### Cover Page Campaign Statement

SEE INSTRUCTIONS ON REVERSE Recipient Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee General Purpose Committee (Also Complete Part 5) Political Party/Central Committee Small Contributor Committee Sponsored Recall State Candidate Election Committee □ Primarily Formed Ballot Measure 1.D. NUMBER 1426823 Primarily Formed Candidate/ Committee Controlled Officeholder Committee (Also Complete Part 7) (Aiso Complete Part 6) Sponsored through Statement covers period 09/20/2020 10/17/2020 Date of election if applicable: Type of Statement: (Month, Day, Year) 11/03/2020 Preelection Statement Amendment (Explain below) Semi-annual Statement (Also file a Form 410 Termination) Termination Statement OCT 2 2 2020 Date Stamp Special Odd-Year Report Quarterly Statement Page \_ CALIFORNIA 460 FORM For Official Use Only 으 COVER PAGE

မှ Committee information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

OLLA			STREET ADDRESS (NO P.O. BOX)	
STATE				
ZIP CODE				
AREA CODE/PHONE				

Treasurer(s)

NAME OF TREASURER Debra Hopking

MAILING ADDRESS

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

STATE

ZIP CODE

AREA CODE/PHONE

### Verification

OPTIONAL: FAX / E-MAIL ADDRESS

certify under penalty of perjury under the laws of the State of Callifornia that the foregoing is true and correct 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

	Executed on		Executed on
Date	10/22/20	Date	10/22/20

Exer don

Executed on

Date

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nature of Controlling Office holder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Signature by Treasurer or Assistant Treasurer	Sera Habrara

FPPC For.....60 (Jan/2016)

#### Recipient Committee Campaign Statement Cover Page — Part 2

FORM 460	COVER PAGE - PART
0	RT 2

						7896	of
Çî		Officeholder or Candidate Controlled Committee	ltee	6. Primarily Formed Ballot Measure Committee	Measure Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE	CANDIDATE		NAME OF BALLOT MEASURE			
	Stuart Glichrist	Stuart Gilchrist  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	]	
	Marysville Councilman					다.	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	RESS (NO. AND STREET) CITY	Y STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	older, candidate, or state	measure propone	nt, if any.
	Belated Committees	Related Committees Not Included in this Statement: Listen committees		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR PROPONENT		
	not included in this stateme contributions or make expe	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.	are primarily formed to receive dacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	4
	COMMITTEE NAME		I.D. NUMBER				
	NAME OF TREASURER		CONTROLLED COMMITTEE?	7. Primarily Formed Candi officeholder(s) or candidate(s) f	ormed Candidate/Officeholder Committee List names of or candidate(s) for which this committee is primarily formed.	ommittee <i>List na</i> primarily formed.	ames of
	COMMITTEE ADDRESS	S O		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	CITY	STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
	COMMITTEE NAME		C. NOWEDER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
	NAME OF TREASURER		YES □ NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	COMMITTER ADDRESS	SIREE ADDRESS (NO F.C. BOX)					
	CITY	STATE ZIP CODE	DE AREA CODE/PHONE	Attac	Attach continuation sheets if necessary	1ecessarv	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	State	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through_	10/17/2020	Page 3 of 7
NAME OF FILER Committee to Elect Stuart Glichrist Marysville Councilman 2020				1.D. NUMBER 1426823
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 2200.00 \$ 0.00 \$ 2200.00 \$ 0.00 \$ 2200.00	\$ 3226.04 2300.00 \$ 5526.04 0.00 \$ 5526.04	General Elections  1/1 th  20. Contributions Received \$  21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3	3.65	\$ 2719.87	ŭ <u>=</u>	Limit Summary for State
SUBTOTAL CASH PAYMENTSAccrued Expenses (Unpaid Bills)	\$ 3.65 0.00 0.00 3.65	\$ 2719.87 0.00 0.00 0.00 \$ 2719.87	22. Cumulativ (if subject to  Date of Election (mm/dd/yy)	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection Total to Date lyy)
Current Cash Statement  12. Beginning Cash Balance	\$ 609.82 2200.00 0.00 3.65 \$ 2806.17	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	*Amounts in this section meported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
LOAN GUARANTEES RECEIVED  Ish Equivalents and Outsta  Cash Equivalents		filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2300.00			FPPC Form 460 (Jan/2016)

