

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 07 2014 CITY CLERK CITY OF CHICO	CALIFORNIA 2001/02 FORM 460
	11 / 38
	For Official Use Only

Statement covers period from <u>01/01/2014</u> through <u>09/30/2014</u>
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Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1370224

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Fillmer for Chico City Council

Treasurer(s)

NAME OF TREASURER
 Kelly Lawler

NO P.O. BOX)
 [REDACTED]
 [REDACTED]

[REDACTED]
 [REDACTED] AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL 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 10/02/2014 By Kelly Lawler
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/02/2014 By Reanette Fillmer
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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

Statement covers period	Page 2 of 38
from 01/01/2014	
through 09/30/2014	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Reanette Fillmer

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member - District 00 City of Chico

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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	
		Page 3 of 38

NAME OF FILER *Fillmer for Chico City Council*

I.D. NUMBER
1370224

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 21,329.00	\$ 21,329.00
2. Loans Received <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1+2</i>	\$ 21,329.00	\$ 21,329.00
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	1,769.28	1,769.28
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3+4</i>	\$ 23,098.28	\$ 23,098.28

**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	\$ _____	\$ _____

	Column A	Column B
Expenditures Made		
6. Payments Made <i>Schedule E, Line 4</i>	\$ 2,230.20	\$ 2,230.20
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6+7</i>	\$ 2,230.20	\$ 2,230.20
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	5,925.94	5,925.94
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	1,769.28	1,769.28
11. TOTAL EXPENDITURES MADE <i>Add Lines 8+9+10</i>	\$ 9,925.42	\$ 9,925.42

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

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

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 15</i>	\$ 0.00
13. Cash Receipts <i>Column A, Line 3 above</i>	21,329.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	2,230.20
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 19,098.80
17. LOAN GUARANTEES RECEIVED. <i>Schedule B, Part 2</i>	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. <i>Add Lines 2 + Line 9 in Column B above</i>	\$ 5,925.94

**Schedule A
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 4 of 38

NAME OF FILER: Fillmer for Chico City Council

ID NUMBER
1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/27/2014	Kevin Ahlswede [REDACTED]	IND	Owner Alleevity HR & Payroll	100.00	100.00	100 (G14)
09/11/2014	Automotive Elite Investments [REDACTED]	OTH		500.00	500.00	500 (G14)
09/18/2014	B. Scott Hood D.D.S. M.S. Inc. [REDACTED]	OTH		500.00	500.00	500 (G14)
09/30/2014	Robert A. Best [REDACTED]	IND	Retired N.A.	50.00	50.00	50 (G14)

SUBTOTAL \$ 1,150.00

Schedule A Summary

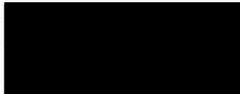
1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	21,329.00
2. Amount received this period - unitemized	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	21,329.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 5 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/03/2014	Bill Webb Construction Inc. 	OTH		500.00	500.00	500 (G14)
09/11/2014	Matthew Blofsky 	IND	Pension Consultant Associated Pension Consultants	150.00	150.00	150 (G14)
09/27/2014	Brian Bowen 	IND	Owner Chico Nissan Hyundai	100.00	100.00	100 (G14)
09/30/2014	B.K. Brooks 	IND	Retired N.A.	150.00	150.00	150 (G14)

SUBTOTAL \$ 900.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 6 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2014	S.F. Bud Cadwell 	IND	Owner Northgate Petroleum Co Source: Northgate Petroleum Co.	250.00	500.00 Aggregated	500 (G14)
09/30/2014	Molly Castillo 	IND	Retired N.A.	25.00	25.00	25 (G14)
09/29/2014	David Cerrato 	IND	Manager Tri Counties Bank	100.00	100.00	100 (G14)
09/30/2014	Chabin Concepts Inc. 	OTH		100.00	100.00	100 (G14)

SUBTOTAL \$ 475.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 7 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/03/2014	R. Scott Chalmers 	IND	Retired N.A.	500.00	500.00	500 (G14)
09/15/2014	ChicoPolitics PAC 	COM	ID No. 1370134	100.00	100.00	100 (G14)
09/15/2014	Mark Chrisman 	IND	Asst Service Manager Chuck Patterson Auto	100.00	100.00	100 (G14)
09/18/2014	Mitzi Christiansen 	IND	Retired N.A.	10.00	10.00	10 (G14)

