

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
<p style="color: blue; font-size: 1.2em;">RECEIVED</p> <p style="color: blue;">OCT 23 2014</p> <p style="color: blue;">CITY CLERK CITY OF CHICO</p>	Page <u>1</u> of <u>11</u>
For Official Use Only	

Statement covers period	Date of election if applicable:
from <u>10/1/2014</u>	(Month, Day, Year)
through <u>10/18/2014</u>	<u>11/04/2014</u>

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

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 | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1371208

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>CHICO</u>	<u>CA</u>	<u>95973</u>	<u>530/566-0326</u>

R P.O. BOX			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>CHICO</u>	<u>CA</u>	<u>95927-4702</u>	<u>530/566-0326</u>

OPTIONAL: FAX / E-MAIL ADDRESS
/ lupe.arim.law@gmail.com

Treasurer(s)

NAME OF TREASURER
CAREY KIDD

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>CHICO</u>	<u>CA</u>	<u>95927</u>	<u>530/514-6828</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
/ kiddzus2@yahoo.com

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 10/22/2014
Date

Executed on 10/22/2014
Date

Executed on _____
Date

Executed on _____
Date

By Carey Kidd
Signature of Treasurer or Assistant Treasurer

By Lupe Arim-Law
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 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

LUPE ARIM-LAW

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

CHICO CITY COUNCIL, CALIFORNIA

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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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
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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>10/01/2014</u>	CALIFORNIA FORM 460
through <u>10/18/2014</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1371208</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>5,001.00</u>	\$ <u>17,138.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>5,001.00</u>	\$ <u>17,138.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>67.63</u>	<u>67.63</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>5,068.63</u>	\$ <u>17,205.63</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 <i>Schedule E, Line 4</i>	\$ <u>7,653.10</u>	\$ <u>13,700.71</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>7,653.10</u>	\$ <u>13,700.71</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>7,653.10</u>	\$ <u>13,700.71</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 <i>Previous Summary Page, Line 16</i>	\$ <u>6,089.39</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>5,001.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>7,653.10</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3,437.29</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 <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

**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	10/01/2014	
through	10/18/2014	Page <u>4</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014	I.D. NUMBER 1371208
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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)
	PLEASE SEE ATTACHED PAGES 5-8	<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	3,056.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	1,945.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	5,001.00

*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 Monetary Contributions Received

Statement covers from 10/1/2014
through 10/18/2014

**CALIFORNIA
FORM 460**

FILER: **LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014**

ID NUMBER 1371208

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Date	First name	Last name	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/14	Richard J	Alatorre	IND	Consultant	Richard Alatorre & Co	500	500
10/6	Daniel & Josephine	Mendoza	IND	DDS / RN	Daniel Mendoza DDS Inc Kaiser UCSF	306	306
10/13	Jane	Martin	IND	Paralegal	Self-Access Court Svcs	250	250
10/14	Angie	Alatorre	IND	Retired		200	200
10/6	Barbara	Boyle	IND	Retired		200	200
10/1	Michelle	Shover	IND	Retired professor	CSUChico	200	250
10/13	Madeleine	Caton	IND	Retired		100	100
10/13	Bob	Cottrell	IND	Professor	CSUC	100	100
10/6	Kristyna	Demaree	IND	Retired		100	100
10/10	Mary	Goloff	IND	Teacher	self employed	100	100
10/13	Chris	Loizeaux	IND	Attorney	Loizeaux Law	100	100
10/10	Manuel T.	Lucero	IND	Professor	CSUC	100	300
10/6	Andrew	Merkel	IND	Entrepreneur	self employed	100	100
10/6	Michael	McGinnis	IND	Exec. Director	ARC of Butte Co.	50	450
10/13	Michael	McGinnis	IND	Exec. Director	ARC of Butte Co.	50	450
10/6	Sarah E.	Newton	IND	Retired	CSUC	100	100
10/10	Ann	Schulte	IND	Professor	CSUC	60	200
10/13	Ann	Schulte	IND	Professor	CSUC	40	200
10/14	Sandra Serrano	Sewell	IND	Executive Director	Centro de Ninos	100	100
10/6	Dr. Robert H.	Stanley	IND	Professor	CSUC	100	100
10/6	Bill	Stewart	IND	Retired		100	100
10/10	Jim	Walker	IND	MD	Sycamore Medical	100	100

