Recipient Committee			D. (1.0)		COVER PAGE
Campaign Statement			Date Stamp		FORNIA 460
Cover Page			RECEIVED	FC	DRM TOO
	Statement covers period	Date of election if applicable:	SEP 2 5 2024	Page _1	of <u>20</u>
	from 01/01/24	(Month, Day, Year)	COMMI OF SERVE		or Official Use Only
EE INSTRUCTIONS ON REVERSE	through 9/21/24	Nov 5, 2024	TOWN CLERK'S D	EPT	
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		***	
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly State Special Odd-Ye	ment ar Report
de aller	D. NUMBER				
1	466949	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Friends of Lange for Paradise Town Council 2024		Catherine Wood			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Paradise	CA	95969	530-570-1333
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		00000	000 010 1000
Paradise CA 9596	9 530-513-1665	Heidi Lange			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.	X	MAILING ADDRESS			
PO Box 736 CITY STATE ZIP CO	AND ACADIOLOGIC				
		CITY		ZIP CODE	AREA CODE/PHONE
Paradise CA 9596 OPTIONAL: FAX/E-MAILADDRESS	7 530-513-1665	Paradise OPTIONAL: FAX/E-MAIL ADDRI	CA	95969	530-513-1665
heidi.lange@sbcglobal.net		heidi.lange@sbcglobal.ne			
. Verification		neturiarige succionario		37-1	
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my k	nowledge the information contained	herein and in the attache	ed schedules is t	rue and complete.
certify under penalty of perjury under the laws of the State of					
Executed on Date	Ву	Signature of Thesurer or Assistant	Mesure	2	

Executed on Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVE	R PAGE - PART 2
CALIFORN	11A 460
FORM	400
2 2	of 20
Page 2	01

Onigonolder of Canadate Controlled Con	Officeholder or Candidate Controlled Committee			6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Heidi Lange									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBE	R IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Paradise Town Council 2024									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STAT	E ZIP		Al-				
	Paradise	CA	95969		Identify the controlling office	holder, candle	date, or state	measure propo	nent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
Related Committees Not Included in this	Statement:	l ist any c	ommittees						
not included in this statement that are controlled by you	u or are primar				OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
contributions or make expenditures on behalf of your c	andidacy.								
COMMITTES NAME	I.D. NUME	BER			<del>)</del>				
	00017770	LLED COM		7.	Primarily Formed Can	didate/Offic	eholder Co	mmittee Lis	t names of
NAME OF TREASURER					officeholder(s) or candidate(s	) for which this	committee is	primarily formed	1.
COMMITTEE ADDRESS STREET ADDRESS (NO F	O BOX)		NO		NAME OF OFFICEHOLDER OR	CANDIDATE	TOFFICE SOL		
					NAME OF OFFICEHOLDER OR	CANDIDATE	011102000	JGHT OR HELD	
OUMINITY FEE ADDITION OF THE PARTY OF THE PA	.о. вох)				NAME OF OFFICEHOLDER OR	CANDIDATE	011102000	JGHT OR HELD	SUPPORT
	,	AREAC	ODE/PHONE						SUPPORT
	IP CODE	AREA C	CODE/PHONE		NAME OF OFFICEHOLDER OR			JGHT OR HELD	
CITY STATE Z	IP CODE		CODE/PHONE						OPPOSE
CITY STATE Z	,		CODE/PHONE			CANDIDATE	OFFICE SOL		OPPOSE SUPPORT OPPOSE
CITY STATE Z	IP CODE		CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ OPPOSE
	IP CODE				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
CITY STATE Z COMMITTEE NAME	IP CODE	BER	MITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMI	BER	MITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMI	BER	MITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from  $\frac{01/01/24}{\text{through}}$  End  $\frac{09/21/24}{\text{Page}}$  CALIFORNIA  $\frac{3}{\text{FORM}}$  FORM  $\frac{20}{\text{CALIFORNIA}}$ 

