

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

RECEIVED Date Stamp OCT 23 2014 TOWN CLERK'S DEPT	CALIFORNIA FORM 460
	Page 1 of 6 For Official Use Only

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	Date of Election if applicable <u>11 / 4 / 2014</u> (Month, Day, Year)
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1. Type of Recipient Committee

- | | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored

Primarily Formed Candidate/
Officeholder Committee |
|--|---|

2. Type of Statement

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement
<input type="checkbox"/> Semi-Annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Statement
<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. Number 1371433

COMMITTEE NAME
Paradise Citizens for Measure C

STREET ADDRESS (NO PO BOX)

CITY Paradise STATE CA ZIP CODE 95967 AREA CODE/PHONE 530/872-1055

MAILING ADDRESS (IF DIFFERENT)

2752 E 5th St
 CITY Chico STATE CA ZIP CODE 95926

OPTIONAL: FAX / E-MAIL ADDRESS
(530) 345-7651 / nicholsinparadise@comcast.net

Treasurer(s)

NAME OF TREASURER
Michael Price

STREET ADDRESS

CITY Chico STATE CA ZIP CODE 95926 AREA CODE/PHONE 530/345-5524

NAME OF ASSISTANT TREASURER, IF ANY

Martin Nichols

STREET ADDRESS

CITY Paradise STATE CA ZIP CODE 95969 AREA CODE/PHONE 530-872-1055

OPTIONAL: FAX / E-MAIL ADDRESS
(530) 345-7651 / michael@fergusandcompany.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 is true and complete. I certify under penalty of perjury under the law that the foregoing is true and correct.

Executed on <u>10-21-14</u>	By <u>[Signature]</u>
Executed on <u>10/21/14</u>	By <u>[Signature]</u>
Executed on _____	By _____
Executed on _____	By _____

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period
from 10/01/2014
through 10/18/2014

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 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 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 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
C Paradise, CA
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR 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

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	
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NAME OF FILER Paradise Citizens for Measure C

I.D. NUMBER
1371433

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 12,374.00	\$ 16,352.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 12,374.00	\$ 16,352.00
4. Nonmonetary Contributions Schedule C, Line 3	45.00	95.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$ 12,419.00	\$ 16,447.00

**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		
6. Payments Made Schedule E, Line 4	\$ 3,957.00	\$ 7,069.35
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 3,957.00	\$ 7,069.35
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	45.00	95.00
11. TOTAL EXPENDITURES MADE Add Lines 8+9+10	\$ 4,002.00	\$ 7,164.35

**Expenditure Limit Summary
for State Candidates**

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

_____	\$ _____
_____	\$ _____

* 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	\$ 865.65
13. Cash Receipts Column A, Line 3 above	12,374.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	3,957.00
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$ 9,282.65

17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2+Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Paradise Citizens for Measure C	I.D. NUMBER 1371433
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/06/2014	CDF Firefighters 1731 J St Ste 100	COM	ID No. 1277100	7,500.00	7,500.00	
10/06/2014	OPERATING ENGINEERS LOCAL UNION NO. 3 DISTRICT 60 PAC 468 CENTURY PARK DRIVE YUBA CITY, CA 95991	COM	ID No. 891400	500.00	500.00	
10/14/2014	Paradise Police Officers Association 5595 Black Olive Dr Paradise, CA 95969	OTH		4,000.00	4,000.00	

SUBTOTAL \$	12,000.00
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Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 12,000.00
2. Amount received this period - unitemized	\$ 374.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	TOTAL \$ 12,374.00

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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NAME OF FILER Paradise Citizens for Measure C	I.D. NUMBER 1371433
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2014	Martin Nichols [REDACTED] Paradise, CA 95969	IND	Retired N.A.	Butte County Clerk Voter File	45.00	595.00	

SUBTOTAL \$	45.00
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Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals)	\$ 45.00
2. Amount received this period - unitemized	\$ 0.00
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 \$ 45.00

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
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NAME OF FILER Paradise Citizens for Measure C		I.D. NUMBER 1371433

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
GoCom 3460 Silverbell Rd Chico, CA 95973	TEL		3,140.00
PostNet 6038 A Clark Rd Paradise, CA 95969	LIT		817.00

SUBTOTAL \$ 3,957.00

Schedule E Summary

- | | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 3,957.00 |
| 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).) | \$ 0.00 |
| 4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 3,957.00 |