

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED JUL 30 2014 CITY CLERK CITY OF CHICO	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>7</u>	
For Official Use Only	

Statement covers period from <u>1/1/14</u> through <u>6/30/14</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/14</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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1366308

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

Gruendl For Council 2014

CITY STATE ZIP CODE
Chico CA 95928

CITY STATE ZIP CODE
Chico CA 95927

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jacqueline Winter

MAILING ADDRESS

CITY STATE ZIP CODE
Chico CA 95928

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/29/14
Date
Executed on 7/29/14
Date
Executed on _____
Date
Executed on _____
Date

By Jacqueline Winter
Signature of Treasurer or Assistant Treasurer
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
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**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Gruendl

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

Council Member, City of Chico

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

[REDACTED ADDRESS]

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	<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, 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	<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
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/14</u>	CALIFORNIA FORM 460
through <u>6/30/14</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1366308</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gruendl for Council 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,227.50</u>	\$ _____
2. Loans Received Schedule B, Line 3	\$ <u>-0-</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1,227.50</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>140.00</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>1,367.50</u>	\$ _____

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>1,164.37</u>	\$ _____
7. Loans Made Schedule H, Line 3	\$ <u>-0-</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,164.37</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>-0-</u>	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>-0-</u>	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1,164.37</u>	\$ _____

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>-0-</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>1,227.50</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>-0-</u>
15. Cash Payments Column A, Line 8 above	\$ <u>1,164.37</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>63.13</u>

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	\$ <u>-0-</u>
---	---------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>-0-</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule-A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	6/30/14	Page <u>4</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gruendl for Council 2014

I.D. NUMBER

1366308

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)
4/1/14	Scott Gruendl [REDACTED] Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health & Human Services Agency Director, County of Glenn	1,227.50	1,227.50	1,227.50
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,227.50		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,227.50
- Amount received this period – unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,227.50

*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**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	6/30/14	Page <u>5</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gruendl for Council 2014

I.D. NUMBER

1366308

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)
6/30/14	Scott Gruendl [REDACTED] Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health & Human Services Agency Director, County of Glenn	Lapel Pins	\$140.00		
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 140.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 140.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** 140.00

*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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	6/30/14	Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Gruendl for Council 2014		1366308

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gruendl for Council 2014

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
Stott Outdoor Advertising [REDACTED] Chico, CA 95927			Billboards	877.50
Dan Shulman [REDACTED] Alamo, CA, 94507		Web		150.00
Rabobank [REDACTED] Chico, CA 95928			Check Stamp	41.91

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

SUBTOTAL \$ 1,069.41

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	1,164.37
2. Unitemized payments made this period of under \$100	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	1,164.37

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

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	6/30/14	Page <u>7</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gruendl for Council 2014

I.D. NUMBER
1366308

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
Rabobank [REDACTED] Chico, CA 95928			Checks	24.96
Rabobank [REDACTED] Chico, CA 95928			Banking Fees	20.00
Debra Bowen, Secretary of State [REDACTED] Sacramento, CA 95814	FIL			50.00

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

SUBTOTAL \$ 94.96

04

1366308

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____
 # _____ # _____
 03 / 24 / 2014 _____ / _____ / _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp

RECEIVED
MAR 27 2014
CITY CLERK
CITY OF CHICO

CALIFORNIA FORM 410
For Official Use Only
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
APR 23 2014

1. Committee Information

NAME OF COMMITTEE
Gruendl for Council 2014

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

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

MAILING ADDRESS (IF DIFFERENT)
[REDACTED] Chico, CA 95927

FAX / E-MAIL ADDRESS
scott_gruendl@yahoo.com

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jacqueline Winter

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

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

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Scott Gruendl

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

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

DEBRA BOWEN
Secretary of State

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 03/24/14 By Jacqueline Winter
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/24/14 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

Gruendl for Council 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER 768949961
ADDRESS [REDACTED]	CITY Chico	STATE ZIP CODE 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Scott Gruendl	Council Member	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

COMMITTEE NAME

Gruendl for Council 2014

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

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

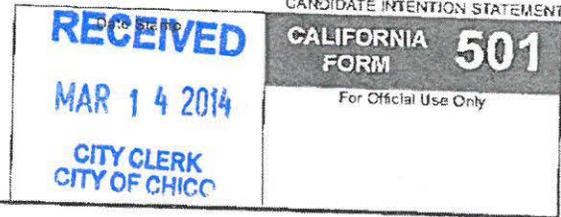
5. Termination Requirements

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.

