

**Major Donor and
Independent Expenditure Committee
Campaign Statement**
(Government Code sections 84200-84216.5)

Type or print in ink.

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Date Stamp RECEIVED APR 28 2011 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 461
Page <u>1</u> of <u>2</u>	
For Official Use Only	

Statement covers period from <u>1/1/2011</u> through <u>4/28/2011</u>	Date of election if applicable: (Month, Day, Year) <u>6/7/2011</u>
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SEE INSTRUCTIONS ON REVERSE

1. Name and Address of Filer

NAME OF FILER

Butte Taxpayer Association

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)
1308 W 8th Ave

CITY STATE ZIP CODE
Chico CA 95926

RESPONSIBLE OFFICER (If filer is other than an individual) AREA CODE/DAYTIME PHONE
530.892.8940

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS
ADDRESS OF EMPLOYER/BUSINESS	

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS
Educating the citizens of Butte County on issues of government spending and local government actions.

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)..... \$ 49,990
2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ _____
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) SUBTOTAL \$ 49,990
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ _____
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... TOTAL \$ 49,990

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/28/2011 By *Mary Sue Dauterman*
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain): _____

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>1/1/11</u> through <u>4/28/2011</u>	CALIFORNIA FORM 461
	Page <u>2</u> of <u>2</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Butte Taxpayer Association

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
4/28/11	Cedar Creek Publishing 6254 Clark Road Paradise CA 95969	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mail Production, Printing, Postage	City of Chico Measure A <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$49,990
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
SUBTOTAL \$						\$49,990

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>1/1/2011</u> through <u>4/28/2011</u> Date of election if applicable: (Month, Day, Year) <u>6/7/2011</u>	Date Stamp RECEIVED APR 28 2011 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

Butte Taxpayers Association

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

1308 W. 8th Ave,

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chico	CA	95926	530.892.8940

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

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

City of Chico Measure A

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT	OPPOSE
X	

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT	OPPOSE

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
4/28/2011	Cedar Creek Publishing 6254 Clark Road Paradise, California 95969	Mail production, printing and postage.	\$49,990	\$49,990

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>1/1/2011</u> through <u>4/28/2011</u>	CALIFORNIA FORM 465 Page <u>2</u> of <u>2</u>
I.D. NUMBER (If recipient com.)	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Butte Taxpayers Association

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>49,990</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ _____
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>49,990</u>

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
City of Chico City Clerk

ADDRESS (NO. AND STREET)
411 Main Street

CITY STATE ZIP CODE
Chico CA 95928

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification


I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/28/2011
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT