

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA  
FORM  
**460**

Date Stamp

OCT 22 2020

*SM*

Page 1 of 7  
For Official Use Only

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
- Primarily Formed Ballot Measure Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6)

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Statement covers period  
from 09/20/2020  
through 10/17/2020

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020

**3. Committee Information**

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

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
**1426823**

**Treasurer(s)**

NAME OF TREASURER

Debra Hopking

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

**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.

Executed on 10/22/20  
Date

By Debra Hopking  
Signature of Treasurer or Assistant Treasurer

Executed on 10/22/20  
Date

By \_\_\_\_\_  
Signature of Controlling Officer/candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officer/candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officer/candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Stuart Gilchrist  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Marysville Councilman  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED]

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	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  
 SUPPORT  
 OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent. If any.  
NAME OF OFFICEHOLDER, 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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 09/20/2020 through 10/17/2020	CALIFORNIA FORM <b>460</b>
Page 3 of 7	I.D. NUMBER 1426823

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect Stuart Gilchrist Marysville Councilman 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 2200.00	\$ 3226.04
2. Loans Received.....	Schedule B, Line 3 0.00	2300.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 2200.00	\$ 5526.04
4. Nonmonetary Contributions.....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 2200.00	\$ 5526.04

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 3.65	\$ 2719.87
7. Loans Made.....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 3.65	\$ 2719.87
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 3.65	\$ 2719.87

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 609.82
13. Cash Receipts.....	Column A, Line 3 above	2200.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0.00
15. Cash Payments.....	Column A, Line 8 above	3.65
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2806.17

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 2300.00

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 should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A  
CALIFORNIA  
FORM  
**460**

Statement covers period  
from 09/20/2020  
through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
1426823

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2020	Rebolov - PAC #921099	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
09/23/2020	Christina Bilieci	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/23/2020	Craig Carberry	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Farmer	100.00	125.00	
10/02/2020	Evelyn Allis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/02/2020	DaMona Dibble	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Digs	100.00	100.00	
<b>SUBTOTAL \$</b>				1400.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 2000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 200.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2200.00

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/20/2020  
through 10/17/2020

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NAME OF FILER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER

1426823

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2020	Helen Perkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Headquarters	100.00	100.00	
10/02/2020	California Real Estate PAC #890106 [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
				<b>SUBTOTAL \$</b>	600.00	

\*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

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/20/2020  
through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
1426823

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stuart Gilchrist [REDACTED]	Gilchrist Whatnot		\$ 2300.00	<input type="checkbox"/> PAID 0.00 <input type="checkbox"/> FORGIVEN 0.00	\$ 2300.00 DATE DUE 11/03/20	0 % RATE 0.00	\$ 100.00 DATE INCURRED 05/31/20	CALENDAR YEAR \$ 2300.00 PER ELECTION** \$ 2300.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS</b>		\$ 0.00	\$ 0.00	\$ 2300.00	\$ 0.00			

**Schedule B Summary**

(Enter (g) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0.00  
(May be a negative number)

**†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

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

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/20/2020  
through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
1426823

**CODES:** If one of the following codes 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 | tv. or cable airtime and production costs                 |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>SUBTOTAL \$</b>				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 0.00
- Unitemized payments made this period of under \$100..... \$ 3.65
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 0.00**

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp OCT 22 2020 <i>JM</i>		CALIFORNIA FORM <b>460</b>
Statement covers period from 09/20/2020 through 10/17/2020		Page 1 of 7 For Official Use Only
Date of election if applicable: (Month, Day, Year) 11/03/2020		

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) **I.D. NUMBER**  
 Committee to Elect Stuart Gilchrist Marysville Councilman 2020 **1426823**

### Treasurer(s)

NAME OF TREASURER  
 MAILING ADDRESS  
 Debra Hopking

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

NAME OF ASSISTANT TREASURER, IF ANY  
 MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
 OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
 OPTIONAL: FAX / E-MAIL ADDRESS