Candidate Intention Statement

Type or Print in Ink.



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Gruendl, Scott E. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS [REDACTED] CITY Chico STATE CA ZIP CODE 95928

AGENCY NAME City of Chico DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY _____

OFFICE JURISDICTION Council Member

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

2. State Candidate Expenditure Limit Statement:

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

_____/_____/_____ Primary/general election (Year of Election) _____/_____/_____ Special/runoff election (Year of 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 3-3-14 (month, day, year)

Signature [Signature] (Candidate)

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PA

CALIFORNIA FORM **460**

Date Stamp
RECEIVED
OCT 07 2014
CITY CLERK
CITY OF CHICO

Page 1 of 17
For Official Use Only

Statement covers period from <u>07/01/2014</u> through <u>09/30/2014</u>	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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1366308

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

Gruendl For Council 2014

STREET ADDRESS (NO P.O. BOX)

[REDACTED ADDRESS]

STATE ZIP CODE

Treasurer(s)

NAME OF TREASURER

Jacqueline Winter

[REDACTED ADDRESS]

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHO

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 10-06-2014
Date
Executed on 10/6/14
Date
Executed on _____
Date
Executed on _____
Date

By Jacqueline Winter
Signature of Treasurer or Assistant Treasurer
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
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

CALIFORNIA
FORM **460**

Page 2 of 17

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Scott Gruendl

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2368 England Street, Chico, CA 959

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 ADDRESS	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 ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<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, 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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PA

Statement covers period from <u>07/01/2014</u>	CALIFORNIA FORM 460
through <u>09/30/2014</u>	
Page <u>3</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER

1366308

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>6,720.00</u>	\$ <u>7,947.50</u>
2. Loans Received Schedule B, Line 3	<u>2,800.00</u>	<u>2,800.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,520.00</u>	\$ <u>10,747.50</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>10.00</u>	<u>150.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>9,530.00</u>	\$ <u>10,897.50</u>

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>9,217.02</u>	\$ <u>10,381.39</u>
7. Loans Made Schedule H, Line 3	<u>-0-</u>	<u>-0-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>9,217.02</u>	\$ <u>10,381.39</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>877.50</u>	<u>877.50</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>10.00</u>	<u>150.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>10,104.52</u>	\$ <u>11,408.89</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>63.13</u>
13. Cash Receipts Column A, Line 3 above	<u>9,520.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.05</u>
15. Cash Payments Column A, Line 8 above	<u>9,217.02</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>366.16</u>

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).

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>-0-</u>
---	---------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>3,677.50</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE

Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA FORM 46

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER

1366308

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)
07/24/14	Francis & Juanita Farley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
07/24/14	Mary & Michael Goloff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/City of Chico; Council Person	100.00	100.00	
07/24/14	Diana Fogel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Social Worker	100.00	100.00	
07/22/14	Kenneth W. Mitchel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	20.00	20.00	
07/22/14	Robin Keehn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/State of CA	25.00	25.00	
SUBTOTAL \$				295.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,720.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ -0-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,720.00

*Contributor Codes

- IND – Individual
- COM – Recipient Committee
(other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

Schedule A (Continuation Sheet)			Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460
Monetary Contributions Received					Page	5 of 17
GRUENDL FOR COUNCIL 2014					ID NUMBER	1366308
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)
07/22/14		IND	Retired	\$ 100.00	\$ 100.00	
07/22/14		IND	Retired	\$ 25.00	\$ 25.00	
07/25/14		IND	Retired	\$ 50.00	\$ 50.00	
07/23/14		IND	Retired	\$ 25.00	\$ 25.00	
07/22/14		COM		\$ 200.00	\$ 200.00	
07/22/14		IND	Self-Employed, Political Adviser	\$ 50.00	\$ 50.00	
07/22/14		IND	Youth Director, Trinity United Methodist Church	\$ 25.00	\$ 25.00	
07/25/14		IND	Professor, CSU, Chico	\$ 25.00	\$ 25.00	
07/26/14		IND	Retired	\$ 25.00	\$ 25.00	
07/25/14		IND	Retired	\$ 100.00	\$ 100.00	
07/28/14		IND	Retired	\$ 25.00	\$ 25.00	
07/26/14		IND	Supervisor, Butte County District 3	\$ 50.00	\$ 50.00	
07/28/14		IND	Retired	\$ 50.00	\$ 50.00	
07/26/14		IND	Retired/Butte College	\$ 20.00	\$ 20.00	
07/29/14		IND	Retired	\$ 50.00	\$ 50.00	
07/29/14		IND	Retired/Attorney	\$ 200.00	\$ 200.00	
SUBTOTAL \$				\$ 1,020.00		

