

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PA

CALIFORNIA FORM **460**

Page 1 of 11

For Official Use Only

Date Stamp
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CITY OF CHICO

Statement covers period
from 10/01/2014
through 10/18/2014

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

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1366308

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

Gruendl For Council 2014

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jacqueline Winter

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 10-21-2014
Date

Executed on 10/23/14
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART

CALIFORNIA FORM 460

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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 95928

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.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes fields for NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes fields for NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
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.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes. Multiple rows for listing candidates.

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>10/01/2014</u>	CALIFORNIA FORM 460
through <u>10/18/2014</u>	
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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	\$ 2,435.00	\$ 10,382.50
2. Loans Received Schedule B, Line 3	2,500.00	5,300.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 4,935.00	\$ 15,682.50
4. Nonmonetary Contributions Schedule C, Line 3	-0-	150.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 4,935.00	\$ 15,832.50

**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	\$ 5,046.11	\$ 15,427.50
7. Loans Made Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,046.11	\$ 15,427.50
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-877.50	-0-
10. Nonmonetary Adjustment Schedule C, Line 3	-0-	150.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,168.61	\$ 15,577.50

**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	\$ 366.16
13. Cash Receipts Column A, Line 3 above	4,935.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	-0-
15. Cash Payments Column A, Line 8 above	5,046.11
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 255.05

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	\$ -0-
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ -0-
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 5,300.00

Schedule A Monetary Contributions Received

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

SCHEDULE

Statement covers period from <u>10/01/2014</u>	CALIFORNIA FORM 46
through <u>10/18/2014</u>	
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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)
10-05-14	Robert J. Hanford [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/PGE	75.00	125.00	
10-05-14	Mark S. Gailey [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	45.00	
10-05-14	Suzanne Toaspem-Holm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Public Health Nurse	50.00	50.00	
10-05-14	Sherry A. Butler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Telecom Ordering/Forest Service	10.00	10.00	
10-05-14	Mary Anne Pella-Donnelly [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher/CUSD	25.00	25.00	
SUBTOTAL \$				180.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	2,435.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	2,435.00

*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 10/01/2014 through 10/18/2014		CALIFORNIA FORM	460
Monetary Contributions Received					Page	5 of 11
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)
10/05/14	Kristyna Demaree [REDACTED]	IND	Retired/College Professor	\$ 100.00	\$ 100.00	
10/05/14	Jan Hildenbrand [REDACTED]	IND	Retired	\$ 50.00	\$ 50.00	
10/05/14	Vincent Ornelas [REDACTED]	IND	Social Worker/CA State	\$ 100.00	\$ 100.00	
10/06/14	Max de Real [REDACTED]	IND	Business Owner/Capitol Solutions	\$ 100.00	\$ 100.00	
10/06/14	James W. Walker [REDACTED]	IND	PA.C/Sycamore Medical Group	\$ 100.00	\$ 100.00	
10/06/14	Felipe D. Garcia [REDACTED]	IND	Retired/CA State Parks	\$ 100.00	\$ 100.00	
10/06/14	Patricia Kemeny Macias [REDACTED]	IND	Retired	\$ 50.00	\$ 50.00	
10/06/14	Mary Goloff [REDACTED]	IND	Retired	\$ 100.00	\$ 200.00	
10/06/14	Norma Wilcox [REDACTED]	IND	Retired	\$ 20.00	\$ 20.00	
10/06/14	Katherine Holcombe [REDACTED]	IND	Legal Assistant/Law Office of Miriam McNally	\$ 25.00	\$ 25.00	
10/06/14	James C. Peck, Jr. [REDACTED]	IND	Pastor/New Vision United Church	\$ 50.00	\$ 50.00	
10/06/14	James Aram [REDACTED]	IND	Retired/P&G&E	\$ 10.00	\$ 10.00	
10/06/14	Sarah Wiggett [REDACTED]	IND	Teacher/Willows USD	\$ 20.00	\$ 20.00	
10/06/14	Michael Hawkins [REDACTED]	IND	Democratic Activist	\$ 20.00	\$ 50.00	
10/06/14	Nicholas Goodey [REDACTED]	IND	Self-Employed/Home Healthcare	\$ 50.00	\$ 50.00	
10/06/14	Tom Tetard [REDACTED]	IND	Retired	\$ 25.00	\$ 25.00	
SUBTOTAL \$				\$ 920.00		

