

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014			<b>Date of This Filing</b> <u>10/21/2014</u>	Date Stamp  <b>RECEIVED</b>  OCT 22 2014  CITY CLERK CITY OF CHICO	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>  (916)686-1815	<b>I.D. NUMBER (if applicable)</b>  1372718		<b>Report No.</b> <u>2014-8</u>		
<b>STREET ADDRESS</b>  [REDACTED]			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>  Chico	<b>STATE</b>  CA	<b>ZIP CODE</b>  95926	<b>No. of Pages</b> <u>1</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Andrew Coolidge				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Chico	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20/2014	Radio Production/buy Cumulative to date total \$5869.84	3,325.34
10/20/2014	Direct Mail piece Cumulative to date total \$5869.84	1,272.25

Reason for Amendment: \_\_\_\_\_

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<b>AREA CODE/PHONE NUMBER</b>  (916) 686-1815	<b>I.D. NUMBER (if applicable)</b>  1372718		<b>Report No.</b> <u>2014-7</u>		
<b>STREET ADDRESS</b>  [REDACTED]			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>  Chico	<b>STATE</b>  CA	<b>ZIP CODE</b>  95926	<b>No. of Pages</b> <u>1</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Reanette Fillmer				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Chico	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20/2014	Radio Production/buy Cumulative to date total \$5869.83	3,325.33
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<b>AREA CODE/PHONE NUMBER</b> (916) 686-1815	<b>I.D. NUMBER (if applicable)</b> 1372718		<b>Report No.</b> 2014-6		
<b>STREET ADDRESS</b> [REDACTED]			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Chico	<b>STATE</b> CA	<b>ZIP CODE</b> 95926	<b>No. of Pages</b> 1		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Mark Sorensen				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Chico	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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<b>AREA CODE/PHONE NUMBER</b> (916) 686-1815		<b>I.D. NUMBER (if applicable)</b> 1372718	<b>Report No.</b> <u>2014-4</u>					
<b>STREET ADDRESS</b> [REDACTED]			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>2014-4</u> (explain below)					
<b>CITY</b> Chico			<b>STATE</b> CA	<b>ZIP CODE</b> 95926				
			<b>No. of Pages</b> <u>3</u>					

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Reanette Fillmer				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Chico	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2014	Direct mail piece Cumulative to date total \$1272.25	1,272.25

Reason for Amendment: Amendment to correct jurisdiction of office sought.

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**

NAME OF FILER  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

I.D. NUMBER (If applicable)

1372718

### 3. Contributions of \$100 or More Received\*

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	INTEREST RATES
10/15/2014	BidCal, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	Bobcat of Chico, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	Thomas M. Dauterman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Thomas Welding & Machine, Inc.	5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	James M. Paiva [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Paiva Hulling & Shelling, Inc.	5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Bill Webb Construction, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP2 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*Contributor Codes**

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

FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 496 Independent Expenditure Report

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**CALIFORNIA**  
**FORM 496**

NAME OF FILER  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

I.D. NUMBER (if applicable)

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10/17/2014	Guillon Business Park Properties, LP3 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP4 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon/Brouhard General Partnership, 1 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Lakewest Park Partnership [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

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<b>AREA CODE/PHONE NUMBER</b> (916) 686-1815	<b>I.D. NUMBER (if applicable)</b> 1372718		<b>Report No.</b> <u>2014-3</u>		
<b>STREET ADDRESS</b> [REDACTED]			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>2014-3</u> (explain below)		
<b>CITY</b> Chico	<b>STATE</b> CA	<b>ZIP CODE</b> 95926	<b>No. of Pages</b> <u>3</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Mark Sorensen				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: Cty of Chico	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2014	Direct mail piece Cumulative to date total \$4597.58	1,272.25

Reason for Amendment: Amendment to correct jurisdiction of office sought.

