Nurse	Enloe Medical Center	50	50
10/20	Tim	Giusts					IND	Owner	Pageant Theatre	40	40
10/20	Jessica	Allen					IND	Creative	self employed	35	35
10/20	Edward W	Niepoth					IND	Retired professor		35	35
10/20	Marilyn	Niepoth					IND	Retired		35	35
									Subtotal Unitemized less than $100	**$ 1,030**	

SCHEDULE A Monetary Contributions Received

Statement covers from 10/19/2014
through 10/30/2014

CALIFORNIA FORM 460

FILER: **LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014** ID NUMBER 1371208

Date	First name	Last name	Address	City	State	Zip	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/23	James	Coles	[redacted]				IND	Consultant	self employed	25	25
10/23	Carlece R	Ferry					IND	Retired educator		25	25
10/29	Linda	Furr					IND	Retired teacher	CUSD	25	145
10/23	Andy	Hanf					IND	Physical Therapist	Enloe Medical Center	25	25
10/23	Michael	Mclaughlin					IND	Retired		25	25
10/23	Natasha	Mendoza					IND	Shop Administrator	Nordstrom	25	25
10/27	Arnethia	Okelo					IND	Retired professor	CSUC	25	25
10/20	M.I.	Hazzard					IND	Retired		20	20
10/20	Kent	Wooldridge					IND	Retired		20	140
10/29	Myrna	Vandenplas					IND	Interior plant service	self employed	20	20
10/23	Karen	Arcel					IND	Microbiologist	MedTravelers	10	10
10/20	Lin	Jensen					IND	Retired		10	10
10/20	Karen	Laslo					IND	Retired		10	10
10/23	Lexi	Mendoza					IND	none	none	10	10
10/29	Maria	Ross-Walcott					IND	Teacher	Butte Co Ofc of Educ	10	10
									Subtotal Unitemized Less than $100	**$ 285**	
									GRAND SUBTOTAL Contributions of Less than $100	**$ 1,315**	

Schedule E
Payments Made

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

Statement covers period
from 10/19/2014
through 10/30/2014

CALIFORNIA FORM **460**

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
CREATIVE COMPOSITION [redacted]	LIT	Design, print, mail campaign postcards	3,324.50
CHICO NEWS & REVIEW [redacted]	PRT	Publish ad 1/5 page, Oct 2014	1,228.00
DEER CREEK BROADCASTING [redacted]	RAD	60 second radio ads on station 95.1	1,699.79

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

SUBTOTAL $ 6,252.29

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,368.44
2. Unitemized payments made this period of under $100 ..... $ 0
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 $** 6,368.44

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10/19/2014 through 10/30/2014

CALIFORNIA FORM 460

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.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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
TOM NICKELL [redacted]	FND	Fundraiser supplies for Oct 25, 2014 fundraiser event	116.15

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

SUBTOTAL $ 116.15