### 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.

Executed on 10/22/20 Date  
 Executed on 10/22/20 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By Debra Hopking Signature of Treasurer or Assistant Treasurer  
 By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent



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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Stuart Glichrist  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Marysville Councilman  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED]

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	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  SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, 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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 through 10/17/2020  
Page 3 of 7

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
1426823

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 2200.00	3226.04
2. Loans Received.....	Schedule B, Line 3 0.00	2300.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 2200.00	5526.04
4. Nonmonetary Contributions.....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 2200.00	5526.04

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 3.65	2719.87
7. Loans Made.....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 3.65	2719.87
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 3.65	2719.87

## Current Cash Statement

	Previous Summary Page, Line 16	
12. Beginning Cash Balance.....	609.82	
13. Cash Receipts.....	Column A, Line 3 above 2200.00	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0.00	
15. Cash Payments.....	Column A, Line 8 above 3.65	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 2806.17	

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 0.00
18. Cash Equivalents.....	See instructions on reverse 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 2300.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
✓ / _____	✓ / _____	\$ _____
✓ / _____	✓ / _____	\$ _____

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

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 this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/20/2020  
through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
1426823

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2020	Regology - PAC #921099	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
09/23/2020	Christina Billeci	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
09/23/2020	Craig Carberry	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Farmer	100.00	125.00	
10/02/2020	Evelyn Allis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/02/2020	DeMona Dibble	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Digs	100.00	100.00	
<b>SUBTOTAL \$</b>				1400.00		

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2000.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 200.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2200.00

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/20/2020  
through 10/17/2020

Page 5 of 7

NAME OF FILER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER

1426823

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/02/2020	Helen Perkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Headquarters	100.00	100.00	
10/02/2020	California Real Estate PAC #890106 [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
<b>SUBTOTAL \$</b>				600.00		

\*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

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 09/20/2020  
through 10/17/2020

Page 6 of 7

NAME OF FILER  
Committee to Elect Stuart Gilchrist Marysville Councilman 2020

I.D. NUMBER  
1426823

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stuart Gilchrist [REDACTED]	Gilchrist Whatnot	\$ 2300.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2300.00 11/03/20 DATE DUE	0 % RATE 0.00	\$ 100.00 05/31/20 DATE INCURRED	CALENDAR YEAR \$ 2300.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS</b>		\$ 0.00	\$ 0.00	\$ 2300.00	\$ 0.00			

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 9)

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$ \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

**†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

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

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Stuart Glichrist Marysville Councilman 2020

Statement covers period  
from 09/20/2020  
through 10/17/2020

CALIFORNIA  
FORM **460**  
Page 7 of 7  
I.D. NUMBER  
1426823

SCHEDULE E

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL i.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>SUBTOTAL \$</b>				


\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 0.00
2. Unitemized payments made this period of under \$100 ..... \$ 3.65
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 0.00

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp 		CALIFORNIA FORM <b>460</b>
Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		Page <u>1</u> of <u>6</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>		

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 1426823

Committee to Elect Stuart Glichrist Marysville Councilman 2020

**Treasurer(s)**

NAME OF TREASURER Debra Hopking

MAILING ADDRESS [REDACTED]

STREET ADDRESS (NO P.O. BOX) [REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]

MAILING ADDRESS [REDACTED]

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

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

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**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.