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**CALIFORNIA FORM 496**

NAME OF FILER  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

I.D. NUMBER (if applicable)

1372718

### 3. Contributions of \$100 or More Received\*

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	INTEREST RATES
10/15/2014	BidCal, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____ %
10/15/2014	Bobcat of Chico, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____ %
10/15/2014	Thomas M. Dauterman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Thomas Welding & Machine, Inc.	5,000.00	If loan, enter interest rate, if any _____ %
10/15/2014	James M. Paiva [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Paiva Hulling & Shelling, Inc.	5,000.00	If loan, enter interest rate, if any _____ %
10/17/2014	Bill Webb Construction, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____ %
10/17/2014	Guillon Business Park Properties, LP2 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*Contributor Codes**

- IND - Individual
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FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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I.D. NUMBER (If applicable)

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10/17/2014	Guillon Business Park Properties, LP3 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP4 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon/Brouhard General Partnership, 1 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Lakewest Park Partnership [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
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<b>AREA CODE/PHONE NUMBER</b> (916) 686-1815	<b>I.D. NUMBER (if applicable)</b> 1372718	<b>Report No.</b> 2014-5		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
<b>CITY</b> Chico	<b>STATE</b> CA	<b>ZIP CODE</b> 95926	<b>No. of Pages</b> 3	

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Andrew Coolidge				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Chico	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2014	Direct mail piece Cumulative to date total \$1272.25	1,272.25

Reason for Amendment: \_\_\_\_\_

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**CALIFORNIA FORM 496**

NAME OF FILER  
 Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

I.D. NUMBER (If applicable)  
 1372718

### 3. Contributions of \$100 or More Received\*

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	INTEREST RATES
10/17/2014	Guillon Business Park Properties, LP3 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP4 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon/Brouhard General Partnership, 1 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Lakewest Park Partnership [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
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<b>AREA CODE/PHONE NUMBER</b>  (916) 686-1815		<b>I.D. NUMBER (if applicable)</b>  1372718			<b>Report No.</b> <u>2014-3</u>					
<b>STREET ADDRESS</b> [REDACTED]										
<b>CITY</b>  Chico			<b>STATE</b>  CA		<b>ZIP CODE</b>  95926				<b>No. of Pages</b> <u>3</u>	
<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)										

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>  Mark Sorensen				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>					
<b>OFFICE SOUGHT OR HELD</b>  City Council Member: Cty of Brea		<b>DISTRICT NO.</b>	<b>SUPPORT</b>  X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>		<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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**CALIFORNIA FORM 496**

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I.D. NUMBER (if applicable)  
1372718

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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	INTEREST RATES
10/15/2014	BidCal, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	Bobcat of Chico, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	Thomas M. Dauterman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Thomas Welding & Machine, Inc.	5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	James M. Paiva [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Paiva Hulling & Shelling, Inc.	5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Bill Webb Construction, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP2 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*Contributor Codes**

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

FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

<b>CALIFORNIA</b> <b>FORM</b>	<b>496</b>
I.D. NUMBER (if applicable)	
1372718	

NAME OF FILER  
 Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

### 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/17/2014	Guillon Business Park Properties, LP3 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP4 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon/Brouhard General Partnership, 1 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Lakewest Park Partnership [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

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FPPC Form 496 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014			<b>Date of This Filing</b> <u>10/20/2014</u>		Date Stamp 	<b>CALIFORNIA FORM 496</b> For Official Use Only				
<b>AREA CODE/PHONE NUMBER</b> (916) 686-1815		<b>I.D. NUMBER (if applicable)</b> 1372718		<b>Report No.</b> <u>2014-4</u>						
<b>STREET ADDRESS</b> [REDACTED]										
<b>CITY</b> Chico		<b>STATE</b> CA		<b>ZIP CODE</b> 95926						
<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)										
<b>No. of Pages</b> <u>3</u>										

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Reanette Fillmer				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>					
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Brea		<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>		<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2014	Direct mail piece Cumulative to date total \$1272.25	1,272.25

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**

NAME OF FILER  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

I.D. NUMBER (if applicable)

1372718

### 3. Contributions of \$100 or More Received\*

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	INTEREST RATES
10/15/2014	BidCal, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	Bobcat of Chico, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	Thomas M. Dauterman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Thomas Welding & Machine, Inc.	5,000.00	If loan, enter interest rate, if any _____%
10/15/2014	James M. Paiva [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Paiva Hulling & Shelling, Inc.	5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Bill Webb Construction, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP2 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**