## Schedule A

Amounts may be rounded

SCHEDULE A

Monetary	Monetary Contributions Received	ទ	to whole dollars,	Statement covers period 09/20/2020		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			gh	10/17/2020	Page4 of7
NAME OF FILER Committee	ME OF FILER Committee to Elect Stuart Gilchrist Marysville Councilman 2020				1.	I.D. NUMBER 1426823
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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)
09/23/2020	Recology - PAC #921099	DDD COM SCC		1000.00	1000.00	
09/23/2020	Christina Billeci	DDD NO SCC	Retired	100.00	100.00	
09/23/2020	Craig Carberry	DDD SCC	Retired Farmer	100.00	125.00	
10/02/2020	Evelyn Allis	OTH SCC	Retired	100.00	100.00	
108/02/202	DeMona Dibble	DOTH SCC	Owner Digs	100.00	100.00	
			\$ SUBTOTAL	1400.00		
Schedule A Summary	Summary				*Contribu	*Contributor Codes

2200.00

2000.00 200.00

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

3. Total monetary contributions received this period.

2. Amount received this period - unitemized monetary contributions of less than \$100 ......\$

(Include all Schedule A subtotals.) ......\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......................TOTAL \$

1. Amount received this period - itemized monetary contributions.

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

		600.00	\$ SUBTOTAL			
				DDDD COM SCC		
				□ COM □ PTY □ SCC		
				DDDDD COM SCC Y H M		
	500.00	500.00		DOTH SCC	California Real Estate PAC #890106	10/02/2020
	100.00	100.00	Headquarters	OD PTY SCC	Helen Perkins	10/02/2020
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT CU RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE
33 BER	1426823				Committee to Elect Stuart Gilchrist Marysville Councilman 2020	Committee t
5 of 7		through 10/17/2020				
FORM 400		from 09/20/2020				

\*Contributor Codes

IND - Individual
COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Cartibutor Committee

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GA .	DATE INCURRED		DATE DUE	69 	40	<i>4</i> 5		T IND □ COM □ OTH □ PTY □ SCC
PER ELECTION**	50	RATE %	8	FORGIVEN				
CALENDAR YEAR				PAID				
Ge	DATE INCURRED		DATE DUE	49	40	49		T IND □ COM □ OTH □ PTY □ SCC
PER ELECTION ***	49	RATE %	9	\$ FORGIVEN				
CALENDAR YEAR				PAID				
\$ 2300.00	05/31/20 DATE INCURRED	\$ 0.00	11/03/20 DATE DUE	0.00	9 0.00	\$ 2300.00		ONI COM COTH PTY CSCC
PER ELECTION**	\$ 100.00	RATE %	\$ 000.00	FORGIVEN				
CALENDAR YEAR	200	<b>&gt;</b>		PAID			Gilchrist Whatnot	Stuart Gilchrist
CUMULATIVE CONTRIBUTIONS TO DATE	ORIGINAL AMOUNT OF LOAN	INTEREST PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	AMOUNT RECEIVED THIS PERIOD	OUTSTANDING BALANCE BEGINNING THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1426823						ville Councilman 2020	Committee to Elect Stuart Gilchrist Marysville Councilman 2020
	I.D. NUMBER							NAME OF FILER
of 7	Page 6	10/17/2020	through 10/17	#				SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	CALIFORN FORM	2020	from 09/20/2020	₹	în	to whole dollars.		Loans Received

### **Schedule B Summary**

Loans received this period ......\$ (Total Column (b) plus unitemized loans of less than \$100.)

Ы Loans paid or forgiven this period......\$

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

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(May be a negative number) 68

†Contributor Codes

Schedule E, Line 3)

IND - Individual COM - Recipient Committee

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party SCC - Small Contributor Committee

\*\* If required \*Amounts forgiven or paid by another party also must be reported on Schedule A.

www.fppc.ca.gov

#### **Payments Made** Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Committee to Elect Stuart Glichrist Marysville Councilman 2020

Amounts may be rounded to whole dollars.