	Column A	Column B	Calendar Year Sum	mary for Candidates
Friends of Lange for Paradise Town Council 2024				1466949
NAME OF FILER				
SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER
		through.	09/21/24	Page 3 of 20
		110111		

Monetary Contributions	**Example 1.00	\$ Column B CALENDAR YEAR TOTAL TO DATE  \$	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
Expenditures Made  6. Payments Made	\$\frac{3088.07}{0}\$ \$\frac{3088.07}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{3088.07}\$ \$\$\$\$	\$ \$ \$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$\frac{415.00}{0}\$ \$\frac{0}{415.00}\$ \$\frac{0}{0}\$ \$\frac{0}{415.00}\$	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.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule	A	
<b>Monetary</b>	<b>Contributions</b>	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Monetary	Monetary Contributions Received		whole donard.	from 01/01/24	ers period		ORNIA 460
CEE INCTRINCT	IONS ON REVERSE			through <u>09/21/24</u>		Page .	4 of 20
NAME OF FILER		111				1.D. NU 146694	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
3/10/24	Linda Howard Paradise CA 95969	IND COM OTH PTY	Retired	\$100.00	\$100.00		
5/3/24	Catherine Wood Paradise CA 95969	☑IND □COM □OTH □PTY □SCC	Retired	\$200.00	\$200.00		
5/9/24	Heather Bonea Chico, CA 95928	☑IND □COM □OTH □PTY □SCC	Elementary Teacher	\$50.00	\$50.00		
5/11/24	Heidi Gomez Paradise CA 95969	☑IND □COM □OTH □PTY □SCC	Escrow Officer Mid Valley Title	\$100.00	\$100.00		
6/1/24	Don Vick Paradise CA 95969	COM COM OTH PTY SCC	Retired	\$100.00	\$100.00		
			SUBTOTAL	\$ 550.00			
1. Amount a	e A Summary received this period – itemized monetary contribution all Schedule A subtotals.) received this period – unitemized monetary contribution	***************************************	Φ —	365.00	OTI PT	other) H – Other Y – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)
A 77-1-1	netary contributions received this period.					FPI	PC Form 460 (Jan/2016)

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA

FORM

Statement covers period

from 01/01/24

NAME OF FILER Friends of La	nge for Paradise Town Council 2024			through <u>09/21/24</u>		Page	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/11/24	Susan Oliver Magalia CA 95954	IND COM OTH PTY	Self Employed Brush Masters	\$100.00	\$100.00		
6/14/24	Charles Brooks Paradise, CA 95969	IND COM OTH PTY	Self Employed Homestead Handyman	\$50.00	\$50.00		
6/24/24	Jan Keller Paradise CA 95969	IND COM	Retired	\$100.00	\$100.00		
6/29/24	Rhonda Berndt Chico CA 95926	IND COM OTH PTY	Property Manager/Broker Western Property Solutions	\$100.00	\$100.00		
6/29/24	Janet Mann Magaila CA 95954	IND COM OTH PTY	Retired	\$100.00	\$100.00		
-			SUBTOTAL	\$ 450.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from 01/01/24

				through <u>09/21/24</u>		Page 6	
NAME OF FILER Friends of La	ange for Paradise Town Council 2024					1.D. NUM 1466949	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/29/24	Colleen Corners Paradise, CA 95969	IND COM OTH PTY SCC	Self Employed Corners Consulting	\$100.00	\$100.00		
6/29/24	Anonymous	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$15.00	\$15.00		
6/29/24	Richard White PO Box 66 Independence, CA 93526	IND COM OTH PTY SCC	Retired	\$200.00	\$200.00		
6/29/24	John Terran Heinke Paradise, CA 95969	IND COM OTH PTY SCC	Owner Heinke Farm	\$1,000.00	\$1,000.00		
6/29/24	Loretta MacPhail  Magalia, CA 95954	IND COM OTH SCC	Retired	\$100.00	\$100.00		
			SUBTOTAL	\$ 1.415.00			

