

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>CHICO DEMOCRATS</u>		Date of This Filing <u>10/24/20</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only RECEIVED OCT 26 2020 CITY CLERK CITY OF CHICO
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <u>980 026</u>	Report No. <u>2020-1</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>CHICO</u>	STATE <u>CA</u>	ZIP CODE <u>95928</u>	No. of Pages <u>2</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>ANDREW COOLIDGE</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>CHICO CITY COUNCIL</u>	DISTRICT NO. <u>5</u>	SUPPORT	OPPOSE <u>X</u>	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<u>10/18-10/24/20</u>	<u>MAIL THRU FEDERAL COMMITTEE</u>	<u>1050.03</u>
	<u>TO: COUNTY ELECTIONS</u>	
	<u>ALSO FILING WITH CITY OF CHICO</u>	

Reason for Amendment _____

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I.D. NUMBER (if applicable)

980 026

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CHICO DEMOCRATS

3. Contributions of \$100 or More Received*

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	INTEREST RATES
	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**** 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