GRAND SUBTOTAL Contributions of \$100 or more \$ 3,056

SCHEDULE A Monetary Contributions Received

Statement covers from 10/1/2014 through 10/18/2014

CALIFORNIA FORM 460

FILER: **LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014**

ID NUMBER 1371208

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Date	First name	Last name	Address	City	State	Zip	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/6	Todd & Jennifer	Harris	[REDACTED]				IND	Energy home construction	Good Green Homes Inc	90	90
10/14	Judith J	Hernandez		IND	Real estate agent	Nationwide Real Estate Executives	75	75			
10/13	Robert	Tinkler		IND	Professor	CSUC	75	75			
10/13	Lori A.	Benton		IND	Retired		50	50			
10/6	Meghan & Scott	Callahan & Giannini		IND	Teachers	CUSD & OUSD	50	50			
10/14	James	Dwyer		IND	Retired		50	50			
10/6	Richard & Lucy	Gould		IND	Retired		50	50			
10/10	Pat	Macias		IND	Retired	Monca	50	50			
10/13	Michael	Magliari		IND	Prof. History	CSUC	50	50			
10/6	John P.	Martinez		IND	Retired teacher		50	50			
10/10	Tara Lea	Mayer		IND	O.T.	Cal Park Rehab	50	50			
10/6	Susan	Roll		IND	Professor	CSUC	50	50			
10/13	Suellen	Rowlison		IND	Retired		50	50			
10/14	Frederica	Shockley		IND	Professor	CSUC	50	50			
10/6	Ellen	Simon		IND	Retired		50	50			
10/10	Mark L.	Stemen		IND	Professor	CSUC	50	50			
10/6	Abe	Baily		IND	Retired	CSUC	40	100			
10/10	Dave	Garcia		IND	Retired	CA State Parks	40	100			
10/6	Linda Morrison	Ory		IND	Nurse practitioner	Ampla	40	140			
10/14	Esperanza	Ramos		IND	Homemaker	Lupita's Tia	40	40			
10/13	Jazmin	Siquenza	IND	Model	Polepower records	40	40				
10/13	Robert A	Woods	IND	Retired teacher		40	110				
Subtotal Unitemized less than \$100										\$ 1,130	

SCHEDULE A Monetary Contributions Received

Statement covers from 10/1/2014 through 10/18/2014

CALIFORNIA FORM 460

FILER: **LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014**

ID NUMBER 1371208

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Date	First name	Last name	Address	City	State	Zip	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/6	Robert A	Woods	[REDACTED]	[REDACTED]	CA	95916	IND	Retired teacher		20	110
10/13	Marian	Evans	[REDACTED]	[REDACTED]			IND	Retired		30	30
10/13	Dustin	Goldbaum	[REDACTED]	[REDACTED]			IND	Paramedic	Antelope Vy Hospital	30	30
10/13	Danny	Leeseman	[REDACTED]	[REDACTED]			IND	Dental Technologist	Valley Dental Studio	30	30
10/13	Sarah	Anderson	[REDACTED]	[REDACTED]			IND	Professor	CSUC	25	25
10/6	Sharon	Bloker	[REDACTED]	[REDACTED]			IND	Retired		25	25
10/13	Karl	Dawson	[REDACTED]	[REDACTED]			IND	Retired		25	25
10/6	Bruce & Jeanne	Ertle	[REDACTED]	[REDACTED]			IND	Retired		25	25
10/6	Nancy	Evens	[REDACTED]	[REDACTED]			IND	Retired		25	25
10/13	Judith M.	Graves	[REDACTED]	[REDACTED]			IND	Assoc Faculty	Butte College	25	25
10/6	Joyce	Groshong	[REDACTED]	[REDACTED]			IND	Retired piano		25	25
10/10	Kate	Holcombe	[REDACTED]	[REDACTED]			IND	Legal assistant	Miriam McNally Law	25	25
10/6	Susan	Hughes	[REDACTED]	[REDACTED]			IND	Teacher	Irlen Visions	25	25
10/6	Karen	Laslo	[REDACTED]	[REDACTED]			IND	Photographer	self employed	25	25
10/10	Jim C.	Peck Jr	[REDACTED]	[REDACTED]			IND	Minister	New Vision United Church of Christ	25	25
10/13	Maria Elena	Ramirez	[REDACTED]	[REDACTED]			IND	Teacher	CUSD	25	25
10/6	Ann M	Schwab	[REDACTED]	[REDACTED]			IND	Program Mgr.	CAVE, CSUC	25	200
10/10	Ann M	Schwab	[REDACTED]	[REDACTED]			IND	Program Mgr.	CAVE, CSUC	25	200
10/13	Marian	Ware	[REDACTED]	[REDACTED]			IND	Retired		25	25
10/6	Richard-Cheryl	Banta	[REDACTED]	[REDACTED]			IND	Retired		20	20
10/13	Mary	Carlisle	[REDACTED]	[REDACTED]			IND	Assistant	Jane Dolan	20	20
10/13	Mike	Gentry	[REDACTED]	[REDACTED]			IND	District Union	UFCW 8 Golden State	20	20
10/10	Karen	Goldfarb	[REDACTED]	[REDACTED]			IND	Retired		20	20
10/13	Jonathan	Griffith	[REDACTED]	[REDACTED]			IND	Attorney	Griffith Law	20	20
10/10	Blanca	Mendoza	[REDACTED]	[REDACTED]			IND	Dancer/Artist	self employed	20	20
10/6	David	Moss	[REDACTED]	[REDACTED]			IND	Retired Pastor		20	20