\*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

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## Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statement covers period from 01/01/24			ORNIA 460
				through <u>09/21/24</u>		Page	of
NAME OF FILER Friends of Lar	nge for Paradise Town Council 2024					1.D. NUI 146694	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS	CUMULATIVE TO	EAR	PER ELECTION TO DATE

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)
6/29/24	John & Shawna Love Paradise, CA 95969	IND COM OTH PTY	Electrician Agri Electric Secretary Northern Recycling and Waste	\$100.00	\$100.00	
6/29/24	Alan White Paradise, CA 95969	COM COM OTH PTY SCC	Facilities Manager Youth for Change	\$200.00	\$200.00	
7/2/24	Gail Larsen PO Box 23 Paradise, CA 95967	IND COM	Secretary Elks Lodge	\$50.00	\$50.00	
7/3/24	Tim Fisher Emmett, ID 83617	IND COM	Retired	\$50,00	\$50.00	
7/4/24	Dan Steurmer Magalia, CA 95954	IND COM	Owner Spectrum Landscaping	\$500.00	\$500.00	
		POPE TO SE				

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

. 20

CALIFORNIA

FORM

8

Statement covers period

from 01/01/24

				through <u>09/21/24</u>		Page _8	of
NAME OF FILER Friends of La	inge for Paradise Town Council 2024		<u>'</u>			1.D. NUN 1466949	
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 CALENDAR N (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
8/7/24	Dean Fender Chico, CA 95926	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$50.00	\$50.00		
		IND COM OTH PTY					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 50.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

	Am	ounts may be ro	unded	72			SCHED	ULE B - PART 1	
Schedule B - Part 1 to whole dollars.					Statement cov	ers period	CALIFORNIA 460		
pans Received from 01/01/24					FORM	400			
					through 09/21/24	1	Page 9	of 20	
EE INSTRUCTIONS ON REVERSE					till Odgii		I.D. NUMBER	01	
IAME OF FILER									
riends of Lange for Paradise Town Council 2	024						1466949		
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	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
				☐ PAID				CALENDAR YEAR	
				s	\$	%	\$	s	
				FORGIVEN		RATE		PER ELECTION	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID		<del>                                     </del>		CALENDAR YEAR	
				s	\$	%	\$	s	
				FORGIVEN		RATE		PER ELECTION*	
								LIVELEGIION	
IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
			1	s		%	s		
				FORGIVEN		RATE		PER ELECTION	
				s		8			
IND COM OTH PTY SCC		,			DATE DUE		DATE INCURRED		
and the second s		BUBTOTALS :	\$	\$	\$	\$			
(Enter (e) on Schedule E, Line 3)									
_				s 0					
I. Loans received this period									
Loans paid or forgiven this period									
(Total Column (c) plus loans under \$100 paid or forgiven.)									
(Include loans paid by a third party that				NET 6 0		1.		PTY or SCC)	
3. Net change this period. (Subtract Lin			***************************************	NET \$			OTH – Other (e.g., PTY – Political Par		
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.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

(May be a negative number)

							SCHE	DULE B - PART
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statem 01/0	california 460			
SEE INSTRUCTIONS ON REVERSE				through _	9/21/24	Page .	10	of
NAME OF FILER Friends of Lange for Paradise Town Council 2024						1.D. NU 14669		
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATI TO DATE		BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR Y	EAR	
	□OTH □PTY □SCC		DATE			PER ELECT (IF REQUIR	ION ED)	
	□IND		LENDER			CALENDAR Y	EAR	
	□COM □OTH □PTY		DATE			PER ELECT (IF REQUIR	ION ED)	
	□scc					\$	_	
	□IND □COM		LENDER			\$	EAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECT (IF REQUIR	ION ED)	
	ļ		LENDER			CALENDAR	YEAR	
	☐ IND					\$		