SUBTOTAL \$ 710.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 8 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/19/2014	Ruth L. Colbie 	IND	Retired N.A.	50.00	50.00	50 (G14)
08/19/2014	Tim Colbie 	IND	Travel Agent Carlson Travel	35.00	35.00	35 (G14)
09/09/2014	Bently Conway 	IND	Retired N.A.	100.00	100.00	100 (G14)
09/18/2014	Carol Cook 	IND	Homemaker N.A.	500.00	500.00	500 (G14)

SUBTOTAL \$ 685.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 9 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2014	Byron Crossen 	IND	Real Estate River Valley Enterprises	500.00	500.00	500 (G14)
09/16/2014	Caralyn Dauterman 	IND	Owner Thomas Welding	500.00	500.00	500 (G14)
09/09/2014	Thomas Dauterman 	IND	Owner Thomas Welding	500.00	500.00	500 (G14)
09/30/2014	Jed David 	IND	Investor Jed David - Self Employed	60.00	60.00	60 (G14)
SUBTOTAL \$				1,560.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
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NAME OF FILER: Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2014	Steve Depa 	IND	Owner Esplanade Mini Storage	500.00	500.00	500 (G14)
09/12/2014	Diamond W Western Wear 	OTH		500.00	500.00	500 (G14)
09/09/2014	Sylvia Duran 	IND	Attorney Tehama County	100.00	150.00	150 (G14)
09/30/2014	East Avenue Coin Laundry & Dry Cleaning 	OTH		100.00	100.00	100 (G14)

SUBTOTAL \$ 1,200.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 11 of 38

NAME OF FILER: Fillmer for Chico City Council

I.D. NUMBER
1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2014	Clive Evans 	IND	Owner Budget Mini Storage	100.00	100.00	100 (G14)
09/18/2014	Lewis Everett 	IND	Property Management Everett Apartments	500.00	500.00	500 (G14)
09/15/2014	Carol Fillmer 	IND	Fiscal Data Supervisor Tehama County	50.00	400.00	400 (G14)
09/03/2014	Carol Fillmer 	IND	Fiscal Data Supervisor Tehama County	350.00	400.00	400 (G14)

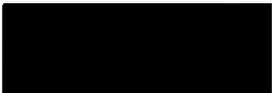
SUBTOTAL \$ 1,000.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 12 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/19/2014	John Fillmer 	IND	Owner Klamath River RV Park	500.00	500.00	500 (G14)
09/29/2014	Reanette Fillmer 	IND	Human Resource Consultant Argus HR Solutions	500.00	500.00	500 (G14)
09/09/2014	Eric A. Ford 	IND	Retired N.A.	50.00	50.00	50 (G14)
09/11/2014	Peter G. Giampaoli 	IND	Real Estate Developer Epick Homes	500.00	500.00	500 (G14)
SUBTOTAL \$				1,550.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 13 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/08/2014	Stacey Giezentanner [REDACTED]	IND	Real Estate Investement Stacey Gizentanner	300.00	300.00	300 (G14)
09/15/2014	Tovey Giezentanner [REDACTED]	IND	Founder and Managing Member Chico Green Line Partners LLC	100.00	100.00	100 (G14)
09/16/2014	Dana Goodman [REDACTED]	IND	CFO California Olive Ranch	100.00	100.00	100 (G14)
09/30/2014	H.L.S. A General Partnership [REDACTED]	OTH		250.00	250.00	250 (G14)

SUBTOTAL \$ 750.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 14 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/15/2014	Bruce Hagerty 	IND	Retired N.A.	100.00	100.00	100 (G14)
09/15/2014	Sally Hayes 	IND	Licensed Admin Assistant Asset Management Group	100.00	150.00	150 (G14)
09/15/2014	Sally Hayes 	IND	Licensed Admin Assistant Asset Management Group	50.00	150.00	150 (G14)
09/30/2014	Lester Heringer 	IND	Farm Manager M & T	200.00	200.00	200 (G14)
SUBTOTAL \$				450.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 15 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/03/2014	Daniel Hunt [REDACTED]	IND	President Mid Valley Title & Escrow	250.00	250.00	250 (G14)
08/29/2014	Cyndee Johnson [REDACTED]	IND	Consultant Self - Cyndee Johnson	100.00	100.00	100 (G14)
09/15/2014	Patricia Jones [REDACTED]	IND	Retired N.A.	50.00	50.00	50 (G14)
09/03/2014	Tod Kimmelshue [REDACTED]	IND	Lending Officer Golden State Farm Credit	100.00	100.00	100 (G14)