Statement covers period 09/20/2020 10/17/2020 CALIFORNIA Page \_ I.D. NUMBER FORM 앜 SCHEDULE 460

1426823

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of the following codes accurately describes the phernalia/misc.  MBR withouts MTG OFC OFC OFC	ayment, you may enter the code member communications meetings and appearances office expenses	Otherwise, d	
civic donations PET candidate filing/ballot fees fundralsing events POL independent expenditure supporting/opposing others (explain)* PRO legal defense campaign literature and mailings PRT	petition circulating phone banks polling and survey research polling and survey and messenger services postage, delivery and messenger services professional services (legal, accounting) print ads	TEL TRS TRS TSF VOT WEB	e candidate/sponsor -mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	dule D.	\$ SUBTOTAL	
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$	0.00

- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 2. Unitemized payments made this period of under \$100 ......\$ 0.00 0.00 0.00

### Campáign Statement **Recipient Committee**

Cover Page SEE INSTRUCTIONS ON REVERSE through Statement covers period 09/20/2020 10/17/2020 Date of election if applicable: 'n (Month, Day, Year) 11/03/2020 Date Stamp 2 2 2020 Page \_\_ CALIFORNIA 460 FORM For Official Use Only Ō, COVER PAGE

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Controlled	Committee	Primarily Formed Ballot Measure	

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Termination Statement	Semi-annual Statement	Preelection Statement

☐ Quarterly Statement
☐ Special Odd-Year Report

Termination Statement (Also file a Form 410 Termination)
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Treasurer(s)

3. Committee Information

1.D. NUMBER 1426823

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Stuart Glichrist Marysville Councilman 2020

STREET ADDRESS (NO P.O. BOX)

General Purpose Committee
Sponsored
Small Contributor Committe
Political Party/Central Com

Officeholder Committee (Also Complete Part 7)

Political Party/Central Committee Small Contributor Committee

NAME OF TREASURER Debra Hopking

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### Verification

OPTIONAL: FAX / E-MAIL ADDRESS

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

STATE

ZIP CODE

AREA CODE/PHONE

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	Executed on	Executed on
Date	10/22-/20 Date	10/22/20 Date
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Executed on.

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	Assistant	,

reasurer

	Signature
Signature	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponso
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Candidate,	Measure Pr
Signature of Controlling Officeholder, Candidate, State Measure Proponent	aponent or Respons
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				OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS S:	COMMITTE
OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER	NAME OF T
SUPPOR	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	TO TO THE PARTY OF			
SUPPOR	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	NAME	COMMITTEE NAME
SUPPOR	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS S	COMMITTE
names of	med Candidate/Officeholder Committee List names of candidate(s) for which this committee is primarily formed.	idate/Office for which this c	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER	NAME OF 1
				I.D. NUMBER		E NAME	COMMITTEE NAME
YY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	not included in this statement that are controlled by you or are procontributions or make expenditures on behalf of your candidacy.	ed in this statement th ons or make expendit	not includ
	)PONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Related Committees Not included in this Statement: List any committees	included in this Stat	Committees Not	Related
ent, if any.	Identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, candid:	Identify the controlling office	CITY STATE ZIP	(NO. AND STREET)	RESIDENTIAL/BUSINESS ADDRESS	RESIDENT
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Marysville Councilman	DFFICE SOUGHT OR HELD (INCLU Marysville Councilman	OFFICE SC Marysvi
			STATE OF BUILDING		ř	Bilchrist	Stuart Gilchrist
	ommittee	med Ballot Measure Committee	6. Primarily Formed Ballot	Ittee	Officeholder or Candidate Controlled Committee	Officeholder or Candidate Con	5. Officeh
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## Campaign Disclosure Statement Summary Page

Campaign Disclosure Statement	Amounts may be rounded			SUMMARY PAGE
Summary Page	to whole dollars.	State	Statement covers period 09/20/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through_	10/17/2020	Page 3 of 7
NAME OF FILER				1.D. NUMBER
Committee to Elect Stuart Gilchrist Marysville Councilman 2020				1426823
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum	Calendar Year Summary for Candidates Running in Both the State Primary and

Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 2200.00 \$ 2200.00	Column B CALENDAR YEAR TOTAL TO DATE 3226.04 \$ 2300.00	ear Summary for Ci Both the State Prinections 1/1 through 6/30
	\$ 2200.00	0.00 \$ 5526.04	Received \$ \$ \$ \$ \$ \$ Made \$ \$ \$ \$ \$
Expenditures Made  6. Payments Made Schedule E, Line 4	\$ 3.65	\$ 2719.87	Expenditure Limit Summary for State Candidates
7. Loans Made	9.65	\$ 2719.87	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3	0.00	0.00	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 3.65	\$ 2719.87	\$
Current Cash Statement  12. Beginning Cash Balance	\$ 609.82		\$
13. Cash Receipts Column A, Line 3 above	2200.00	add amounts in Column  A to the corresponding	

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	18. Cash Equivalents \$ee instructions on reverse \$	Cash Equivalents and Outstanding Debts	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	If this is a termination statement, Line 16 must be zero.			17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents
--	--	--	--	---	--	--	---

2300.00

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15. Cash Payments.....

Column A, Line 8 above

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2806.17

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16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15

14. Miscellaneous Increases to Cash ...... Schedule I, Line 4

3.65 A to the corresponding amounts from Column B from Lines 2, 7, and 9 (if any). only carry over the amounts filed for this calendar year, previous period amounts. If this is the first report being should be subtracted from amounts in Column A may be negative figures that of your last report. Some

> \*Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (Jan/2016)

### Schedule A Monetary Co

Amounts may be rounded to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIONS ON REVERSE			from 09/20/2020 through 10/17/2020		CALIFORNIA 460 FORM  Page 4 of 7
NAME OF FILER Committee	ие оғ ғісек Committee to Elect Stuart Gilchrist Marysville Councilman 2020				÷ -	I.D. NUMBER 1426823
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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 R TO DATE TO DATE (IF REQUIRED)
09/23/2020	Recology - PAC #921099	DOTH SCC	·	1000.00	1000.00	
09/23/2020	Christina Billeci	DD DTH SCC	Retired	100.00	100.00	
09/23/2020	Craig Carberry	ODD OND	Retired Farmer	100.00	125.00	
10/02/2020	Evelyn Allis		Retired	100.00	100.00	
108/02/202	DeMona Dibble	DDDD NO SCC Y H M	Owner Digs	100.00	100.00	
			\$UBTOTAL \$	1400.00		
Schedule A	Schedule A Summary				*Contribu	*Contributor Codes

3. Total monetary contributions received this period. 

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

(Include all Schedule A subtotals.) .....\$

Amount received this period – itemized monetary contributions.

FPPC Advice: advice@fppc.ca.gov \_\_\_6/275-3772) **FPPC Forr** າ (Jan/2016)

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

2200.00

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COM - Recipient Committee

IND - Individual

## Schedule A (Continuation Sheet) Monetary Contributions Received

	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,		
1426823		Committee to Elect Stuart Glichrist Marysville Councilman 2020	Committee
I.D. NUMBER			NAME OF FILER
Page 5 of 7	through 10/17/2020		
FORM 400	from 09/20/2020		
CALIFORNIA	Statement covers period	WICHETATY CONTRIBUTIONS RECEIVED	Monetary
SCHEDULEA (CONT.)		Amo	Sciledale

				10/02/2020	10/02/2020	DATE FU
				California Real Estate PAC #890106	Helen Perkins	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DDDDD SCTY HM	DDDD SCC	DDDDD SCC SCC SCC SCC SCC SCC SCC SCC SC	SCC	DDDD NO	CONTRIBUTOR CODE *
\$ SUBTOTAL					Headquarters	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
600.00				500.00	100.00	AMOUNT RECEIVED THIS PERIOD
				500.00	100.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