Schedule A (Continuation Sheet)			Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460
Monetary Contributions Received					Page	6 of 17
GRUENDL FOR COUNCIL 2014					ID NUMBER	1366308
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)
07/27/14	[REDACTED]	IND	Retired	\$ 50.00	\$ 50.00	
08/01/14		IND	VP/Public	\$ 50.00	\$ 50.00	
08/01/14		IND	Retired	\$ 25.00	\$ 25.00	
08/01/14		IND	Retired/Professor	\$ 30.00	\$ 30.00	
08/01/14		IND	Retired	\$ 300.00	\$ 300.00	
08/01/14		IND	Retired	\$ 50.00	\$ 50.00	
08/08/14		IND	Retired/Teacher	\$ 10.00	\$ 10.00	
08/03/14		IND	Retired	\$ 100.00	\$ 100.00	
08/02/14		IND	Retired	\$ 100.00	\$ 100.00	
08/04/14		IND	Retired	\$ 50.00	\$ 50.00	
08/05/14		IND	Teacher, CUSD	\$ 100.00	\$ 100.00	
08/04/14		IND	Retired	\$ 100.00	\$ 100.00	
08/07/14		IND	Retired/PGE	\$ 50.00	\$ 50.00	
09/06/14		IND	Professor, CSU, Chico	\$ 50.00	\$ 50.00	
08/05/14		IND	Retired	\$ 25.00	\$ 25.00	
08/05/14		IND	Retired	\$ 25.00	\$ 25.00	
SUBTOTAL \$				\$ 1,115.00		

Schedule A (Continuation Sheet)				Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460
Monetary Contributions Received						Page	7 of 17
GRUENDL FOR COUNCIL 2014						ID NUMBER	1366308
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)	
08/06/14		IND	Retired	\$ 50.00	\$ 50.00		
08/09/14		IND	FPN, Butte College	\$ 50.00	\$ 50.00		
08/08/14		IND	Retired	\$ 100.00	\$ 100.00		
08/09/14		IND	Retired	\$ 15.00	\$ 15.00		
08/12/14		IND	Retired	\$ 25.00	\$ 25.00		
08/12/14		IND	Hasan - Lecturer, CSUC; Malama - Self-Employed, Therapist	\$ 25.00	\$ 25.00		
08/12/14		IND	Retired	\$ 25.00	\$ 25.00		
08/12/14		IND	Retired / CUSD	\$ 100.00	\$ 100.00		
08/04/14		IND	Retired/Teacher	\$ 25.00	\$ 25.00		
08/11/14		IND	Retired	\$ 25.00	\$ 25.00		
08/08/14		IND	Retired	\$ 25.00	\$ 25.00		
08/01/14		IND	Retired	\$ 25.00	\$ 25.00		
08/17/14		IND	Administrative Analyst, First 5 Butte County	\$ 100.00	\$ 100.00		
08/16/14		IND	Retired	\$ 30.00	\$ 30.00		
08/05/14		COM		\$ 150.00	\$ 150.00		
08/23/14		IND	Professor, CSU, Chico	\$ 100.00	\$ 100.00		
SUBTOTAL \$				\$ 870.00			

Schedule A (Continuation Sheet)			Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460
Monetary Contributions Received					Page	8 of 17
GRUENDL FOR COUNCIL 2014					ID NUMBER	1366308
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)
08/25/14		IND	Tavern Owner, Duffy's	\$ 100.00	\$ 100.00	
08/24/14		IND	Retired	\$ 30.00	\$ 30.00	
09/07/14		IND	Self-Employed, Nickell Investigation	\$ 100.00	\$ 100.00	
09/08/14		IND	Retired/Attorney	\$ 100.00	\$ 300.00	
09/07/14		IND	Self-Employed, River City Business Services	\$ 100.00	\$ 100.00	
09/07/14		IND	Nurse Practitioner, Ampla Health	\$ 100.00	\$ 100.00	
09/07/14		IND	Self-Employed, Consultant	\$ 100.00	\$ 100.00	
09/07/14		IND	Professor, CSU, Chico	\$ 50.00	\$ 50.00	
09/08/14		IND	Retired/Teacher	\$ 50.00	\$ 50.00	
09/07/14		IND	Retired/Teacher	\$ 50.00	\$ 50.00	
09/07/14		IND	Retired	\$ 50.00	\$ 50.00	
09/06/14		IND	Retired	\$ 25.00	\$ 25.00	
09/06/14		IND	Professor, CSU, Chico	\$ 50.00	\$ 50.00	
09/07/14		IND	Democratic Activist	\$ 30.00	\$ 30.00	
09/01/14		IND	Self-Employed, Financial Adviser	\$ 100.00	\$ 100.00	
08/30/14		IND	Retired	\$ 35.00	\$ 35.00	
SUBTOTAL \$				\$ 1,070.00		

