

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 22 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 460
	Page <u>1</u> of <u>6</u>
	For Official Use Only

Statement covers period from <u>10/1/14</u> through <u>10/18/14</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"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <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
<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)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chico</u>	<u>CA</u>	<u>95926</u>	<u>530-588-0020</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jill Burns

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chico</u>	<u>CA</u>	<u>95973</u>	<u>530-891-6474</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

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 10/23/14
Date

Executed on 10/23/14
Date

Executed on _____
Date

Executed on _____
Date

By Jill Burns
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 6

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
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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
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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 10/1/14 through 10/18/14	CALIFORNIA FORM 460
	Page 3 of 6
	I.D. NUMBER 1369045

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Sorensen 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 Schedule A, Line 3	\$ 8,710.00	\$ 21,590.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 8,710.00	\$ 21,590.00
4. Nonmonetary Contributions Schedule C, Line 3	.00	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 8,710.00	\$ 21,590.00

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	\$ 17,694.66	\$ 19,150.87
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 17,694.66	\$ 19,150.87
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	\$ 17,694.66	\$ 19,150.87

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	\$ 11,423.79
13. Cash Receipts Column A, Line 3 above	8,710.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	17,694.66
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,439.13

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	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>
I.D. NUMBER 1369045	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Sorensen for Chico City Council 2014

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

10/2/2014	Aryne Hazel	Chico	95926	retired	200	10/2/2014
10/2/2014	Larry Wahl	Chico	95926	The UPS Store Business Owner	200	10/2/2014
10/2/2014	Rolls, Anderson, Rolls	Chico	95973	Company Company	200	10/2/2014
10/2/2014	Kirsten & Bill Curry	Chico	95973	retired	100	10/2/2014
10/2/2014	Lester Heringer	Chico	95928	M&T Ranch Farm Managemen	100	10/2/2014
10/2/2014	David W. Wilkinson	Chico	95973	retired Academic	25	10/2/2014
10/2/2014	Lowen Real Estate	Chico	95928	Business Business	250	10/2/2014
10/7/2014	Recology/ Joe Matz	San Francisco	94111-4796	Business Business	500	10/7/2014
10/7/2014	Noel Wheeler	Chico	95973	retired	200	10/7/2014
10/7/2014	Dayton Sayer	Chico	95973	Dayton Sayer Ins Insurance Broker	200	10/7/2014
10/7/2014	Dale Bennett	Chico	95926	self consultant	200	10/7/2014
10/7/2014	Bill Webb	Chico	95973	Bill Webb Construction Inc.	500	10/7/2014
10/7/2014	Greg Webb	Chico	95973	Webb Homes	500	10/7/2014
10/7/2014	Butte Taxpayer Alliance	Chico	95926	PAC	325	10/7/2014
10/8/2014	Lisa Johnson	Chico	95926	Transfer Flow President	250	10/7/2014
10/10/2014	Ed & Joy Kimball	Chico	95926	Self Self	50	10/15/2014
10/10/2014	Fred Davis	Chico	95926	retired	500	10/15/2014
10/10/2014	Alex Dubose	Chico	95926	Rental Guys Business Owner	500	10/15/2014
10/10/2014	Gary Nash	Chico	95926	Nash's Self	200	10/15/2014
10/10/2014	Patrick Conroy	Chico	95928	Conroy construct General Contract	100	10/15/2014
10/10/2014	Goerge Nicolaus	Chico	95928	Nicolaus Nut Co. AG	100	10/15/2014
10/10/2014	Ken & Sheryl Lange	Chico	95973	Self Dentist	100	10/15/2014
10/10/2014	Tim Colbie	Chico	95926	Great Escape Træ self	100	10/15/2014
10/14/2014	Audrey Taylor	Chico	95926	Chabin Concepts owner	100	10/14/2014
10/15/2014	Rural Consulting associates	Chico	95973	company company	200	10/15/2014
10/15/2014	Beverly Hubbard	Chico	95973	retired	25	10/15/2014
10/15/2014	Josh & Robinette Cook	Chico	95926	Self consultant	150	10/15/2014
10/15/2014	Bob Evans	Chico	95926	retired	150	10/15/2014
10/16/2014	Doug Dauterman	Chico	95926	Thomas Hydraulic owner	500	10/16/2014
10/16/2014	Bill & Kym Campbell	Chico	95926	WM Campbell owner	150	10/16/2014
10/16/2014	Steve Gonsalves	Chico	95928	NMR engineer	100	10/16/2014
10/16/2014	Nancy Henry	Chico	95973	retired	35	10/16/2014
10/16/2014	Diane Flaherty	Chico	95926	retired	100	10/16/2014
10/16/2014	Charles Gesheker	Chico	95973	retired	100	10/16/2014
10/17/2014	ATT California Employee PAC	San Francisco	94105	PAC	300	10/17/2014
10/17/2014	Peter Wagenman	Chico	95928	ATT Field Service Rep	500	10/17/2014
10/17/2014	Annette Cook-Wagenman	Chico	95928	ATT Field Service Rep	500	10/17/2014
10/17/2014	Doug LaMalfa Committee	Oroville	95966	committee	300	10/17/2014
10/18/2014	Kevin & Janie Murray	Chico	95928	Murray Financial Financial Consult	100	

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10/1/14	
through	10/18/14	Page <u>5</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Mark Sorensen for Chico City Council 2014		1369045

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Sorensen for Chico City 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
TransFirst		Credit Card Transaction Fees	138.28
City of Chico 411 Main Street Chico, CA 95928		Ballot Statement Print Cost	449.48
Creative Composition [REDACTED] Chico, CA 95928		Printing Expense	14,603.22

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

SUBTOTAL \$ 15,190.98

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	17,694.66
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).)	\$	17,694.66
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

**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	10/1/14	
through	10/18/14	Page _____ of 6
NAME OF FILER		I.D. NUMBER
Mark Sorensen for Chico City Council 2014		1369045

SEE INSTRUCTIONS ON REVERSE

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 95973		Outdoor Advertising	2,078.68
Direct Home Advertising [REDACTED] Paradise, CA 95969	PRT		425.00

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

SUBTOTAL \$ 2,503.68