\*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

#### S J

Amounts may be rounded

SCHEDULE B - PART 1

Loans Received		to whole dollars.	-		Statement covers period	nt covers period	CALIFORNIA	<sup>^</sup> 460
SEE INSTRUCTIONS ON REVERSE				<b>.</b>	through 10/1	10/17/2020	Page 6	of 7
NAME OF FILER							I.D. NUMBER	
Committee to Elect Stuart Gilchrist Marysville Councilman 2020	ville Councilman 2020						1426823	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stuart Gilchrist	Gilchrist Whatnot			PAID 0.00	\$ 2300.00	0 %	\$ <u>100.00</u>	calendar year \$ 2300.00 PER ELECTION**
TIZI IND □ COM □ OTH □ PTY □ SCC		\$ 2300.00	\$ 0.00	\$ 0.00	11/03/20 DATE DUE	\$ 0.00	05/31/20 DATE INCURRED	\$ 2300.00
				PAID				CALENDAR YEAR
				FORGIVEN		RATE	40	PER ELECTION ***
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		49	68	<b>49</b>	DATE DUE	69	DATE INCURRED	69
				□ PAID				CALENDAR YEAR
				\$ FORGIVEN	<b>(5)</b>	RATE %	9	PER ELECTION**
↑□ ND □ COM □ OTH □ PTY □ SCC		69	40 	69	DATE DUE	40	DATE INCURRED	40
		SUBTOTALS \$	0.00 \$	0.00 \$	2300.00	\$ 0.00		
Schedule B Summary		-				(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$	0.00			

Ņ Loans paid or forgiven this period ......s (Total Column (b) plus unitemized loans of less than \$100.) (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

\*\* If required. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

Enter the net here and on the Summary Page, Column A, Line 2.

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COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) IND - Individual SCC - Small Contributor Committee PTY - Political Party †Contributor Codes

0.00

(May be a negative number)

#### **Payments Made** Schedule E

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

from

09/20/2020

CALIFORNIA FORM SCHEDULE

through 10/17/2020

Page -I.D. NUMBER 으

CODES: Committee to Elect Stuart Glichrist Marysville Councilman 2020 1426823

campaign paraphernalia/misc. campaign consultants If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD

M G office expenses meetings and appearances

CVC CNS

contribution (explain nonmonetary)\*

civic donations

candidate filing/ballot fees

N N P

fundraising events

근

legal defense

independent expenditure supporting/opposing others (explain)\*

campaign literature and mailings

petition circulating phone banks

professional services (legal, accounting) polling and survey research postage, delivery and messenger services

print ads

SAE SAE radio airtime and production costs t.v. or cable airtime and production costs returned contributions campaign workers' salaries

TRS 걸草 staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals

္ခ information technology costs (internet, e-mail) voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	dule D.	SUBTOTAL \$	

### Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)......
- Ņ Unitemized payments made this period of under \$100.....
- ယ Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)
- 4.
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....

FPPC Advice: advice@fppc.ca.gc FPPC Form 460 (Jan/2016) 6/275-3772]

TOTAL \$

0.00 0.00 3,65 0.00

<del>())</del> €₽ 69

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### Recipient Committee

Campaign Statement Cover Page from Statement covers period 07/01/2020 Date of election if applicable: (Month, Day, Year) SEP Date Stamp 2 4 2020 Page. CALIFORNIA 460 FORM For Official Use Only 9 COVER PAGE တ

SEE IN	1. Ty		3. C	ი 8	S	o.		] 5	CIT
SEE INSTRUCTIONS ON REVERSE	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	3. Committee Information	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Committee to Elect Stuart Glichrist Marysville Councilman 2020	STREET ADDRESS (NO PO ROX)	ATT ALEXTONICAL TO ROX		ING ADDRESS (IT DIFFERENT) NO. AND STREET OR P.O.	STATE
tha	s - Complete	Primarily F Committee Control Sponso (Also Complete P Primarily F Officeholde (Also Complete P	I.D. NUMBER 1426823	E)				BCX	ZIP CODE
through	e Parts 1, 2,	Primarily Formed Ballot Committee Controlled Sponsored (Also Conglete Part 6) Primarily Formed Candi Officeholder Committee (Also Complete Part 7)	BER 823	ilman 20					AR
09/19/2020	3, and 4.	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		20					AREA CODE/PHONE
11/03/2020	2. Type of Statement:	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Treasurer(s)	NAME OF TREASURER  Debra Hopking	MAILING ADDRESS		NAME OF ASSISTANT TREASURER, IF ANY	MAILING ADDRESS	CITY
		ermination)					K, IF ANY		
ATTEN THE PLANT TO A T									STATE
		☐ Quarterly Statement ☐ Special Odd-Year Report							ZIP CODE
		atement -Year Report							AREA CODE/PHONE

### 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 -Executed on Executed on Executed on . Date Date P By Signature of Controlling officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent vnature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Treasurer or Assistant Treasurer

