

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 03 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>7/1/14</u> through <u>9/30/14</u>	Date of election if applicable: (Month, Day, Year) <u>November 3, 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
1369045

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mark Sorensen for Chico City Council 2014

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
STATE ZIP CODE
Chico CA 95926

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jill Burns

MAILING ADDRESS
[REDACTED]
CITY STATE ZIP CODE
Chico CA 95973

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

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 10/3/14
Date
Executed on 10/3/14
Date
Executed on _____
Date
Executed on _____
Date

By Jill Burns
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 2

**CALIFORNIA
FORM 460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mark Sorensen

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

Chico City Council

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? <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 PAGE

Statement covers period from <u>7/1/14</u>	CALIFORNIA FORM 460
through <u>9/30/14</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER 1369045

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 12,880.00	\$ 12,880.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 12,880.00	\$ 12,880.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 12,880.00	\$ 12,880.00

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	\$ 1,456.21	\$ 1,456.21
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,456.21	\$ 1,456.21
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1,456.21	\$ 1,456.21

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts	Column A, Line 3 above	12,880.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	1,456.21
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11,423.79
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00

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).

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

*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 from <u>7/1/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
I.D. NUMBER 1369045	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
	see attached	<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

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 12,880
- 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 \$** 12,880

*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

E2014 Revenue

Date	Donor Name	Address	City	Zip	Phone	Employer	Occupation	\$ Amount	Deposit Date	Notes
	Kammie Sorensen					retired	retired	500		
	Loretta Torres					Self	Farmer	400		
8/17/2014	Jim Moravec					Stott Outdoor	President	500	8/17/2014	
8/17/2014	Chris Nicodemus					retired	retired	100	8/17/2014	
9/3/2014	Tom Dauterman					Thomas Manufacturing	owner	500	9/3/2014	
9/3/2014	Sue Dauterman					Thomas Manufacturing	owner	500	9/3/2014	
9/3/2014	Wayne Cook					AAA Properties	owner	500	9/3/2014	
9/3/2014	BK Brooks					Chico News Agency	CFO	150	9/3/2014	
9/10/2014	Kelly Skelton					Proposal Manager	VIP.LLC	100	9/10/2014	Credit Card Transaction
9/10/2014	Gary Short					Self	Financial & Insur	250	9/10/2014	Credit Card Transaction
9/16/2014	Michael Reilley					Austin Reilley & David Insurance	Insurance Agent	75	9/16/2014	Credit Card Transaction
9/18/2014	Philip & Margaret Rowberg					retired	retired	250	9/18/2014	
9/18/2014	Pat Jones					Retired	retired	75	9/18/2014	
9/18/2014	Gary & Nancy Griswald					Self	Farmer	100	9/18/2014	
9/18/2014	W. Howard Isom					Matsom & Isom	CPA	200	9/18/2014	
9/18/2014	Greg Steel					retired	retired	250	9/18/2014	
9/18/2014	Timothy Tittle					Tittle & C. LLP	CPA	200	9/18/2014	
9/18/2014	Stephanie L. Taber					retired	retired	50	9/18/2014	
9/18/2014	Kelly Skelton					Proposal Manager	VIP.LLC	50	9/18/2014	
9/18/2014	R. Scott Chalmers					retired	retired	500	9/18/2014	
9/18/2014	Skip & Donna Daugherty							100	9/18/2014	
9/18/2014	Geri Irvine					Retired	Retired	200	9/18/2014	
9/18/2014	Mark Abouzeid					Chico Volkswagen	Chico Employer/	500	9/18/2014	
9/18/2014	Michael Bury					Self Employed	Attorney at Law	100	9/18/2014	
9/18/2014	Mr. Roy Shuey					retired	retired	50	9/18/2014	
9/18/2014	Lewis & Marilyn Everett					Everett Apartments	Property Mgmt.	500	9/18/2014	
9/18/2014	Lynn Cardwell					Fashions 2 You	Sales	200	9/18/2014	
9/18/2014	Charles Priddy					retired	retired	35	9/18/2014	
9/18/2014	Clive Evans					self	Sales	150	9/18/2014	
9/18/2014	Ray C. Luckel					Self	Pilot	200	9/18/2014	
9/18/2014	Rene' A. Veracruyssen					retired	retired	100	9/18/2014	
9/18/2014	Frank Solinsky					owner	Payless Building	100	9/18/2014	
9/18/2014	Marci McIntire					CSU Chico PD	retired	20	9/18/2014	cash
9/20/2014	Hignell companies					company	company	500	9/20/2014	
9/20/2014	George Walker					retired	retired	100	9/20/2014	
9/20/2014	Steve Depa					broker	RE Max	500	9/20/2014	
9/20/2014	Ray Murdoch					retired	retired	500	9/20/2014	
9/20/2014	Bud Caldwell					Northgate Express	Owner	250	9/20/2014	
9/20/2014	James & Rhonda Blanchard					Retired	Retired	50	9/20/2014	
9/20/2014	Renee McAmis					retired	retired	200	9/20/2014	
9/20/2014	Sally Canfield Coupe					retired	retired	10	9/20/2014	
9/20/2014	Norm & Janice Rosene					Self	Dentist	100	9/20/2014	
9/21/2014	John Salyer					Transfer Flow	Manager	100	9/21/2014	Credit Card Transaction
9/23/2014	David & Janine Rush					Retired	retired	15	9/23/2014	
9/23/2014	Rob Ramay					owner	Bidcal	500	9/23/2014	
9/23/2014	Fred Sherman					Retired	retired	100	9/23/2014	
9/23/2014	Allan Struck					retired	retired	40	9/23/2014	
9/23/2014	Ralph Mathes					Matson & Isom	CPA	50	9/23/2014	
9/23/2014	Abe Baily					retired	retired	50	9/23/2014	
9/23/2014	Robert Best					retired	retired	50	9/23/2014	start of seperate deposit on 09/23/2014
9/23/2014	Russell, Gallaway Assoc.					company	company	250	9/23/2014	end of seperate deposit
9/23/2014	Michael Reilley					Austin Reilley & David Insurance	Insurance Agent	50	9/23/2014	Credit Card Transaction
9/25/2014	Sally Smith					retired	retired	50	9/25/2014	
9/25/2014	HLS Partnership, Bill Smith &					HLS Partnership	Real Estate Devr	250	9/25/2014	
9/25/2014	John E. McAmis					JE McAmis	owner	500	9/25/2014	
9/26/2014	Jolene Francis					Enloe	Manager	500	9/26/2014	
9/26/2014	William Rich					Asset Management Group	owner	100	9/26/2014	
9/26/2014	Law Offices Of Christy Gubbe					Self	Attorney	25	9/26/2014	
9/26/2014	Bob and Becky Stofa					School District	Educator	50	9/26/2014	
9/26/2014	Mark & Laura Page					Chico Collision Center	Business Owners	100	9/26/2014	
9/26/2014	Eric & Margaret Ford							50	9/26/2014	
9/30/2014	Michael Marks					retired		100	9/30/2014	
9/30/2014	Chico Electric					company	company	100	9/30/2014	
9/30/2014	Philip & Lucinda Price					Self	attorney	35	9/30/2014	
	Martin Hudak					retired		100	9/23/2014	