Subtotal Unitemized less than \$100 \$ 625

SCHEDULE A Monetary Contributions Received						Statement covers from		10/1/2014		CALIFORNIA FORM 460	
						through		10/18/2014			
FILER: LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014						ID NUMBER 1371208				Page 8 of 11	
Date	First name	Last name	Address	City	State	Zip	Contrib Code	Occupation	Employer	Amount	Cumulative to date
10/6	Steve	O'Bryan					IND	Proprietor	Pullins Cyclery	20	20
10/13	Karen K	Rogers					IND	Retired		20	20
10/13	Benjamin	Scarfe					IND	Lawyer	self employed	20	20
10/6	Omar	Shariff					IND	Philosopher	St. Alphonso's Pancake	20	20
10/13	Neva & Louis	Wacker					IND	Retired		20	20
10/10	Norma	Wilcox					IND	RN	self employed	20	20
10/13	Kent	Wooldridge					IND	Retired		20	120
10/13	Michael	Hawkins					IND	Activist	Democrats	15	45
10/13	John P.	Shannon					IND	Retired		15	15
10/6	Arla	Baily					IND	Retired		10	10
10/6	Daniel	Cliffe					IND	Student	CSUC	10	10
Subtotal Unitemized less than \$100										\$ 190	
GRAND SUBTOTAL of Unitemized Contributions less than \$100										\$ 1,945	

**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	10/01/2014	
through	10/18/2014	Page <u>9</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

I.D. NUMBER

1371208

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)
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	0
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	67.63
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 \$	67.63

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/1/2014	
through	10/18/2014	Page 10 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014

I.D. NUMBER

1371208

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
CREATIVE COMPOSITION [REDACTED]	PRT	Design & produce posters & banner	4,000.00
DEMOCRATIC VOTERS CHOICE [REDACTED]	PRT	Publish ads	401.20
CITIZENS FOR GOOD GOVERNMENT [REDACTED]	PRT	Publish ads	378.70

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

SUBTOTAL \$ 4,779.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	7,557.16
2. Unitemized payments made this period of under \$100	\$	95.94
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 \$	7,653.10

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	10/1/2014	
through	10/18/2014	Page 11 of 11
NAME OF FILER		I.D. NUMBER
LUPE ARIM-LAW FOR CHICO CITY COUNCIL 2014		1371208

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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]	PRT	Oct-Nov jr. poster locations, production, shipping Billboard advertising rental & signs	795.00
MC2 DESIGN GROUP [REDACTED]	LIT	Design & produce lawn signs, etc.	782.03
CALIF. VOTERS GUIDE [REDACTED]	LIT	General election ads, slate cards	525.00
LA FAMILIA RESTAURANT [REDACTED]	FND	Food for fundraiser	225.75
CITY OF CHICO [REDACTED]	FIL	Filing fee for candidate statement	449.48

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

SUBTOTAL \$ 2,777.26