DATE

SUBTOTAL \$ 0

□ OTH

□ PTY □ SCC PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.	Statement cover		Statement covers			SCHEDULE
Nomino	netary Contributions Received				fron	01/01/94		FO	~ ~ ~ ~
	CTIONS ON REVERSE				thre	ough <u>09/21/24</u>		Page	of <u>20</u>
Friends of I	Lange for Paradise Town Council 2024							1.D. NUM 1466949	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/10/24	Lori Crowder Paradise CA 95969	☑IND □COM □OTH □PTY □SCC	Self Employed, A Stitch Above	4 Campaign T-shiirts		\$100.00	\$100.00		\$100.00
6/29/24	Fullers Flowers 6370 Diamond Ave Paradise, CA 95969	□IND □COM ☑OTH □PTY □SCC	Flower Shop	Floral Arrangement		\$100.00	\$100.00		\$100.00
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 200.00			
1. Amount (Include	e C Summary  received this period – itemized nonmonetar e all Schedule C subtotals.)	***************************************			\$ :-	200.00	IND COM OTH	(other th	I nt Committee nan PTY or SCC) .g., business entity)

3. Total nonmonetary contributions received this period.

NAME OF FILER Friends of Lange for Paradise Town Council 2024    DATE   NAME OF ANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE   Monetary Contribution   Monetary	Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement covers from $\frac{01/01/24}{\text{through}}$	s period	CALIFORNIA 460 FORM  12 20	
Friends of Lange for Paradise Town Council 2024    DATE   NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE   Monetary Contribution   Monetary Contr					through 03/21/24		Page	of
DATE    NAME OF CANDIDATE OFFICE. OFFICE. AND JURISDICTION, OR COMMITTEE   Manual Committee								
Contribution   Nonmonetary Contribution   Independent   Expenditure   Monetary Contribution   Independent   Expenditure   Support   Oppose   Support   Oppose   Support   Nonmonetary Contribution   Nonmonetary   Nonmonetary Contribution   Nonmonetary   Nonmone	DATE	MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT			CALENDA	RYEAR	TO DATE
Contribution   Independent   Expenditure   E								
Support Oppose Expenditure    Monetary Contribution   Nonmonetary Contribution   Independent Expenditure     Support Oppose   Support   Oppose   Support   Oppose   Support   Support   Oppose								
Support Oppose Expenditure    Support Oppose   Contribution   Independent   Expenditure     Support Oppose   Contribution   Independent   Expenditure     Support Oppose   Contribution   Support   Contribution     Nonmonetary Contribution   Independent   Expenditure     Substitution   Support   Oppose   Contribution     Independent   Expenditure     Substitution   Substitution   Substitution     Independent   Expenditure     Substitution   Substitution   Substitution     Substitution   Substitution   Substitution     Substitution   Substitut		☐ Support ☐ Oppose						
Support Oppose Expenditure    Support Oppose   Contribution   Independent   Expenditure     Monetary   Contribution   Independent   Independent   Expenditure     Support Oppose   Support   Oppose   Support   Support   Oppose   Support   Support   Oppose			1	ž.				
Support Oppose Expenditure    Monetary Contribution   Nonmonetary Contribution   Independent   Expenditure								
Schedule D Summary  1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)		☐ Support ☐ Oppose	Land 1					
Support Oppose Support Support Oppose Support								
Support								
Schedule D Summary  1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)		☐ Support ☐ Oppose						
Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)				SUBTOTAL	\$ 0			
Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	Sahadula	D Summany						
2. Unitemized contributions and independent expenditures made this period of under \$100\$			e this period. (Inclu	de ail Schedule D subtotals.	)		\$	)
2. Officering of the market of	2 Unitemiz	red contributions and independent expenditures m	ade this period of u	inder \$100		*************	\$	)
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	3. Total con	atributions and independent expenditures made th	is period. (Add Line	s 1 and 2. Do not enter on	the Summary Page	e.) ., <b>T</b> (	OTAL\$	)