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	7/1/14	
through	9/30/14	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER 1369045

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 [REDACTED] Chico, CA 95927		Advertising	565.00
California Secretary of State [REDACTED] Sacramento, CA 95814		410 Form	50.00
Creative Composition [REDACTED] Chico, CA 95928		Printing Expense	841.21

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

SUBTOTAL \$ 1,456.21

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1,456.21
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	1,456.21
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	0.00

04

1369045

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5. Includes fields for List I.D. number and Date qualified as committee.

Date Stamp: RECEIVED AND FILED in the office of the Secretary of State of California. AUG 04 2014. DEBRA BOWEN Secretary of State. CALIFORNIA FORM 410 For Official Use Only.

1. Committee Information

NAME OF COMMITTEE: Mark Sorensen for Chico City Council 2014. CITY: Chico, STATE: CA, ZIP CODE: 95926. COUNTY OF DOMICILE: Butte, JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Chico.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Criag Duncan. CITY: Chico, STATE: CA, ZIP CODE: 95973. NAME OF ASSISTANT TREASURER, IF ANY: Jill Burns. NAME OF PRINCIPAL OFFICER(S): Mark Sorensen. CITY: Chico, STATE: CA, ZIP CODE: 95926.

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 8-1-14 By Jill Burns (Signature). Executed on 08-01-2014 By Mark Sorensen (Signature). Includes fields for DATE and SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Mark Sorensen for Chico City Council 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Rabobank	[REDACTED]	707723169	
ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Chico	CA	95926

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Mark Sorensen	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**

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

Date Stamp
RECEIVED
AUG 08 2014
 CITY CLERK
 CITY OF CHICO

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Mark Sorensen for Chico City Council 2014
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 STATE ZIP CODE AREA CODE/PHONE
 Chico CA 95926 (530)588-0020
 [REDACTED]
 E2014@marksorensen.net
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Butte City of Chico

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Criag Duncan
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
 Chico CA 95973 [REDACTED]
 NAME OF ASSISTANT TREASURER, IF ANY
 Jill Burns
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
 Chico CA 95973 [REDACTED]
 NAME OF PRINCIPAL OFFICER(S)
 Mark Sorensen
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
 Chico CA 95926 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 8-1-14 By Jill Burns
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08-01-2014 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

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Mark Sorensen for Chico City Council 2014

Page 2

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

CITY

Chico

BANK ACCOUNT NUMBER

707723169

STATE

CA

ZIP CODE

95926

ADDRESS

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Mark Sorensen	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"/>

Candidate Intention Statement

Type or Print in Ink.



CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Sorensen, Mark, F
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) ()
E-MAIL (optional) E2014@marksorensen.net
STREET ADDRESS [REDACTED]
Chico CA 95926
OFFICE SOUGHT (POSITION TITLE) Council Member
AGENCY NAME City of Chico
DISTRICT NUMBER, if applicable.
[X] NON-PARTISAN
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election Special/runoff election
(Year of 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 July 04, 2014 (month, day, year)

Signature [Handwritten Signature] Candidate