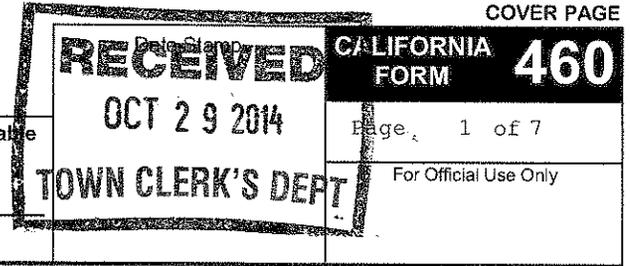


**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE



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

Date of Election if applicable  
\_\_\_\_\_  
(Month, Day, Year)

**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

Update Expense Disclosure

**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  
567 E 5th Ave

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

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 laws of the State of California that the foregoing is true and correct.

Executed on 10-24-14 By \_\_\_\_\_  
 Executed on 10-27-14 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Page 2 of 7

**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<br><u>C</u> | JURISDICTION<br><u>Town of Paradise</u> | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

**Campaign Disclosure Statement  
Summary Page**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/01/2014 |                                |
| through                 |            | Page 3 of 7                    |
|                         |            | I.D. NUMBER                    |
|                         |            | 1371433                        |

NAME OF FILER Paradise Citizens for Measure C

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| <b>Contributions Received</b>                             |  |  |
| 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      | \$ _____         | \$ _____    |

|   | Column A    | Column B     |
|---|-------------|--------------|
| <b>Expenditures Made</b>  |             |              |
| 6. Payments Made . . . . . Schedule E, Line 4                   | \$ 7,809.20 | \$ 10,921.55 |
| 7. Loans Made . . . . . Schedule H, Line 3                      | 0.00        | 0.00         |
| 8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7             | \$ 7,809.20 | \$ 10,921.55 |
| 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      | \$ 7,854.20 | \$ 11,016.55 |

**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.

| <b>Current Cash Statement</b>   |             |
|---|-------------|
| 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                    | 7,809.20    |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 5,430.45 |
| 17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2              | \$ 0.00     |

| <b>Cash Equivalents and Outstanding Debts</b>                         |         |
|---|---------|
| 18. Cash Equivalents . . . . .  | \$ 0.00 |
| 19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A  
Monetary Contributions Received**

SCHEDULE A

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/01/2014 |                                |
| through                 | 10/18/2014 |                                |

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NAME OF FILER Paradise Citizens for Measure C

I.D. NUMBER  
1371433

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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<br>1731 J St Ste 100   | COM              | ID No. 1277100  | 7,500.00        | 7,500.00  |                                    |
| 10/06/2014    | OPERATING ENGINEERS LOCAL UNION NO. 3<br>DISTRICT 60 PAC<br>468 CENTURY PARK DRIVE<br>YUBA CITY, CA 95991 | COM              | ID No. 891400   | 500.00          | 500.00  |                                    |
| 10/14/2014    | Paradise Police Officers Association<br>5595 Black Olive Dr<br>Paradise, CA 95969                         | OTH              |   | 4,000.00        | 4,000.00  |                                    |

**SUBTOTAL \$** 12,000.00

**Schedule A Summary**

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

\*\* 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**

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/01/2014 |                            |
| through                 | 10/18/2014 | Page 5 of 7                |

|   |                        |
|---|------------------------|
| NAME OF FILER Paradise Citizens for Measure C | I.D. NUMBER<br>1371433 |
|---|------------------------|

| 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<br>[REDACTED]<br>Paradise, CA 95969    | IND              | Retired<br><br>N.A.                       | Butte County Clerk Voter File    | 45.00                     | 595.00  |                                    |

|                    |       |  |
|--------------------|-------|--|
| <b>SUBTOTAL \$</b> | 45.00 |  |
|--------------------|-------|--|

**Schedule C Summary**

|   |                       |
|---|-----------------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule C subtotals) . . . . .  | \$ 45.00              |
| 2. Amount received this period - unitemized . . . . .   | \$ 0.00               |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A Lines 4 and 10.) . . . . . | <b>TOTAL \$ 45.00</b> |

**\*\* 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                       |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/01/2014 |                                |
| through                                       | 10/18/2014 | Page 6 of 7                    |
| NAME OF FILER Paradise Citizens for Measure C |            | I.D. NUMBER<br>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 |
|--|---------|------------------------|-------------|
| Cedar Creek<br>6254 Clark Rd<br>Paradise, CA 95969 | POL     |                        | 264.78      |
| Cedar Creek<br>6254 Clark Rd<br>Paradise, CA 95969 | LIT     |                        | 1,762.23    |
| Cedar Creek<br>6254 Clark Rd<br>Paradise, CA 95969 | POS     |                        | 1,825.19    |
| <b>SUBTOTAL \$</b>                                 |         |                        | 3,852.20    |

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 7,809.20              |
| 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.) | <b>TOTAL \$ 7,809.20</b> |

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

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/01/2014 |                                |
| through                 | 10/18/2014 | Page 7 of 7                    |

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 | AMOUNTPAID |
|--|---------|------------------------|------------|
| GoCom<br><br>3460 Silverbell Rd<br>Chico, CA 95973   | TEL     |                        | 3,140.00   |
| PostNet<br><br>6038 A Clark Rd<br>Paradise, CA 95969 | LIT     |                        | 817.00     |

**SUBTOTAL \$** 3,957.00