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

		SCHE	DULE D (CONT.	
Statement	covers period	CALIFOR	NIA 460	
from <u>01/01/2</u>	4	FORM 40		
through 09/2	1/24	Page 13	of 20	
		I.D. NUMBER		
		1466949		

Friends of Lan	ge for Paradise Town Council 2024				1466949	)	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent	(IF RESOURCE)		(JAN. 1 - DEC. 31)	(IF REQUIRED)	
	Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
	SUBTOTAL \$ 0						

### Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{01/01/24}{}$	CALIFORNIA 460
through <u>09/21/24</u>	Page 14 of 20
	I.D. NUMBER
	1488040

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Lange for Paradise Town Council 2024 1466949

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* IND VOT voter registration professional services (legal, accounting)

legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paradise Ridge Chamber of Commerce 6161 Clark Rd Ste 1 Paradise, CA 95969	MTG	Check #1001 - a space rental for Party in the Park to have a campaign table	\$240.00
Costco 2100 Dr MLK Jr Parkway Chico CA 95928	FND	Debit Card Purchase-food for campaign kickoff party and fundraiser	\$125.19
Golden One Credit Card 8971 PO Box 15966 Sacramento, CA 95852	СМР	Credit card payment for campaign purchases see attached spreadsheet	1596.83

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

**SUBTOTAL \$** 1962,02

#### Schedule E Summary

3006.09 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ -

Golden	n One Credit	Card Payment	
Purcha	ases made w	ith credit card	8971
	3/13/24	\$384.80	Yard Signs & Stakes Good Guys Signs
	4/22/24	\$578.85	Highway Signs Good Guys Signs
	4/30/24	\$25.83	Flamingo Cookie Cutters Amazon
	5/3/24	\$177.50	Magnets Good Guys Signs
	5/3/24	\$26.93	Pink Table Cloths Amazon
	5/4/24	\$25.80	Flamingo stickers Amazon
	5/6/24	\$140.06	Canopy Amazon
	5/9/24	\$129.90	Banner Wilson's Printing
-	6/23/24	\$107.16	Post-it Easel Pads Amazon
Total		\$1,596.83	
K			it card payment on July 8, 2024 so I was told to report that on the next reporting period under expenditures, payments made
			the purchases on schedule E but here is a breakdown for reference on the total reported on this form under expenditures
	m	ade, accrued e	expenese (unpaid bills)

Schedule !	E	
(Continuat	ion	Sheet)
<b>Payments</b>	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (	CONT.)
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Statement covers period 01/01/24 from	CALIFORNIA 460
through <u>09/21/24</u>	Page
	I.D. NUMBER
	1466949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lange for Paradise Town Council 2024

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

CMP	campaign paraphemalia/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	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundralsing events	PQL	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	local defense	DDO.	professional convious (local, accounting)	VOT	votor registration

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

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
Town of Paradise 5555 Skyway Paradise, CA 95969	FIL	Candidate Statement Fee	450.00
Thomas Ace Hardware 5720 Clark Rd Paradise, CA 95969	CMP	U-posts for highway signs	208.17
Good Guy Signs 5002 N Howard Ave Tampa, FL 33603	СМР	Highway Signs	385.90

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

**SUBTOTAL \$ 1044.07** 

Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/24	CALIFORNIA 460
through <u>09/21/24</u>	Page 16 of 20
	I.D. NUMBER
	1488949

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Lange for Paradise Town Council 2024 1466949

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings (a) (b) OUTSTANDING AMOUNT PAID OUTSTANDING CODE OR NAME AND ADDRESS OF CREDITOR AMOUNT INCURRED BALANCE AT CLOSE THIS PERIOD BALANCE BEGINNING DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$ 0	\$ 0	\$ 0	\$ 0	
sufficiency of Surodule 2.					