Schedule A (Continuation Sheet)			Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460	
Monetary Contributions Received					Page	9 of 17	
GRUENDL FOR COUNCIL 2014					ID NUMBER	1366308	
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)	
09/04/14		IND	Retired	\$ 50.00	\$ 50.00		
09/08/14		IND	Mediator, Glenn Superior Court	\$ 20.00	\$ 20.00		
09/06/14		IND	Retired	\$ 40.00	\$ 40.00		
09/06/14		IND	Professor, CSU, Chico	\$ 40.00	\$ 40.00		
09/05/14		IND	Self-employed, MD	\$ 75.00	\$ 75.00		
09/10/14		COM		\$ 100.00	\$ 100.00		
09/07/14		IND	Retired	\$ 100.00	\$ 100.00		
09/10/14		IND	Retired	\$ 20.00	\$ 20.00		
09/10/14		IND	Self-Employed, Architect	\$ 20.00	\$ 20.00		
09/19/14		IND	Retired	\$ 50.00	\$ 50.00		
09/07/14		IND	Retired/RN	\$ 100.00	\$ 200.00		
09/21/14		IND	Retired	\$ 20.00	\$ 20.00		
09/18/14		IND	Professor, CSU	\$ 100.00	\$ 100.00		
09/22/14		IND	Self-Employed, Travel Agent	\$ 25.00	\$ 25.00		
09/19/14		IND	Russel: Professor, CSU, Chico; Leslie: Teacher, Hamilton HS	\$ 25.00	\$ 25.00		
09/20/14			Administrative Analyst, First 5 Butte County	\$ 50.00	\$ 150.00		
SUBTOTAL \$				\$ 835.00			

Schedule A (Continuation Sheet)				Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460
Monetary Contributions Received						Page	10 of 17
GRUENDL FOR COUNCIL 2014						ID NUMBER	1366308
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)	
09/23/14	[REDACTED]	IND	Retired	\$ 50.00	\$ 50.00		
09/20/14		IND	Professor, CSU, Chico	\$ 50.00	\$ 100.00		
09/21/14		IND	Retired	\$ 100.00	\$ 100.00		
09/25/14		IND	Retire	\$ 50.00	\$ 50.00		
09/24/14		IND	Self-Employed, Farmer	\$ 100.00	\$ 100.00		
09/22/14		IND	Hasan - Lecturer, CSUC; Malama - Self-Employed, Therapist	\$ 25.00	\$ 50.00		
09/22/14		IND	Retired	\$ 25.00	\$ 75.00		
09/25/14		IND	Retired	\$ 40.00	\$ 40.00		
09/22/14		IND	Retired	\$ 50.00	\$ 50.00		
09/24/14		IND	Retired	\$ 25.00	\$ 25.00		
09/22/14		IND	Organic Produce Distributor, North Valley Produce	\$ 100.00	\$ 100.00		
09/24/14		IND	Retired	\$ 50.00	\$ 50.00		
09/24/14		IND	Retired	\$ 25.00	\$ 25.00		
09/23/14		IND	Retired	\$ 25.00	\$ 75.00		
09/23/14		IND	Professor, CSU, Chico	\$ 50.00	\$ 50.00		
09/22/14		IND	Retired	\$ 25.00	\$ 25.00		
SUBTOTAL \$				\$ 790.00			