### Recipient Committee Campaign Statement Cover Page — Part 2

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	Attach continuation sheets if necessary	h continuation	Attaci	ODE AREA CODE/PHONE	STATE ZIP CODE	сіту	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	OONTBOLLED OOMATTEES		NAME OF TREASURED	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	SIAIR ZIPCODE	COMMITTEE NAME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		( S	COMMITTEE ADDRESS	
ist names of ed.	holder Committee Li committee is primarily forme	date/Office or which this o	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER	
				I.D. NUMBER		COMMITTEE NAME	
IF ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	tement: List any committees are primarily formed to receive idacy.	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.	Related Committee not included in this states contributions or make ex	
	PONENT	IDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
onent, if any.	ate, or state measure prop	older, candid	Identify the controlling officeholder, candidate, or state measure proponent, if any.	STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS A	
SUPPORT OPPOSE		SOKIODIC FION	BALLOT NO. OK LETTEX	NOMBER IT APPLICABLE)	Marysville Councilman	Marysville Councilman	
			- 1			Stuart Gilchrist	
			NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
	ommittee	Measure C	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Car	(10
of 6	Page 2						

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	W WHOLE GOLLARS.	State	Statement covers period 07/01/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	09/19/2020	Page3 of6
NAME OF FILER  Committee to Elect Stuart Gilchrist Marysville Councilman 2020				1.D. NUMBER 1426823
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2	\$ 1026.04 \$ 2200.00 \$ 3226.04	\$ 1026.04 2300.00 \$ 3326.04	General Elections 1/1 th 20. Contributions Received \$	1/1 through 6/30 7/1 to Date
Sc	0.00 \$ 3226.04	\$ 3326.04	les.	φ <b>(</b>
Expenditures Made  6. Payments Made	\$ 2716.22 0.00 2716.22	\$ 2716.22 0.00 2716.22	Expenditure Limit S Candidates  22. Cumulativ	e Limit Summary for State  Cumulative Expenditures Made*  If Subject to Voluntary Expenditure Limit
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C. Line 3 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	0.00 0.00 \$ 2716.22	0.00 0.00 \$ 2716.22	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ 100.00 \$ 3226.04 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your lest report. Some	*Amounts in this section m	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	\$ 609.82	amounts in Column A may be negative figures that should be subtracted from previous period amounts. If		
SRECEIVED Schedule B, Part 2	\$ 0.00	filed for this calendar year, only carry over the amounts		
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00	any).		FPPC Form 460 (Jan/2016)

## Schedule A Monetary Contributions Received

NAME OF FILER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

CALIFORNIA

SCHEDULE A

from through Statement covers period 07/01/2020 09/19/2020

FORM

Page \_\_ 4 잌 တ

1426823 I.D. NUMBER

SUBTOTAL\$ 700.00		SUBTOTAL \$				
				□ PTY SCC		
				COM		
	200.00	200.00	Retired	DD DTH SCC	Despina Schrader	09/11/2020
	200.00	200.00	Retired	DD IND	Candy Trethewey	08/19/2020
	100.00	100.00	Retired	DOTH SCC	Debra Bailey	07/29/2020
	200.00	200.00	Homemaker	OTH SCC	Gini Brown	07/03/2020
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE

### Schedule A Summary

SCC	1026.04	<ol> <li>Total monetary contributions received this period.</li> <li>Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)</li></ol>
<u> </u>	326.04	2. Amount received this period – unitemized monetary contributions of less than \$100\$
88	700.00	1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)\$

\*Contributor Codes ND – Individual

COM – Recipient Committee

(other than PTY or SCC)

Other (e.g., business entity)

TY – Political Party

SCC – Small Contributor Committee

FPPC For 30 (Jan/2016)

