Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
Not yet qualified ☐ or
___/___/___
Date qualified as committee

☑ **Amendment**
List I.D. number:
1370134
09 / 07 / 2014
Date qualified as committee (If applicable)

☐ **Termination – See Part 5**
List I.D. number:
_____
___/___/___
Date of Termination

Date Stamp
RECEIVED
SEP 11 2014
CITY CLERK
CITY OF CHICO

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
ChicoPolitics PAC

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
Chico | CA | 95928

MAILING ADDRESS (IF DIFFERENT)
[redacted]

FAX / E-MAIL ADDRESS
[redacted] michael@chicopolitics.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael Jones

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

CITY | STATE | ZIP CODE
[redacted] | CA | 95928

ASSISTANT TREASURER, IF ANY
Kelly Skelton

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Chico | CA | 95928 | [redacted]

NAME OF PRINCIPAL OFFICER(S)
Michael Jones

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Chico | CA | 95928 | [redacted]

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 ~~08/17/2014~~ 9/9/14 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on ~~08/17/2014~~ 9/9/14 (DATE) By [signature] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME: ChicoPolitics PAC

I.D. NUMBER: 1370134

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank	[redacted]	121122676 157503084392

ADDRESS	CITY	STATE	ZIP CODE
[redacted]	Chico	CA	95928

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
			☐ Nonpartisan
			☐ 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
		☐	☐
		☐	☐

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
ChicoPolitics PAC

I.D. NUMBER
1370134

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

Bipartisan effort to elect Chico City Councilors who will stop excessively compensating public employees.

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.

Statement of Organization
Recipient Committee

Statement Type

☑ **Initial**
Not yet qualified ☑ or
___/___/___
Date qualified as committee

☐ **Amendment**
List I.D. number:
#_____
___/___/___
Date qualified as committee (If applicable)

☐ **Termination – See Part 5**
List I.D. number:
#_____
___/___/___
Date of Termination

Date Stamp
RECEIVED
AUG 21 2014
CITY CLERK
CITY OF CHICO

CALIFORNIA FORM **410**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
ChicoPolitics PAC

[redacted]

Chico | STATE CA | ZIP CODE 95928 [redacted]

MAILING ADDRESS (IF DIFFERENT)

[redacted] michael@chicopolitics.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael Jones
STREET ADDRESS (NO P.O. BOX)
[redacted]
CITY: Chico | STATE CA | ZIP CODE 95928 [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Kelly Skelton
STREET ADDRESS (NO P.O. BOX)
[redacted]
CITY: Chico | STATE CA | ZIP CODE 95928 [redacted]

NAME OF PRINCIPAL OFFICER(S)
Michael Jones
STREET ADDRESS (NO P.O. BOX)
[redacted]
CITY: Chico | STATE CA | ZIP CODE 95928 | AREA CODE/PHONE [redacted]

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 08/17/2014 (DATE) By Kelly Skelton (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 08/17/2014 (DATE) By Michael R Jones (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME: ChicoPolitics PAC

I.D. NUMBER:

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank	[redacted]	121122676 157503084392

ADDRESS		STATE	ZIP CODE
[redacted]	Chico	CA	95928

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
			☐ Nonpartisan
			☐ 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
		☐	☐
		☐	☐

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
ChicoPolitics PAC

I.D. NUMBER

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

To help elect Chico City Council candidates who refuse support from the IAFF union Local 2734 and the CPOA union.

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.

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 8/17/2014 through 9/30/14

Date of election if applicable: (Month, Day, Year) 11/4/2014

Date Stamp: RECEIVED OCT 06 2014 CITY CLERK CITY OF CHICO

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

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

- ☐ 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:

- ☑ 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: 1370134

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): ChicoPolitics PAC

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Chico STATE: CA ZIP CODE: 95928 AREA CODE/PHONE: [redacted]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: michael@chicopolitics.com

Treasurer(s)

NAME OF TREASURER: Michael Jones

MAILING ADDRESS: [redacted]

CITY: Chico STATE: CA ZIP CODE: 95928 AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY: Kelly Skelton

MAILING ADDRESS: [redacted]

CITY: Chico STATE: CA ZIP CODE: 95928 AREA CODE/PHONE: [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS: kelly@chicopolitics.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 10/5/2014 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/5/2014 (Date) By [signature] (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)

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 8/17/2014
through 9/30/2014

Page 2 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ChicoPolitics PAC

I.D. NUMBER
1370134

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 1,020	$ 1,020
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 1,020	$ 1,020
4. Nonmonetary Contributions	*Schedule C, Line 3*	1,397	1,397
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,417	$ 2,417

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

6. Payments Made	*Schedule E, Line 4*	$ 416	$ 416
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 416	$ 416
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*	$ 416	$ 416

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.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	1,020
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	416
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 604

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

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).