NAME OF FILER  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

I.D. NUMBER (if applicable)

1372718

### 3. Contributions of \$100 or More Received\*

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	INTEREST RATES
10/17/2014	Guillon Business Park Properties, LP3 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon Business Park Properties, LP4 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Guillon/Brouhard General Partnership, 1 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
10/17/2014	Lakewest Park Partnership [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

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FPPC Form 496 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**COPY**

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014		<b>Date of This Filing</b> <u>10/18/2014</u>	Date Stamp  <b>RECEIVED</b> OCT 20 2014 CITY CLERK CITY OF CHICO	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> <u>(916) 686-1815</u>	<b>I.D. NUMBER (if applicable)</b> <u>1372718</u>	<b>Report No.</b> <u>2014-2</u>		
<b>STREET ADDRESS</b> <u>1380 East Avenue, Ste. 135-258</u>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> <u>Chico</u>	<b>STATE</b> <u>CA</u>	<b>ZIP CODE</b> <u>95926</u>	<b>No. of Pages</b> <u>2</u>	

**1. Contribution(s) Received**

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
10/17/2014	Bill Webb Construction, Inc. [REDACTED]	<input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17/2014	Guillon Business Park Properties, LP2 [REDACTED]	<input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17/2014	Guillon Business Park Properties, LP3 [REDACTED]	<input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*Contributor Codes  
 IND - Individual  
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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Chico Citizens for Accountable Government, supporting the election of Pillmer, Sorensen and Coolidge for Chico City Council 2014		<b>Date of This Filing</b> <u>10/18/2014</u>	Date Stamp  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>CALIFORNIA FORM 497</b>                      For Official Use Only                 </div>
<b>AREA CODE/PHONE NUMBER</b>  (916) 686-1815	<b>I.D. NUMBER (if applicable)</b>  1372718	<b>Report No.</b> <u>2014-2</u>	
<b>STREET ADDRESS</b>  1380 East Avenue, Ste. 135-258		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b>  Chico	<b>STATE</b>  CA	<b>ZIP CODE</b>  95926	<b>No. of Pages</b> <u>2</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
10/17/2014	Guillon Business Park Properties, LP4 ██████████ ██████████ ██████████ ██████████ ██████████	<input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/17/2014	Guillon/Brouhard General Partnership, 1 ██████████ ██████████ ██████████ ██████████ ██████████	<input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/17/2014	Lakewest Park Partnership ██████████ ██████████ ██████████ ██████████ ██████████	<input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

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Reason for Amendment: \_\_\_\_\_

COPY

497 Contribution Report

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497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014		<b>Date of This Filing</b> <u>10/16/2014</u>	<b>Date Stamp</b>  <b>RECEIVED</b>  OCT 17 2014  CITY CLERK CITY OF CHICO	<b>CALIFORNIA FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>  (916) 686-1815	<b>I.D. NUMBER (if applicable)</b>  1372718	<b>Report No.</b> <u>2014-1</u>		
<b>STREET ADDRESS</b>  1380 East Avenue, Ste. 135-258		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
<b>CITY</b>  Chico	<b>STATE</b>  CA	<b>ZIP CODE</b>  95926	<b>No. of Pages</b> <u>2</u>	

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10/15/2014	BidCal, Inc. [REDACTED]	<input type="checkbox"/> [REDACTED] <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/15/2014	Bobcat of Chico, Inc. [REDACTED]	<input type="checkbox"/> [REDACTED] <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
10/15/2014	Thomas M. Dauterman [REDACTED]	<input type="checkbox"/> [REDACTED] <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Thomas Welding & Machine, Inc.	5,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

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Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

Type or print in ink.  
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497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014		<b>Date of This Filing</b> <u>10/16/2014</u>	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center; color: blue; font-weight: bold;">                     RECEIVED                      OCT 17 2014                      CITY CLERK                      CITY OF CHICO                 </div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                         CALIFORNIA FORM 497                     </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916) 686-1815	<b>I.D. NUMBER (if applicable)</b> 1372718	<b>Report No.</b> <u>2014-1</u>		
<b>STREET ADDRESS</b> 1380 East Avenue, Ste. 135-258		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Chico	<b>STATE</b> CA	<b>ZIP CODE</b> 95926	<b>No. of Pages</b> <u>2</u>	