### Schedule B ロロエム

Amounts may be rounded

SCHEDULE B - PART 1

Loans Received		to whole dollars.	ř	<b>⇒</b>	Statement covers period 07/01/2020	nt covers period 07/01/2020	CALIFORNIA 460	<sup>^</sup> 460
SEE INSTRUCTIONS ON REVERSE				<b>e</b>	through 09/1	09/19/2020	Page 5	6
NAME OF FILER							I.D. NUMBER	
Committee to Elect Stuart Gilchrist Marysville Councilman 2020	ville Councilman 2020						1426823	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(°) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(9) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Stuart Gilchrist	Gilchrist Whatnot			PAID 0.00	\$ 2300.00	0 %	\$_100.00	CALENDAR YEAR  \$ 100.00  PER ELECTION
ZIND COM COTH PTY SCC		\$ 100.00	\$ 2200.00	0.00	11/03/20 DATE DUE	\$ 0.00	05/31/20 DATE INCURRED	\$ 0.00
				PAID  \$ FORGIVEN	e9 	RATE %	<b>59</b>	CALENDAR YEAR  S  PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		40	<b>69</b>		DATE DUE	<b>43</b>	DATE INCURRED	49
				☐ PAID				CALENDAR YEAR
				FORGIVEN	69	RATE %		PER ELECTION*
□ IND □ COM □ OTH □ PTY □ SCC		69	to	\$	DATE DUE	<b>e</b> s	DATE INCURRED	¢n
		SUBTOTALS \$	2200.00 \$	0.00	\$ 2300.00 \$	0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.)				<b></b>	2200.00	70	ontributor Codes	
						TC:	TContributor Codes	

\*\* If required \*Amounts forgiven or paid by another party also must be reported on Schedule A.

Enter the net here and on the Summary Page, Column A, Line 2.

Loans paid or forgiven this period......\$

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

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(May be a negative number)

2200.00

SCC - Small Contributor Committee OTH - Other (e.g., business entity)
PTY - Political Party (other than PTY or SCC) 000

IND - Individual
COM - Recipient Committee

#### **Payments Made** Schedule E

Amounts may be rounded to whole dollars,

from Statement covers period 07/01/2020

through

09/19/2020

CALIFORNIA 460 FORM SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

Page \_ I.D. NUMBER တ 잋 တ

1426823

CVC civic donations PET petition circulating	contribution (explain nonmonetary)*		CMP campaign paraphernalia/misc.  MBR member communications	CODES: If one of the following codes accurately describes the payment, you may enter the code. Ot
	SAL campaign workers' salaries	RFD returned contributions	RAD radio airtime and production costs	ne code. Otherwise, describe the payment.

필요 petition circulating phone banks office expenses REASE SE candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries

independent expenditure supporting/opposing others (explain)\* PRO PRO POL professional services (legal, accounting) polling and survey research print ads postage, delivery and messenger services TSF ş information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

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legal detense

campaign literature and mailings

E E

fundraising events

candidate filing/ballot fees

2695.72	\$UBTOTAL \$	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
508.20		FIL	Yuba County Clerk
2187.52		CNS	Sapphire Marketing
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

### Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- 2. Unitemized payments made this period of under \$100......

4. ယ

- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...... TOTAL \$

FPPC Advice: advice@fppc.ca.g FPPC Form 460 (Jan/2016) 66/275-3772

69 6 6

2716.22

2695.72

20.50 0.00

w.fppc.ca.gov

# Camp Recip

		2. Type of Statement:	npiete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
	(M)	11/03/2020	through 06/30/2020	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	JUL 3 1 2020	Date of election if applicable: (Month, Day, Year)	Statement covers period from 02/16/2020	
FORM 400	50	3		Cover Page
CALIFORNIA A CO	Date Stamp			Recipient Committee

								ω	l
OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ואס אטטייקסט (וד טורדיבואבואו) אט. אואט טו ואביניו טא אט		STREET ADDRESS (NO P.O. ROX)		Committee to Elect Stuart Gilchrist Marysville Councilman 2020	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	3. Committee Information	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
	ZIP CODE					Council		I.D. NUMBER 1426823	Complete Parts 1 Primarily Form Committee Controlled Sponsorec (Also Complete Part i) Primarily Form Officeholder C (Also Complete Part 7)
	AREA CODE/PHONE					man 2020		ER 23	Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 8)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
OPTIONAL: FAX / E-MAIL ADDRESS	CITY	MAILING ADDRESS	NAME OF ASSISTANT TREASURER, IF ANY		MAILING ADDRESS	Debra Hopking	NAME OF TREASURER	Treasurer(s)	2. Type of Statement:    Preelection Statement   Semi-annual Statement   Termination Statement   (Also file a Form 410 Termination)   Amendment (Explain below)
	STATE Z								00
	ZIP CODE								Quarterly Special O
	AREA CODE/PHONE								Quarterly Statement Special Odd-Year Report