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 8/17/2014
through 9/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ChicoPolitics PAC

I.D. NUMBER
1370134

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)
8/15/2014	Kelly Skelton [redacted] Chico, CA 95928	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Proposal Manager Visionary Integration Professionals, LLC (VIP)	$100	$100	$100, P-14
8/21/2014	Loretta Ann Torres [redacted] Chico, CA 95973	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Farmer	$100	$100	$100, P-14
8/31/2014	Michael Jones [redacted] Chico, CA 92958	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Michael R. Jones, DDS	$520	$520	$520 P-14
9/2/2014	Richard G. Coon [redacted] Chico, CA 95926	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Wookey Farms	$200	$200	$200, P-14
9/6/2014	TJ Glenn [redacted] Chico, CA 95926	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$100, P-14
			SUBTOTAL $	1,020		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1,020
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 1,020

*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 C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 8/17/2014
through 9/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: ChicoPolitics PAC

I.D. NUMBER: 1370134

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2014	Michael Jones [redacted] Chico, CA 95928	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed Michael R. Jones, DDS	Secretary of State Filing Fee	$50	$50	$1,397, P-14
9/8/2014	Michael Jones [redacted] Chico, CA 95928	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed Michael R. Jones, DDS	Campaign signs and posting materials	$1,347	$1,347	$1,397, P-14
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 1,397

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 1,397
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 1,397

*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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D

Statement covers period
from 8/17/2014
through 9/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ChicoPolitics PAC

I.D. NUMBER
1370134

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2014	Mark Sorensen Chico City Council 2014 (FPPC: 1369045) ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Campaign contribution	$100	$100	$100, P-14
9/10/2014	Scott Gruendl Chico City Council 2014 (FPCC: 1366308) ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Campaign contribution	$100	$100	$100, P-14
9/10/2014	Reanette Fillmer Chico City Council 2014 (FPCC: 1370224) ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Campaign contribution	$100	$100	$100, P-14
			SUBTOTAL $	300		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 1,647
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 1,647

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 8/17/2014
through 9/30/2014

NAME OF FILER: ChicoPolitics PAC

I.D. NUMBER: 1370134

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2014	Mark Sorensen Chico City Council 2014 (FPPC: 1369045) ☑ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	Campaign signs	$449	$549	$549, P-14
9/8/2014	Scott Gruendl Chico City Council 2014 (FPCC: 1366308) ☑ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	Campaign signs	$449	$549	$549, P-14
9/8/2014	Reanette Fillmer Chico City Council 2014 (FPCC: 1370224) ☑ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	Campaign signs	$449	$549	$549, P-14
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	1,347		

Schedule E
Payments Made

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

Statement covers period
from 8/17/2014
through 9/30/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ChicoPolitics PAC

I.D. NUMBER
1370134

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
Mark Sorensen for Chico City Council (FPPC: 1369045) [redacted] Chico, CA 95926	CTB	Campaign contribution	$100
Scott Gruendl for Chico City Council 2014 (FPCC: 1366308) [redacted] Chico, CA 95927	CTB	Campaign contribution	$100
Fillmer for Chico City Council 2014 (FPCC: 1370224) [redacted] Chico, CA 95927	CTB	Campaign contribution	$100

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

SUBTOTAL $ 300

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 416
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 $** 416

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 8/17/2014 through 9/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: ChicoPolitics PAC

I.D. NUMBER: 1370134

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
US Bank/Deluxe Business Systems [redacted] Chico, CA 95928	OFC	Check printing	$33
PrintRunner.com [redacted] Van Nuys, CA 91406	LIT	Campaign fliers	$64
www.PayPal.com	OFC	PayPal set up fee	$19

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

SUBTOTAL $ 116