## 1. Contribution(s) Received

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10/15/2014	James M. Paiva [REDACTED]	<input checked="" type="checkbox"/> [REDACTED] <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Paiva Hulling & Shelling, Inc.	5,000.00  <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

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified  or List I.D. number: # 1372718

Date qualified as committee: \_\_\_/\_\_\_/\_\_\_ Date qualified as committee (if applicable): 10/15/2014 Date of Termination: \_\_\_/\_\_\_/\_\_\_

Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

**RECEIVED**

OCT 17 2014

CITY CLERK  
CITY OF CHICO

**1. Committee Information**

NAME OF COMMITTEE  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Chico, CA 95926 916-686-1815

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
916-686-1813 vona@onemain.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Butte County City of Chico

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Vona L. Copp

STREET ADDRESS (NO P.O. BOX)  
9321 Silverbend Lane

CITY STATE ZIP CODE AREA CODE/PHONE  
Elk Grove, CA 95624 916-686-1815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
Mike Maloney

STREET ADDRESS (NO P.O. BOX)  
1380 East Avenue, Ste. 124-258

CITY STATE ZIP CODE AREA CODE/PHONE  
Chico, CA 95973 530-487-4029

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 10/16/14 By Vona L. Copp  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

ID NUMBER  
1372718

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 916-440-4205	BANK ACCOUNT NUMBER 5109518984
ADDRESS 400 Capitol Mall	CITY Sacramento	STATE ZIP CODE CA 95814

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Mark Sorensen	City Council Member City of Chico	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reanette Fillmer	City Council Member City of Chico	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA</b>	<b>410</b>
<b>FORM</b>	
4 of 5	
ID NUMBER	
1372718	

COMMITTEE NAME  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council 2014

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee    COUNTY Committee    STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Additional Comments  
for Form 410**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

5 of 5

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Coolidge for Chico City Council  
2014

ID. NUMBER

1372718

Amendment to add qualification date, bank information and address correction

1372718

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [ ] Amendment, [ ] Termination - See Part 5. Includes fields for list ID number and dates.

RECEIVED AND FILE stamp from the office of the Secretary of State of California, dated OCT 14 2014. Includes CALIFORNIA FORM 410 stamp with 'RECEIVED' and 'CITY OF CHICO' markings.

1. Committee Information

NAME OF COMMITTEE: Chico Citizens for Accountable Government, supporting the election of Filmer, Sorenson and Coolidge for Chico City Council 2014. Includes address, city (Chico, CA), and contact information.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Verna E. Coup. ADDRESS: 9321 Silverbend Lane, Plz Grove, CA 95624. Includes contact information for the treasurer and assistant treasurer.

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: 10/13/14. By: Verna E. Coup (Treasurer). Includes lines for signature and date of other principal officers.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

COMMITTEE NAME  
Chico Citizens for Accountable Government, supporting the election of Fillmer, Sorensen and Cochrane for Chico City Council, 2014

PAGE 4

D NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	TELEPHONE 916 440-4005	BANK ACCOUNT NUMBER
ADDRESS 400 Capitol Mall	CITY SACRAMENTO	STATE AND ZIP CODE CA 95814

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily-Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELECTION YEAR)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) DESCRIPTION (INCLUDE DISTRICT NO., CITY OR COUNTY AS APPLICABLE)	ELECTION	
		SUPPORT	OPPOSE
Mark Sorensen	City Council Member City of Chico	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reynolds Fillmer	City Council Member City of Chico	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

4 OF 4

ID NUMBER

COMMITTEE NAME

Ohio Citizens for Accountable Government, Supporting the election of Filmer, Sorensen and Coolidge to Ohio City Council 2014

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BULLET DESCRIPTION OF ACTIVITIES

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

IS THIS A GROUP OR OFFICIAL FILED SPONSOR

STREET ADDRESS

CITY AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

\_\_\_\_\_   
 Date justified

5. Termination Requirements

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- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5