Schedule A (Continuation Sheet)			Statement covers period from 10/01/2014 through 10/18/2014		CALIFORNIA FORM	460
Monetary Contributions Received					Page	6 of 11
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)
10/12/14	Robert D. Parker [REDACTED]	IND	Retired	\$ 100.00	\$ 100.00	
10/12/14	Ryne Johnson [REDACTED]	IND	Consultant/RW Solutions	\$ 50.00	\$ 50.00	
10/12/14	Nora E. Burnham [REDACTED]	IND	Retired/SLP	\$ 25.00	\$ 25.00	
10/12/14	Charles M. Price [REDACTED]	IND	Retired	\$ 25.00	\$ 25.00	
10/12/14	James R. Dwyer [REDACTED]	IND	Retired/Librarian, CSUC	\$ 50.00	\$ 50.00	
10/15/14	Edward J. Bronson [REDACTED]	IND	Retired	\$ 50.00	\$ 50.00	
10/15/14	Michael Magliari [REDACTED]	IND	Professor/CSUC	\$ 50.00	\$ 200.00	
10/15/14	Carol Eberling [REDACTED]	IND	Retired	\$ 25.00	\$ 25.00	
10/15/14	John P. Shannon [REDACTED]	IND	Retired	\$ 200.00	\$ 200.00	
10/15/14	Heather M. Schlaff [REDACTED]	IND	Retired	\$ 50.00	\$ 100.00	
10/15/14	Emily Alma [REDACTED]	IND	Retired	\$ 25.00	\$ 25.00	
10/15/14	Jerry & Mary Ellen Hughes [REDACTED]	IND	Retired	\$ 25.00	\$ 50.00	
10/15/14	Bob Fortino * The Safor Corporation [REDACTED]	OTH	C.E.O. / Safor Corporation	\$ 100.00	\$ 100.00	
10/16/14	William M. & Gloria E. Bettencourt [REDACTED]	IND	Retired	\$ 25.00	\$ 25.00	
10/16/14	R. Lee Smith [REDACTED]	IND	Self-Employed/Farmer	\$ 250.00	\$ 250.00	
10/16/14	Margaret Bomberg [REDACTED]	IND	Self-Employed/Attorney at Law	\$ 100.00	\$ 100.00	
SUBTOTAL \$				\$ 1,150.00		

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	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]		\$ 2800.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,000.00 DATE DUE _____	0 % RATE	\$ 1,000 10/14/14 DATE INCURRED	CALENDAR YEAR \$ 3,800.00 PER ELECTION \$ 3,800.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Scott Gruendl [REDACTED]		\$ 3,800.00	\$ 1,500.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,500.00 DATE DUE _____	0 % RATE	\$ 1,500 10/15/14 DATE INCURRED	CALENDAR YEAR \$ 5,300.00 PER ELECTION \$ 5,300.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS		\$ 2,500.00	\$ -0-	\$ -0-	\$ 2,500.00	\$ -0-		

Schedule B Summary

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

- Loans received this period \$ 2,500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -0--
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 2,500.00**
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 entity)
PTY – Political Party
SCC – Small Contributor Committee

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

**Schedule E
Payments Made**

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

Statement covers period
from 10/01/2014
through 10/18/2014

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
Office Depot [REDACTED]	OFC		53. ⁷³
U.S. Postal Service [REDACTED]	POS		230. ⁰⁰
Creative Composition [REDACTED]	LIT		2,554. ⁴⁰

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

SUBTOTAL \$ 2,838.¹³

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5,046.11
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 \$	5,046.11

**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	10/01/2014	
through	10/18/2014	Page 10 of 11

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
Stott Advertising [REDACTED]	PRT	Billboard advertising	1,755.00
City of Chico [REDACTED]	FIL		449.48
PayPal		Fees	3.50

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

SUBTOTAL \$ 2,207.98

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

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

Statement covers period from 10/01/2014 through 10/18/2014	CALIFORNIA FORM 46
	Page 11 of 11

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 CLOS OF THIS PERIOD
Stott Advertising 	PRT	877.50	-0-	877.50	-0-

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

SUBTOTALS \$ 877.50 \$ -0- \$ 877.50 \$ -0-

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 \$ -0-**
- 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