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 10/19/2104 through 10/30/2014

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

Date Stamp: RECEIVED OCT 3 1 2014 CITY CLERK CITY OF CHICO

CALIFORNIA 2001/02 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
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ 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
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

City Required Additional Filing

3. Committee Information

I.D. NUMBER: 1362012

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Coolidge City Council 2014

[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Andrew Coolidge

[redacted]

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 _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/30/2014 (Date) By _____ 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.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Andrew Coolidge

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

Chico City Council

[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. 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 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

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Coolidge City Council

I.D. NUMBER: 1362012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 6265	$ 41085
2. Loans Received	Schedule B, Line 3	0	6500
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6265	$ 47,585
4. Nonmonetary Contributions	Schedule C, Line 3	0	975
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6265	$ 48560

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	$ 9931.16	$ 37738.01
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 9931.16	$ 37738.01
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	975
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 9931.16	$ 38,713.01

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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	$ 6043.15
13. Cash Receipts	Column A, Line 3 above	6265
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	9931.16
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2376.99

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).

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 10/19/2104
through 10/30/2014

CALIFORNIA FORM 460

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coolidge City Council 2014

I.D. NUMBER
1362012

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)
	SEE ATTACHED	☐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 $		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ 6265
2. Amount received this period – unitemized 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 $ 6265

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

COOLIDGE CITY COUNCIL 2014 / FPPC # 1362012

DATE	FULL NAME	OCCUPATION	EMPLOYER	[redacted]	AMOUNT	CUMLTV
10/13/2014	John McAmis	Business Owner	Self-Employed	[redacted]	$500.00	
10/13/2014	Bob Evans for Supervisor			[redacted]	$150.00	
10/13/2014	Gary & Nancy Griswold	Self-Employed	Farmer	[redacted]	$100.00	
10/14/2014	James R. Casler	Teacher	CSU, Chico	[redacted]	$100.00	
10/15/2014	Kevin and Janie Murray	Financial Consultant	Murray Financial Services	[redacted]	$100.00	
10/16/2014	Beth Brooks			[redacted]	$100.00	
10/16/2014	Robert DuBose	Self-Employed	Farmer	[redacted]	$300.00	
10/16/2014	Ray Murdoch	Owner	Murdoch Properties	[redacted]	$500.00	
10/18/2014	Stephen J Kenny	Fair Manager	Butte County Fair	[redacted]	$250.00	
10/21/2014	Rochelle Livingston	Clerical	Silver Dollar Fair	[redacted]	$50.00	
10/21/2014	Rene A Vercruyssen	Retired		[redacted]	$100.00	
10/21/2014	Ken and Danielle Campbell	Firefighter	City of Chico	[redacted]	$50.00	
10/22/2014	Marshall Thompson	Reired		[redacted]	$100.00	
10/22/2014	Kevin Avila	Self-Employed	Farmer	[redacted]	$500.00	
10/23/2014	F.W. and Laurel Zanker	Retired		[redacted]	$100.00	
10/23/2014	Kelly Skelton	Proposal Manager	VIP, LLC	[redacted]	$50.00	$100
10/23/2014	Dr. Erik Roos	Pediatric Dentist	Self-Employed	[redacted]	$50.00	
10/23/2014	Allan Struck	Retired		[redacted]	$40.00	$80
10/23/2014	Alisha CookScott	Retired		[redacted]	$500.00	
10/23/2014	Dennis Scott	Senior Vice President	Gulf Oil	[redacted]	$500.00	
10/23/2014	Kate Leyden	Executive Director	Valley Contractor's Exchange	[redacted]	$50.00	
10/24/2014	Chico Electric			[redacted]	$200.00	$300
10/26/2014	Jerry and Janet Arnoldy	Retired		[redacted]	$50.00	
10/26/2014	Northgate Express			[redacted]	$100.00	
10/26/2014	Northgate Petroleum			[redacted]	$100.00	
10/26/2014	Dale Bennett		Roth Investments	[redacted]	$50.00	
10/26/2014	Steve and Betty Wakefield	Retired		[redacted]	$50.00	
10/27/2014	Eric and Magaret Ford	Retired		[redacted]	$50.00	$100
10/27/2014	Michael Wiltermood	Manager	Enloe Medical Center	[redacted]	$100.00	
10/27/2014	Roxanne Brashears	Retired		[redacted]	$100.00	
10/27/2014	G.S. Roller	Colonel	California State Military Reserves	[redacted]	$200.00	$400
10/27/2014	Frank Solinsky	President	Debug #7	[redacted]	$100.00	
10/28/2014	5th And Normal Properties, LLC			[redacted]	$400.00	
10/28/2014	John Buckland	Former Mayor	City of Yuba City	[redacted]	$125.00	
10/28/2014	Ryan Schohr	Farmer	Self-Employed	[redacted]	$250.00	
10/29/2014	Choice Printing			[redacted]	$100.00	
10/29/2014	California Safe Company			[redacted]	$100.00	

Schedule B – Part 1
Loans 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: Coolidge City Council

I.D. NUMBER: 1362012

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Andrew Coolidge [redacted] †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 6500	$	☐ PAID $ ☐ FORGIVEN $	$ 6500 DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ 6500 PER ELECTION** $ 6500
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET $** 0 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

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: Coolidge City Council

I.D. NUMBER: 1362012

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
Charter Media [redacted]	TEL		1122
Cedar Creek [redacted]	LIT		5900
Local Choice Printing [redacted]	LIT		1565

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 9,931.16
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 $ 9931.16

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10/19/2104 through 10/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Coolidge City Council 2014

I.D. NUMBER: 1362012

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
USPS [redacted]	POS		490
Facebook1 [redacted]	MISC	Advertising	58.33
Labels and Lists, Inc. [redacted]	LIT		163.95
Democracy.com [redacted]		Donation fee	62.40
Tri-Counties Bank [redacted]		Bank fee	15.00

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

SUBTOTAL $ 759.68

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 10/19/14
through 10/31/14

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coolidge City Council

I.D. NUMBER
1362012

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
City of Chico [redacted]		Ballot Statement Fee	449.48
Political Data, Inc. [redacted]		Voter List	135.00

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

SUBTOTAL $ 584.48