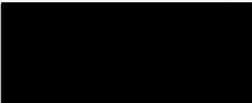
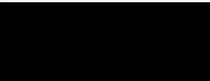
SUBTOTAL \$ 500.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 16 of 38
NAME OF FILER: Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/03/2014	Kevin Kremer 	IND	Dentist Kremer Dental Care	100.00	100.00	100 (G14)
09/18/2014	Brandi Laffins 	IND	Realtor Century 21	300.00	300.00	300 (G14)
08/19/2014	Douglas LaMalfa 	IND	Congressman United States Congress	500.00	500.00	500 (G14)
09/30/2014	Thomas J. Lando 	IND	Retired N.A.	100.00	100.00	100 (G14)

SUBTOTAL \$ 1,000.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 17 of 38
		I.D. NUMBER 1370224

NAME OF FILER Fillmer for Chico City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2014	James Ledgerwood 	IND	Retired N.A.	300.00	300.00	300 (G14)
09/27/2014	Jim Lipman 	IND	VP Operations California Olive Ranch	100.00	100.00	100 (G14)
09/30/2014	Sally J. Love 	IND	Retired N.A.	250.00	250.00	250 (G14)
09/11/2014	John Lucchesi 	IND	Banker Northern California National Bank	150.00	150.00	150 (G14)

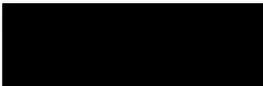
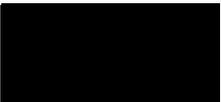
SUBTOTAL \$ 800.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 18 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/29/2014	Linda Lucero 	IND	Teacher CUESD	100.00	100.00	100 (G14)
09/30/2014	Ray C. Luckel 	IND	Pilot Ray Luckel	200.00	200.00	200 (G14)
09/09/2014	Martin Luger 	IND	Real Estate Agent ReMax	50.00	50.00	50 (G14)
09/15/2014	Sharon Lundahl 	IND	Retired N.A.	25.00	25.00	25 (G14)
SUBTOTAL \$				375.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 19 of 38
NAME OF FILER: Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2014	Corine Maday 	IND	Teacher Corning High School	100.00	100.00	100 (G14)
09/15/2014	Dominick Manna 	IND	Sales Big Rock Sports	50.00	50.00	50 (G14)
09/30/2014	John E. McAmis 	IND	Owner J.E. McAmis Inc.	500.00	500.00	500 (G14)
09/15/2014	Renee McAmis 	IND	Homemaker N.A.	200.00	200.00	200 (G14)

SUBTOTAL \$ 850.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 20 of 38
NAME OF FILER: Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2014	Keith McCoy [REDACTED]	IND	Owner McCoys Green Acre Irrigation	100.00	100.00	100 (G14)
08/19/2014	Albert Minor [REDACTED]	IND	Owner Klamath River RV Park	499.00	499.00	499 (G14)
08/19/2014	Joseph P. Montes [REDACTED]	IND	Manager AAA Properties	500.00	500.00	500 (G14)
09/15/2014	James Morgan [REDACTED]	IND	Attorney James Morgan	50.00	50.00	50 (G14)
SUBTOTAL \$				1,149.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 21 of 38
NAME OF FILER: Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/27/2014	Sean Morgan 	IND	Captain CSUC	150.00	150.00	150 (G14)
09/09/2014	Edward Morris 	IND	Homebuilder Morris Homes Inc.	50.00	50.00	50 (G14)
09/03/2014	Vickie Nicodemus 	IND	Communications Supervisor City of Chico	100.00	100.00	100 (G14)
09/11/2014	Kathleen Nolan 	IND	Retired N.A.	100.00	100.00	100 (G14)