#### Schedule F Summary

<ol> <li>Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)</li></ol>	0
accrued expenses of \$100 of more, plus total difficentized accrued expenses differ \$100.0	

and the state of t		
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and	NET ¢	, 0
on the Summary Page, Column A, Line 9.)	" ME 1 9	May be a penative number

FPPC Form 460 (Jan/2016))

<sup>2.</sup> Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

### Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

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through <u>09/21/24</u>	Page 17 of 20				
	I.D. NUMBER				
	1466949				

NAME OF FILER

Friends of Lange for Paradise Town Council 2024

campaign literature and mallings

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

CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*		office expenses	SAL	campaign workers' salaries
	civic donations		petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees		phone banks		candidate travel, lodging, and meals
			polling and survey research		staff/spouse travel, lodging, and meals
FND	fundraising events	FOL	pointing and survey research	1110	stall about the state in long ing, and mount

independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services PRO professional services (legal, accounting) LEG legal defense

PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/24	CALIFORNIA 460
		through <u>09/21/24</u>	Page of
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER Friends of Lange for Paradise Town Council 2024			1466949
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes	MBR member communications	RAD radio airtime and production of	osts
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	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS professional services (legal, accounting) PRT print ads	RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, ai TSF transfer between committees VOT voter registration WEB information technology costs in	meals nd meals of the same candidate/sponsor

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

			SCHEDULE H					
Schedule H	Amounts may be rounded to whole dollars.			Statement covers period from 01/01/24		CALIFORNIA 460		
Loans Made to Others*								
					00/91/9			
SEE INSTRUCTIONS ON REVERSE					through		Page 19	of 20
NAME OF FILER							I.D. NUMBER	
Friends of Lange for Paradise Town Council 2	024						1466949	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(6)	(c)	OUTSTANDING	(0)	(1)	(8)
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE	AMOUNT LOANED THIS	REPAYMENT OF FORGIVENES	BALANCE AT	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	THIS PERIOD		RECEIVED	LOAN	TO DATE
				PAID				CALENDAR YEAR
				_		9/		
				,	,	RATE	,	,
				FORGIVEN				PER ELECTION"
		\$	\$	5	-	\$		\$
				-	DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
			1	s	s	%	\$	
				FORGIVEN		RATE		PER ELECTION**
				PORGIVEN				PERELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of	or committee must							
also be summarized on Schedule D. Loans forgiven must also be			-0	• 0	. 0	<b>s</b> 0		
reported on Schedule E.		SUBTOTALS	\$0	\$ 0	\$ 0	<b>3</b> U		
						(Enter (e) on	73	
						Schedule I, Line 3)		
Schedule H Summary					. 0			
1. Loans made this period				*********	\$			
(Total Column (b) plus unitemized loans of less than \$100.)					0			**If Required
2. Payments received on loans				*************	\$			
(Total Column (c) plus unitermized paym 3. Net change this period. (Subtract Line 2					MET ¢ 0			
(Enter the net here and on the Summar			***************************************		NET #		(	

(May be a negative number)

Schedule I		Amounts may be rounded			SCHEDULE			
Miscellaneous Increases to Cash		to whole dolla	rs.	Statement covers period from 01/01/24		CALIFORNIA 460		
						FORM TOO		
SEE INSTRUCTIONS ON REVERSE				through	24	Page 20 of 20		
NAME OF FILER	I.D. NUMBER							
Friends of Lange for Par	radise Town Council 2024					1466949		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
Attach additional information on appropriately labeled continuation sheets.						\$ 0		
Schedule I Sumn	•			. 0	)			
	to cash this period				·	,		
2. Unitemized increase	ses to cash of under \$100 this period		***************************************	\$				
3. Total of all interest	received this period on loans made to others. (Sch	hedule H, Column	(e).)	\$ <u></u>	======			
4. Total miscellaneou Summary Page. Li	s increases to cash this period. (Add Lines 1, 2, ar	nd 3. Enter here ar	nd on the	TOTAL \$_		FPPC Form 460 (Jan/2016))		
	•				FPPC Advice: advice	re@fppc.ca.gov (866/275-3772)		

www.fppc.ca.gov