

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Circle Democrats P.O. Box 4924

ADDRESS (number and street)

Check if different than previously reported. (ACC) Circle CA 95727-4924

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [M M M] / [D D D] / [Y Y Y Y Y Y] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [M M M] / [D D D] / [Y Y Y Y Y Y] in the State of []

5. Covering Period [11] / [25] / [2014] through [12] / [31] / [2014]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Worley

Signature of Treasurer [Signature] Date [12] / [30] / [2014]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns and 1 row for Office Use Only.

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHICO Democrats

Report Covering the Period: From:

MM / DD / YYYY
11 / 25 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		2,899.20
(b) Cash on Hand at Beginning of Reporting Period.....	1,288.83	
(c) Total Receipts (from Line 19).....	2,120.15	1,858.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,358.98	2,185.02
7. Total Disbursements (from Line 31).....	1,505.15	2,104.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	853.83	853.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1,100	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CLICO Democrats

Report Covering the Period: From:

MM / DD / YYYY
11 / 28 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1,100 -

7,850 -

(ii) Unitemized.....

1,080.15

79,66.57

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2,080.15

15,816.57

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2,080.15

15,816.57

12. Transfers From Affiliated/Other Party Committees.....

1,442.28

13. All Loans Received.....

500 -

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

1,300 -

(b) Levin Funds (from Schedule H5).....

-0-

(c) Total Transfers (add 18(a) and 18(b))..

1,300 -

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,080.15

18,058.82

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2,080.15

17,658.82

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		1,346.05
22. Transfers to Affiliated/Other Party Committees		735.-
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		2,443.98
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made	500.-	500.-
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	1,005.15	
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds	1,005.15	16,079.26
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	1,005.15	16,079.26
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29, and 30(c)) ..	1,505.15	20,004.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,505.15	20,004.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21,001.5	15,716.57
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21,001.5	15,716.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	13,460.5
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-	13,460.5

FINANCIAL REPORT

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Chico Democrats

Full Name (Last, First, Middle Initial)

A. *Beverly Alves*

Mailing Address

8038 CO RD 82

City

Princeton

State

CA

Zip Code

95970

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Farming

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

4.00-

Date of Receipt

12 / 10 / 2014

Amount of Each Receipt this Period

2.00-

Full Name (Last, First, Middle Initial)

B. *Deborah Owens*

Mailing Address

1462 Mountain View Ave

City

Chico

State

CA

Zip Code

95924

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Retired

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

2.00-

Date of Receipt

12 / 15 / 2014

Amount of Each Receipt this Period

2.00-

Full Name (Last, First, Middle Initial)

C. *Seth Derush*

Mailing Address

P.O. Box 4399

City

Chico

State

CA

Zip Code

95927

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Investigative Services

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

2.00-

Date of Receipt

12 / 10 / 2014

Amount of Each Receipt this Period

1.00-

SUBTOTAL of Receipts This Page (optional).....

5.00-

TOTAL This Period (last page this line number only).....

2.00-

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **7** OF **11**
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Conico Democrats

A. Full Name (Last, First, Middle Initial) **Charles Worth**
 Mailing Address **798 Sierra View Ave**
 City **Conico** State **CA** Zip Code **98522**
 Date of Receipt **12 02 2014**
 Amount of Each Receipt this Period **, 100.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self** Occupation **Retired**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **, 400.00**

B. Full Name (Last, First, Middle Initial) **~~William Beckett~~ William Beckett**
 Mailing Address **99 Alva Blvd**
 City **Conico** State **CA** Zip Code **98522**
 Date of Receipt **12 30 2014**
 Amount of Each Receipt this Period **, 200.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self** Occupation **Builder**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **, 200.00**

C. Full Name (Last, First, Middle Initial) **Richard Harrison**
 Mailing Address
 City State Zip Code
 Date of Receipt **12 31 2014**
 Amount of Each Receipt this Period **, 300.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self** Occupation **Attorney**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **, 300.00**

SUBTOTAL of Receipts This Page (optional)..... **, 600.00**
TOTAL This Period (last page this line number only)..... **, 600.00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 8 OF 21

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NAME OF COMMITTEE (In Full)
Carico Democrats

A.

Full Name (Last, First, Middle Initial)
Carla Resnick Typesetting

Date of Disbursement
MM / DD / YYYY
12 / 29 / 2014

Mailing Address
3010 Alamo Ave

City State Zip Code
Carico CA 95573

Purpose of Disbursement
Graphic Design Work

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2,905.15

Category/Type

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **2,905.15**

TOTAL This Period (last page this line number only).....▶ **1,005.15**

4 NON-INT-INT-INT

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Chico Democrats

Full Name (Last, First, Middle Initial)

A. Bob Mulholland

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2014

Mailing Address

1355 E 10th St

City

Chico

State

CA

Zip Code

95926

Purpose of Disbursement

loan Repayment

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, 500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 10 OF 17
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Chico Democrats

LOAN SOURCE Full Name (Last, First, Middle Initial)
BOB WOLHOLLAND
 Mailing Address
1355 10th St
 City CHICO State CA ZIP Code 95720

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS
 Date Incurred Date Due Interest Rate Secured:
 / / / / % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) ▶
 TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11-00000-1000-1000-9



267686

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CHICO DEMOCRATS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michael Hawkins

Nature of Debt (Purpose):

Mailing Address

1355 E 10th St

City

State

Zip Code

CHICO CA

95928

Outstanding Balance Beginning This Period

0 - 0 -

Amount Incurred This Period

1160 -

Payment This Period

0 -

Outstanding Balance at Close of This Period

1160 -

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Four empty boxes for totals.

560895

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Washington DC 205463*



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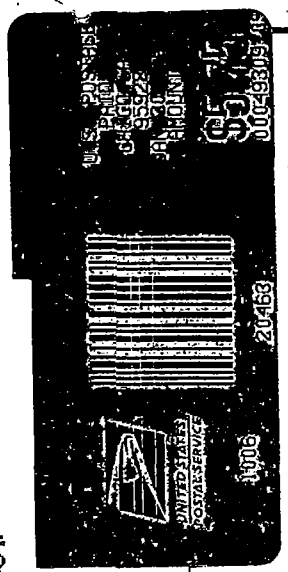
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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

2/4/15
DATE PREPARED