SUBTOTAL \$ 400.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 22 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2014	Northgate Petroleum Co. 	OTH		250.00	500.00 Aggregated	500 (G14)
09/30/2014	Denise Norwood 	IND	Realtor Coldwell Banker Dufour Realty	200.00	200.00	200 (G14)
09/30/2014	Christopher Ottone 	IND	Renderer North State Rendering	100.00	100.00	100 (G14)
09/03/2014	Laura Page 	IND	AAvancement Relations Enloe Foundation	100.00	100.00	100 (G14)
SUBTOTAL \$				650.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 23 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2014	William Pahland 	IND	Retired N.A.	50.00	50.00	50 (G14)
09/12/2014	Shelbie Perry 	IND	Owner The Perry Co Precision Med Bill	500.00	500.00	500 (G14)
09/12/2014	Sharon Purser 	IND	MR Rep RESRVP Inc.	250.00	250.00	250 (G14)
09/11/2014	Rabo Health and Wellness 	OTH		50.00	50.00	50 (G14)

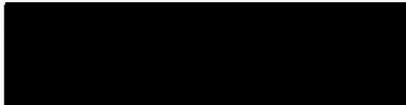
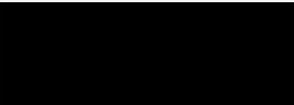
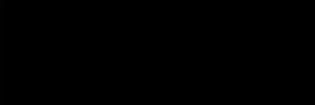
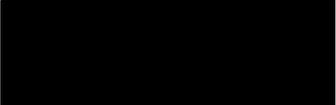
SUBTOTAL \$ 850.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 24 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2014	Recology Inc. 	OTH		500.00	500.00	500 (G14)
09/30/2014	Charlene L. Reid 	IND	Director Social Services Tehama County	100.00	100.00	100 (G14)
09/23/2014	Michael Reilley 	IND	Insurance Agent/Broker Austin Reilley & Doud Insurance	50.00	100.00	100 (G14)
09/04/2014	Michael Reilley 	IND	Insurance Agent/Broker Austin Reilley & Doud Insurance	50.00	100.00	100 (G14)
SUBTOTAL \$				700.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 25 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2014	Rory Rottschalk [REDACTED]	IND	Engineer Culp & Tanner	300.00	300.00	300 (G14)
09/09/2014	Philip W. Rowberg Jr [REDACTED]	IND	Retired N.A.	100.00	100.00	100 (G14)
09/21/2014	John Salyer [REDACTED]	IND	Production Manager Transfer Flow Inc.	100.00	100.00	100 (G14)
09/09/2014	Schumacher Ranch [REDACTED]	OTH		50.00	50.00	50 (G14)

SUBTOTAL \$ 550.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 26 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2014	Stephen Schuster 	IND	Farmer/Builder Emerald C Vineyards/Schuster Homes	200.00	200.00	200 (G14)
09/08/2014	Gary Short 	IND	Financial and Insurance Services Gary Short - Self Employed	250.00	250.00	250 (G14)
09/08/2014	Gary Sitton 	IND	Retired N.A.	500.00	500.00	500 (G14)
09/03/2014	Kelly Skelton 	IND	Development Manager VIP LLC	50.00	50.00	50 (G14)

SUBTOTAL \$ 1,000.00

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

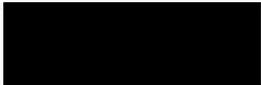
**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 27 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2014	Sally Jo Smith 	IND	Retired N.A.	50.00	50.00	50 (G14)
09/27/2014	Andrea Solari 	IND	Retired N.A.	150.00	150.00	150 (G14)
09/12/2014	Sole Terra Farming 	OTH		250.00	250.00	250 (G14)
09/30/2014	Thomas P. Tenorio 	IND	CEO Community Action Housing of Butte Co	125.00	125.00	125 (G14)

SUBTOTAL \$ 575.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 28 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2014	The Hignell Companies 	OTH		500.00	500.00	500 (G14)
08/22/2014	Loretta Ann Torres 	IND	Retired N.A.	100.00	100.00	100 (G14)
09/16/2014	George Walker 	IND	Retired N.A.	100.00	100.00	100 (G14)
09/11/2014	Webb Homes 	OTH		300.00	300.00	300 (G14)