Schedule A (Continuation Sheet)			Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM	460
Monetary Contributions Received					Page	11 of 17
GRUENDL FOR COUNCIL 2014					ID NUMBER	1366308
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)
09/26/14	[REDACTED]	IND	Retired	\$ 50.00	\$ 50.00	
09/20/14		IND	Nurse Practitioner, Ampla Health	\$ 40.00	\$ 140.00	
09/29/14		IND	Self-Employed, Mediator	\$ 500.00	\$ 500.00	
09/28/14		IND	Executive Director, ARC of Butte County	\$ 50.00	\$ 50.00	
09/28/14		IND	Retired	\$ 25.00	\$ 25.00	
09/28/14		IND	Retired	\$ 15.00	\$ 15.00	
09/28/14		IND	Retired	\$ 15.00	\$ 15.00	
09/28/14		IND	Stooge, The Public	\$ 10.00	\$ 10.00	
09/28/14		IND	Self-Employed, Pullin Cyclery	\$ 20.00	\$ 20.00	
SUBTOTAL \$				\$ 725.00		

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER

1366308

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 CONTRIBUTION TO DATE
Scott Gruendl [REDACTED] Chico, CA 95928 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Glenn County	\$ -0-	\$ 1,800	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,800 DATE DUE _____	0 % RATE	\$ 1,800 09-09-14 DATE INCURRED	CALENDAR YEAR \$ 1,800 PER ELECTIO \$ 1,800
Scott Gruendl [REDACTED] † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Glenn County	\$ 1,800	\$ 1,000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,000 DATE DUE _____	0 % RATE	\$ 1,000 09-21-14 DATE INCURRED	CALENDAR YEAR \$ 2,800 PER ELECTIO \$ 2,800
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTIO \$ _____
SUBTOTALS \$			2,800 \$		\$ 2,800 \$		-0-	

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 2,800.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 2,800.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entit
PTY – Political Party
SCC – Small Contributor Committe

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

** If required.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE

Statement covers period from <u>07/01/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 46
	Page <u>13</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER
1366308

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)
09-30-14	Tami Ritter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediator, Glenn Superior Court	Office Supplies	\$5.00	\$5.00	
09-30-14	Mary Goloff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/City of Chico; Council Person	Office Supplies	\$5.00	\$5.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					SUBTOTAL \$		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	10.00
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 \$	10.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entit
PTY – Political Party
SCC – Small Contributor Committe

**Schedule E
Payments Made**

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

Statement covers period
from 07/01/2014
through 09/30/2014

SCHEDULE
CALIFORNIA
FORM **46**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER

1366308

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/spor
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
California Secretary of State [REDACTED]	FIL		50.00
Stott Outdoor Advertising [REDACTED]	PRT	Poster production & shipping	557.16
Stott Outdoor Advertising [REDACTED]	PRT	Billboard Advertising	877.50

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

SUBTOTAL \$ 1,484.66

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	9,217.02
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 \$	9,217.02

Schedule E (Continuation Sheet) Payments Made		Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 15 of 17	
GRUENDL FOR COUNCIL 2014				ID NUMBER 1366308	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Creative Composition [REDACTED]	LIT			777.14	
Creative Composition [REDACTED]			Yard signs, H-stakes	2,766.58	
Office Depot [REDACTED]	OFC			285.10	
Office Depot [REDACTED]	POS			392.00	
Rabobank [REDACTED]			Bank maintenance fees	30.00	
Midtown Station Post Office [REDACTED]	POS			343.00	
Magna Carta [REDACTED]	OFC			206.94	
Voter Guide Slate Cards, #1319578 [REDACTED]	LIT			1,050.00	
COPS Voter Guide, #599014 [REDACTED]	LIT			550.00	
Election Digest G2014, #1345303 c/o Larry Levine & Assoc. [REDACTED]	LIT			545.00	
Citizens for Good Government, #599010 [REDACTED]	LIT			378.70	
Democratic Voters Choice, #595002 [REDACTED]	LIT			401.20	
PayPal			Fees	6.70	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 7,732.36	

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

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

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 46
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER

1366308

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/spons
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Stott Outdoor Advertising [REDACTED]	PRT	-0-	1,755.00	877.50	877.50

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

SUBTOTALS \$	-0-	\$	1,755.00	\$	877.50	\$	877.50
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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 \$** 1,755.00
- 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 \$** 877.50
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 877.50
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE

Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA FORM 46
Page 17 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

GRUENDL FOR COUNCIL 2014

I.D. NUMBER
1366308

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
08/18/14	Rabobank [REDACTED]	Adjustment in deposit	.05

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.05

Schedule I Summary

- 1. Itemized increases to cash this period. \$.05
- 2. Unitemized increases to cash of under \$100 this period. \$ -0-
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ -0-
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$.05**