### 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.

Executied on	Executed on	Executed on 7/31/2020 Date	Executed on 7/31/2020
By	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Debra Hopking

#### Recipient Committee Campaign Statement Cover Page — Part 2

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FORM	COVER
^ <b>460</b>	PAGE - PART 2

	lf necessary	Attach continuation sheets if necessary	Attach co	DDE AREA CODE/PHONE	STATE ZIP CODE	CITY
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	YES NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	לוד מסמב לוד מסמב	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(NO	COMMITTEE ADDRESS
names of	Committee List	te/Officeholder	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE? 7		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	tement: List any committees are primarily formed to receive idacy.	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.	Related Committee not included in this state contributions or make ex
		TE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
nent, if any.	ate measure propo	der, candidate, or st	identify the controlling officeholder, candidate, or state measure proponent, if any.	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS A
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER JU	T NUMBER IF APPLICABLE)	Marysville Councilman	Marysville Councilman
						Stuart Gilchrist
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	lee	easure Commit	6. Primarily Formed Ballot Measure Committee		Officeholder or Candidate Controlled Committee	Officeholder or Car
of 4	Page					

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	W WIIVIG AVIIGITA.	State	Statement covers period 02/16/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	06/30/2020	Page 3 of 4
NAME OF FILER Committee to Elect Stuart Gilchrist Marysville Councilman 2020				1.D. NUMBER 1426823
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running In Both the State Primary and
Monetary Contributions Schedule A, Line 3     Loans Received Schedule B, Line 3     SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	0.00 100.00 100.00	0.00 100.00	ections	<b>ns</b> 1/1 through 6/30 7/1 to Date
	9 100.00	0.00		& &
Expenditures Made  6. Payments MadeSchedule E, Line 4  7. Loans MadeSchedule H, Line 3  8. SUBTOTAL CASH PAYMENTSAdd Lines 6+7	\$ 0.00 \$ 0.00	\$ 0.00 0.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	e Limit Summary for State  Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	0.00 0.00 \$	0.00	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ 0.00 100.00 0.00 0.00 \$ 100.00	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	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Pert 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	\$ 0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		EDBC Advisor advisomin	FPPC Form 460 (Jan/2016

#### 0 Schedule B ロロエム

Amounts may be rounded

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Loans Received  SEE INSTRUCTIONS ON REVERSE NAME OF FILER		to whole dollars.		# #	from 02/16/2020 through 06/30/2020	2/16/2020 06/30/2020	CALIFORNIA FORM  FORM  Page 4 of I.D. NUMBER	<sup>^</sup> 460
NAME OF FILER  Committee to Elect Stuart Gilchrist Marysville Councilman 2020	ville Councilman 2020						I.D. NUMBER 1426823	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Stuart Gilchrist 101 C Street Marysville, CA 95901	Gilchrist Whatnot			PAID 0.00	\$ 100.00	0 %	\$ 100.00	CALENDAR YEAR \$ 100.00 PER ELECTION***
TO IND COM OTH PTY SCC		\$ 0.00	100.00	0.00	11/03/20 DATE DUE	0.00	05/31/20 DATE INCURRED	\$ 0.00
				PAID				CALENDAR YEAR
				\$ FORGIVEN		RATE	60	PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		69	69	\$	DATE DUE	49	DATE INCURRED	49
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN		RATE	6	PER ELECTION**
T IND □ COM □ OTH □ PTY □ SCC		•	\$	*	DATE DUE	60	DATE INCURRED	én 
	60	SUBTOTALS \$	100.00 \$	0.00 \$	\$ 100.00 \$	0.00		
Schodule B Summer						(Enter (e) on		

### Schedule & Summary

1. Loans received this period ...... (Total Column (b) plus unitemized loans of less than \$100.)

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Loans paid or forgiven this period ......\$ (Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

ယ Enter the net here and on the Summary Page, Column A, Line 2

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

PTY - Political Party (other than PTY or SCC)
OTH - Other (e.g., business entity) COM - Recipient Committee †Contributor Codes SCC - Small Contributor Committee IND - Individual

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FPPC Advice: advice@fppc.ca.go FPPC Form 460 (Jan/2016) .6/275-3772]

(May be a negative number)

100.00