SUBTOTAL \$ 1,000.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 29 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2014	David Wilkinson 	IND	Retired N.A.	25.00	25.00	25 (G14)
09/15/2014	Martha Wilson 	IND	HR Director Yuba County	300.00	300.00	300 (G14)
09/09/2014	Nancy Wolfe-McCord 	IND	Realtor Coldwell Banker Dufour Realty	50.00	50.00	50 (G14)
09/16/2014	Bonnie Worthington 	IND	Author/Consultant Bonnie Worthington	100.00	100.00	100 (G14)
SUBTOTAL \$				475.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 30 of 38
NAME OF FILER: Fillmer for Chico City Council		I.D. NUMBER 1370224

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2014	Ronee Wright 	IND	Retired N.A.	25.00	25.00	25 (G14)

SUBTOTAL \$	25.00	
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** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 31 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2014 TO 09/10/2014	Diamond Hotel 220 W 4th St Chico, CA 95928	OTH		Meet and Greet Event Catering	499.28	499.28	499 (G14)
09/30/2014	Sylvia Duran 9 Bunker Ct Chico, CA 95927	IND	Attorney Tehama County	Food for meet and greet	50.00	150.00	150 (G14)
09/30/2014	Pat Macarthy 69 Cinder Cone Loop Chico, CA 95973	IND	Retired N.A.	Food for meet and greet	30.00	30.00	30 (G14)
09/30/2014	Laurie Maloney 88 Kendal Ct Chico, CA 95973	IND	Realtor DuFor Realty	Food and Beverage for Meet and Greet	250.00	250.00	250 (G14)

SUBTOTAL \$ 829.28

Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals)	\$	1,769.28
2. Amount received this period - unitemized	\$	0.00
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 \$	<u>1,769.28</u>

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

**Schedule C (Continued)
Nonmonetary Contributions Received**

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from 01/01/2014		
through 09/30/2014		Page 32 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2014 TO 09/10/2014	Heather Mehloff 9 Scenic Ln Chico, CA 95926	IND	Nurse Enloe	Photography	500.00	500.00	500 (G14)
09/30/2014	Ronnie Owen 3783 Keefer Rd Chico, CA 95973	IND	Realtor Century 21	Food for meet and greet	50.00	50.00	50 (G14)
09/30/2014	Smokin Mo's BBQ 131 Broadway St Chico, CA 95928	OTH		Food for Fundraiser	350.00	350.00	350 (G14)
09/09/2014 TO 09/10/2014	Paul Sullivan 656 9th Ave Chico, CA 95928	IND	Sales Manager AES	Business Cards	40.00	40.00	40 (G14)

SUBTOTAL \$ 940.00

** Contributor Codes: IND - Individual COM - Recipient Committee OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460(Jan/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 33 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Danielle Buis 1288 West Sacramento Avenue #2 Chico, CA 95926	OFC	69.20
Citi Cards Processing Center Des Moines, IA 50363	OFC	838.82
eFundraising Connections 2131 Capitol Avenue Suite 306 Sacramento, CA 95816	OFC	14.00
SUBTOTAL \$		922.02

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,230.20
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,230.20

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 34 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

CODES: If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2131 Capitol Avenue Suite 306 Sacramento, CA 95816	OFC		3.75
eFundraising Connections 2131 Capitol Avenue Suite 306 Sacramento, CA 95816	OFC		69.75
eFundraising Connections 2131 Capitol Avenue Suite 306 Sacramento, CA 95816	OFC		7.00
eFundraising Connections 2131 Capitol Avenue Suite 306 Sacramento, CA 95816	OFC		52.25
eFundraising Connections 2131 Capitol Avenue Suite 306 Sacramento, CA 95816	OFC		73.00

SUBTOTAL \$ 205.75

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 35 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Curtis Grima 1271 Wanderer Lane Chico, CA 95973	OFC		185.35
RedWeb Campaigns 1271 Wanderer Lane Chico, CA 95973	CNS		650.00
Tri Counties Bank 210 N Tehama Willows, CA 95988	OFC		267.08

SUBTOTAL \$ 1,102.43

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 36 of 38
NAME OF FILER Fillmer for Chico City Council		I.D. NUMBER 1370224

