

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER CHICO DEMOCRATS		Date of This Filing 10/20/18	Date Stamp	CALIFORNIA FORM 496 For Official Use Only RECEIVED OCT 22 2018 CITY CLERK CITY OF CHICO
AREA OR PHONE NUMBER	I.D. NUMBER (if applicable) 980 026	Report No. 2018-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CHICO CA	STATE CA	ZIP CODE 95928	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED ALEXANDRA "ALEX" BROWN				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD CHICO CITY COUNCIL	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20 - 11/6/18	MAIL THRU FEDERAL COMMITTEE	ESTIMATE 9,700.00

Reason for Amendment: _____

FROM : F
FAX NO. :
Oct. 20 2018 02:02PM P1

496 Independent Expenditure Report

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER CHICO DEMOCRATS		Date of This Filing 10/20	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 980 026	Report No. 2018-2	RECEIVED	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 22 2018	CITY CLERK CITY OF CHICO
CITY CHICO	STATE ZIP CODE CA 95928	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED SCOTT HUBER				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD CHICO CITY COUNCIL	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19 - 11/6/18	MAIL THRU FEDERAL COMMITTEE	ESTIMATE \$1300.00

Reason for Amendment: _____

FROM : F
FAX NO. :
Oct. 20 2018 02:02PM P2

496 Independent Expenditure Report

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER CHICO DEMOCRATS		Date of This Filing 10/20/18	Date Stamp RECEIVED OCT 22 2018 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 980 026	Report No. 2018-3		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CHICO	STATE CA	ZIP CODE 95928	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED RICH OBER				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD CHICO CITY COUNCIL	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19 - 11/6/18	MAIL THRU FEDERAL COMMITTEE	ESTIMATE \$1300.00

Reason for Amendment: _____

496 Independent Expenditure Report

FIVED COUNTY ELECTIONS
 Type or print in ink. *& CITY OF CHICO*
 Amounts may be rounded to whole dollars. **496 INDEPENDENT EXPENDITURE REPORT**

NAME OF FILER <i>CHICO DEMOCRATS</i>	Date of This Filing <i>10/20/18</i>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) <i>980 026</i>	Report No. <i>2018-4</i>	
STREET ADDRESS	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <i>1</i>	
CITY <i>CHICO</i>	STATE <i>CA</i>	ZIP CODE <i>95922</i>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <i>ANDREW COOLIDGE</i>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <i>CHICO CITY COUNCIL</i>	DISTRICT NO.	SUPPORT	OPPOSE <i>X</i>	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>10/19 - 11/6/18</i>	<i>MAIL THRU FEDERAL COMMITTEE</i>	<i>Estimated \$2000.00</i>

Reason for Amendment: _____

FROM : F
 FAX NO. :
 Oct. 20 2018 02:03PM P4

496 Independent Expenditure Report

FILED COUNTY ELECTIONS
& CITY OF CHICO
Type or print in ink.
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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER CHICO DEMOCRATS		Date of This Filing 10/20/18	Date Stamp	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 980 026	RECEIVED OCT 22 2018 CITY CLERK CITY OF CHICO	For Official Use Only
STREET ADDRESS		Report No 2018-5		
CITY CHICO	STATE CA	ZIP CODE 95924		
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED KASEY REYNOLDS				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD CHICO CITY COUNCIL	DISTRICT NO.	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19 - 11/6/18	MAIL THRU FEDERAL COMMITTEE	ESTIMATE \$1500.00

Reason for Amendment: _____

FROM : F
FAX NO. :
Oct. 20 2018 02:04PM PS

496 Independent Expenditure Report

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 980 026	Report No. 2018-6		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CHICO	STATE CA	ZIP CODE 95928	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED MATT GALLOWAY				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD CHICO CITY COUNCIL	DISTRICT NO.	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19-11/6/18	MAIL TARU FEDERAL COMMITTEE	ESTIMATE \$1,500.00

Reason for Amendment: _____