Executed on 9/24/20 Date

By Debra Hopking Signature of Treasurer or Assistant Treasurer

Executed on 9/24/20 Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Stuart Glichrist  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Marysville Councilman  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED]

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	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  
 SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, 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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary



# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM <b>460</b>
Page 3 of 6	I.D. NUMBER 1426823

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect Stuart Gilchrist Marysville Councilman 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 1026.04	\$ 1026.04
2. Loans Received.....	Schedule B, Line 3 \$ 2200.00	\$ 2300.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 3226.04	\$ 3326.04
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 3226.04	\$ 3326.04

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 2716.22	\$ 2716.22
7. Loans Made.....	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 2716.22	\$ 2716.22
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 2716.22	\$ 2716.22

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 100.00
13. Cash Receipts.....	Column A, Line 3 above \$ 3226.04
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ 0.00
15. Cash Payments.....	Column A, Line 8 above \$ 2716.22
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 609.82

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 2300.00

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

20. Contributions Received \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\* (if Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \$ \_\_\_\_\_

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

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 this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

CALIFORNIA FORM **460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Committee to Elect Stuart Gilchrist Marysville Councilman 2020**

I.D. NUMBER  
**1426823**

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

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 700.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 326.04
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1026.04

\*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

# Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

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

Page 5 of 6

NAME OF FILER: Committee to Elect Stuart Gilchrist Marysville 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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stuart Gilchrist [REDACTED]	Gilchrist Whatnot		\$ 100.00	\$ 2200.00 PAID 0.00 FORGIVEN 0.00	\$ 2300.00 DATE DUE 11/03/20	0% DATE DUE 05/31/20	\$ 100.00 DATE INCURRED 05/31/20	\$ 100.00 PER ELECTION** 0.00
<b>SUBTOTALS</b>		\$ 2200.00	\$ 0.00	\$ 2300.00	\$ 0.00			

## Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period ..... \$ 2200.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 2200.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

**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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Stuart Glichrist Marysville Councilman 2020

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

Page 6 of 6  
I.D. NUMBER  
1426823

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sapphire Marketing	CNS			2187.52
Yuba County Clerk	FIL			508.20
<b>SUBTOTAL \$</b>				<b>2695.72</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2695.72
2. Unitemized payments made this period of under \$100 ..... \$ 20.50
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 2716.22

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA  
FORM  
**460**

Page 1 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 02/16/2020  
through 06/30/2020

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020



**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
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
**14268823**

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

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

**Treasurer(s)**

NAME OF TREASURER

**Debra Hopking**

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

**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.

Executed on 7/31/2020  
Date

By Debra Hopking  
Signature of Treasurer or Assistant Treasurer

Executed on 7/31/2020  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Stuart Gilchrist  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Marysville Councilman  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 [REDACTED]

**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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	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  
 SUPPORT  
 OPOSE  
 Identify the controlling officeholder, candidate, or state measure proponent, if any.  
 NAME OF OFFICEHOLDER, 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 <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM <b>460</b>
Page <u>3</u> of <u>4</u>	

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 Committee to Elect Stuart Glichrist Marysville Councilman 2020

I.D. NUMBER  
 1426823

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 0.00	0.00
2. Loans Received.....	Schedule B, Line 3 100.00	100.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 100.00	100.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 100.00	100.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

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

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 0.00	\$ _____
13. Cash Receipts.....	Column A, Line 3 above 100.00	100.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0.00	0.00
15. Cash Payments.....	Column A, Line 8 above 0.00	0.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 100.00	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 should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 100.00

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 02/16/2020  
through 06/30/2020

Page 4 of 4

NAME OF FILER

I.D. NUMBER

Committee to Elect Stuart Gilchrist Marysville Councilman 2020

1426823

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stuart Gilchrist 101 C Street Marysville, CA 95901	Gilchrist Whatnot	\$ 0.00	\$ 100.00	\$ 0.00 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 100.00 DATE DUE <u>11/03/20</u>	0 % RATE	\$ 100.00 DATE INCURRED <u>05/31/20</u>	\$ 100.00 PER ELECTION** CALENDAR YEAR
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		<b>100.00</b>	<b>100.00</b>	<b>0.00</b>	<b>100.00</b>	<b>0.00</b>		

(Enter (e) on  
Schedule E, Line 3)

tContributor Codes

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

**Schedule B Summary**

- Loans received this period ..... \$ 100.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period: (Subtract Line 2 from Line 1.) ..... NET \$ 100.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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