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Reanette Fillmer 2 Begonia Lane Chico, CA 95926	FIL	0.00	449.48	0.00	449.48
Public Square Partners LLC 1127 11th Street #548 Sacramento, CA 95814	CMP	0.00	5,476.46	0.00	5,476.46
SUBTOTALS \$		0.00	\$ 5,925.94	\$ 0.00	\$ 5,925.94

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 5,925.94**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$ 5,925.94**

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 37 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Citi Cards

CODES: If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Creative Composition 396 East Avenue Chico, CA 95928	OFC		435.63
Fedex Kinkos 1722 Mangrove Avenue Chico, CA 95926	OFC		318.68

TOTAL \$ 754.31

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	09/30/2014	Page 38 of 38

NAME OF FILER Fillmer for Chico City Council

I.D. NUMBER
1370224

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Public Square Partners LLC

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G.S.P. Graphic Screenprinting Productions Inc. 5512 Mitchelldale Houston, TX 77092	LIT		3,440.58
IPS Printing 2020 K Street Sacramento, CA 95811	LIT		1,535.88

TOTAL \$ 4,976.46

04
Statement of Organization
Recipient Committee

1370224

Statement Type Initial Amendment Termination - See Part 5
Not yet qualified or List I.D. number: # _____
Date qualified as committee 08/19/2014 Date qualified as committee (if applicable) _____ Date of Termination _____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 22 2014

CALIFORNIA FORM 410
For Official Use Only
RECEIVED
SEP 11 2014
CITY CLERK
CITY OF CHICO

1. Committee Information

NAME OF COMMITTEE
Fillmer for Chico City Council 2014
CITY STATE ZIP CODE
Chico CA 95926
FAX / E-MAIL ADDRESS
reanette@votefillmer.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Butte

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kelly Lawler
CITY STATE ZIP CODE
Willows CA 95988
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

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 8/19/14 By Kelly Lawler
Executed on 8/19/14 By _____
Executed on _____ By _____
Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Fillmer for Chico City Council 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE (530)934-2191	BANK ACCOUNT NUMBER 077022405
ADDRESS [REDACTED]	CITY Willows	STATE ZIP CODE CA 95988

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
Reanette Fillmar	Chico City Council	2014	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Fillmer 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.

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # _____
 _____/_____/_____
 Date qualified as committee (If applicable) Date of Termination

Date Stamp RECEIVED AUG 22 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
 Fillmer for Chico City Council 2014
 STREET ADDRESS (NO P.O. BOX)
 2 Begonia Lane
 CITY STATE ZIP CODE AREA CODE/PHONE
 Chico CA 95926 (530)520-5775
 MAILING ADDRESS (IF DIFFERENT)
 PO Box 7184, Chico, CA 95926
 FAX / E-MAIL ADDRESS
 reanette@votefillmer.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Butte

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Kelly Lawler
 STREET ADDRESS (NO P.O. BOX)
 976 Pacific
 CITY STATE ZIP CODE AREA CODE/PHONE
 Willows CA 95988 (530)934-5823
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

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 8/19/14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 8/19/14 By [Signature]
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

Page 2

COMMITTEE NAME

Fillmer for Chico City Council 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE (530)934-2191	BANK ACCOUNT NUMBER 077022405	
ADDRESS 210 N Tehama	CITY Willows	STATE CA	ZIP CODE 95988

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Reanette Fillmar	Chico City Council	2014	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Fillmer 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.
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- 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.

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED AUG 06 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 501 For Official Use Only
---	---

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Reanette Fillmer, A DAYTIME TELEPHONE NUMBER (530) 520-5775 FAX NUMBER (optional) () E-MAIL (optional)

CITY Chico, CA STATE CA ZIP CODE 95927

OFFICE SOUGHT (POSITION TITLE) Councilmember AGENCY NAME City of Chico DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2)
 City County Multi-County: Butte (Name of Multi-County Jurisdiction) Year of Election 2014

2. State Candidate Expenditure Limit Statement:

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

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

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

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

(Mark if applicable)

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

3. Verification:

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

Executed on 8/6/14
(month, day, year)

Signature [Signature]
(Candidate)