Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF CHICO

COVER PA

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

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

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

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

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

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (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

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 4298

CITY: Chico | STATE: CA | ZIP CODE: 95927 [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jacqueline Winter

MAILING ADDRESS
1649 Salem Street

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHOI

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 10/31/2014 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/31/2014 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART

CALIFORNIA FORM **460**

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

[redacted] STATE ZIP

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if an

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PA

CALIFORNIA FORM 460

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

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*	$ 2,735.00	$ 13,117.50
2. Loans Received	*Schedule B, Line 3*	-0-	5,300.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2,735.00	$ 18,417.50
4. Nonmonetary Contributions	*Schedule C, Line 3*	-0-	150.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,735.00	$ 18,567.50

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

6. Payments Made	*Schedule E, Line 4*	$ 2,543.79	$ 17,971.29
7. Loans Made	*Schedule H, Line 3*	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2,543.79	$ 17,971.29
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	-0-	-0-
10. Nonmonetary Adjustment	*Schedule C, Line 3*	-0-	150.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2,543.79	$ 18,121.29

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 255.05
13. Cash Receipts	*Column A, Line 3 above*	2,735.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	-0-
15. Cash Payments	*Column A, Line 8 above*	2,543.79
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 446.26

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ -0-

Cash Equivalents and Outstanding Debts

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

Schedule A
Monetary Contributions Received

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

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

SCHEDUL
CALIFORNIA FORM 46

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)
10/20/2014	Randall C. Stone [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed, Financial Adviser, RandallStone.net	100.00	200.00	
10/20/2014	Cheryl King [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed, Consultant	100.00	200.00	
10/20/2014	Debra A. Cannon [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner, LuLu's	100.00	100.00	
10/20/2014	Karl Ory [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housing Specialist, Housing Assistance Council	100.00	100.00	
10/20/2014	Mark L. & Terri L. Stemen [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor, CSUC	50.00	50.00	
			SUBTOTAL $	450.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,735.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ -0-
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,735.00

*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 10/19/2014	CALIFORNIA FORM	460
Monetary Contributions Received	through 10/30/2014	Page	5 of 8
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)
10/20/14	Michael McGinnis [redacted]	IND	Executive Director, ARC of Butte County	$ 50.00	$ 100.00	
10/20/14	Nancy W. Schleiger [redacted]	IND	Self-Employed, Nursery - Farmer's Market Merchant	$ 50.00	$ 50.00	
10/20/14	Karen Laslo [redacted]	IND	Retired	$ 10.00	$ 25.00	
10/20/14	Lin Jensen [redacted]	IND	Retired	$ 10.00	$ 10.00	
10/20/14	Tami Ritter [redacted]	IND	Director, Family Court; Glenn County Superior Courts	$ 25.00	$ 45.00	
10/20/14	Tom Ogden [redacted]	IND	Engineer, IBM	$ 50.00	$ 50.00	
10/23/14	OJ & Gene A. McMillan [redacted]	IND	Retired	$ 100.00	$ 100.00	
10/23/14	Democratic Action Club of Chico, #990613 [redacted]	COM		$ 500.00	$ 500.00	
10/26/14	Myrna Vandenplas [redacted]	IND	Self-Employed, Plant Service	$ 20.00	$ 20.00	
10/26/14	Leslie M. Johnson [redacted]	IND	Butte Superior Court	$ 75.00	$ 75.00	
10/26/14	Paul O' Rourke-Babb [redacted]	IND	Nurse Practioner, Colusa Regional Medical Center	$ 50.00	$ 50.00	
10/26/14	Jane Martin [redacted]	IND	Self-Employed Paralegal, Access Court Services	$ 25.00	$ 25.00	
10/26/14	UFCW-8 Golden State, #910874 [redacted]	COM		$ 500.00	$ 500.00	
10/29/14	Jeffery C. Livingston [redacted]	IND	Teacher, CSUC	$ 25.00	$ 25.00	
10/29/14	Roger E. Hanson [redacted]	IND	Retired	$ 100.00	$ 100.00	
10/29/14	Thomas A. McCready [redacted]	IND	Retired	$ 100.00	$ 100.00	
			SUBTOTAL $	$ 1,690.00		

Schedule A (Continuation Sheet) Monetary Contributions Received	Statement covers period from 10/19/2014 through 10/30/2014	CALIFORNIA FORM	460
		Page	6 of 8
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)
10/29/14	Jack Kramer [redacted]	IND	Manager, Starbucks	$ 50.00	$ 50.00	
10/30/14	Dan Everhart [redacted]	IND	Retired	$ 125.00	$ 125.00	
10/30/14	Bonnie Persons [redacted]	IND	Faculty, CSUC	$ 100.00	$ 100.00	
10/30/14	Lynn Elliott [redacted]	IND	Retired	$ 100.00	$ 100.00	
10/30/14	Karl Ory [redacted]	IND	Housing Specialist, Housing Assistance Council	$ 100.00	$ 200.00	
10/30/14	Edward Caldwell [redacted]	IND	Retired	$ 50.00	$ 150.00	
10/30/14	Emily Alma [redacted]	IND	Retired	$ 25.00	$ 50.00	
10/30/14	Nancy L. Good [redacted]	IND	Retired	$ 20.00	$ 35.00	
10/30/14	Kent Wooldridge [redacted]	IND	Retired	$ 20.00	$ 20.00	
10/30/14	Karen Laslo [redacted]	IND	Retired	$ 5.00	$ 30.00	
			SUBTOTAL $	$ 595.00		

Schedule E
Payments Made

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

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

SCHEDU
CALIFORNIA FORM 46

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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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/spor
VOT voter registration
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		29.54
Office Depot [redacted]	POS		147.00
Creative Composition [redacted]	LIT		961.74

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

SUBTOTAL $ 1,138.28

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,543.79
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 $ 2,543.79

Schedule E
(Continuation Sheet)
Payments Made

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

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

CALIFORNIA FORM 46

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/spon
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
Automate Mailing Service [redacted]	LIT		1,393.43
PayPal		Fees	12.08

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

SUBTOTAL $ 1,405.51