Recipient Committee			Date Stamp	COVER PAGE
Campaign Statement Cover Page			RECEIVED	FORM 460
_	Statement covers period	Date of election if applicable:	DEC 3 1 2024	Page 1 of 17
	from 10/20/24	(Month, Day, Year)	TOWAL OF FOLIO OF	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/24</u>	Nov 5, 2024	TOWN CLERK'S DEF	
1. Type of Recipient Committee: All Committees - C	complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Pert 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	terly Statement del Odd-Year Report
3 Committee Information	I.D. NUMBER 1466949	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 CO	DDE AREA CODE/PHONE
		Paradise	CA 9590	
CITY STATE ZIP (CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
Paradise CA 959		Heidi Lange		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS		
PO Box 736 CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE ZIP C	DDE AREA CODE/PHONE
interior and a second a second and a second		Paradise	CA 9590	
Paradise CA 958 OPTIONAL: FAX / E-MAIL ADDRESS	330-313-1003	OPTIONAL: FAX / E-MAIL ADDR		<u>530-513-1665</u>
heidi.lange@sbcglobal.net		heidi.lange@sbcglobal.ne		
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State			herein and in the attached sci	nedules is true and complete. I
12/3/191981		d oyllous	· V	
Executed on Pate	Ву	AND ADDRESS OF THE PROPERTY OF	Treasurer	
Executed on 13/31/3034	Ву	- lan	aldate	
Executed on 12/31 2024	Spharoeol Col		roponent or Responsible Officer of Spons	or
Executed on	Ву		Side Vision Brown	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE	- PART 2
CALIFORNIA 4	60

Officeholder or Candidate Controlled Committee			6.	5. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE					ì	NAME OF BALLOT MEASURE				
Heidi Lange										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	F APPLIC	CABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Paradise Town Council 2024					,		L			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 6165 Oliver Rd	Paradise	CA	2IP 95969			Identify the controlling office	nolder, candid	ate, or state	measure prop	onent, if any.
						NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily f				1	OFFICE SOUGHT OR HELD			DISTRICT NO.	. IF ANY
COMMITTEE NAME	I.D. NUMBER				•					
NAME OF TREASURER	CONTROLLE	D СОММ	ITTEE?	7.		Primarily Formed Cand officeholder(s) or candidate(s)	Idate/Office	holder Co	mmittee Li	st names of
	☐ YES	☐ NO								
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				ı	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		ĺ	NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOL	IGHT OR HELD	
COMMITTEE NAME	Land	-								OPPOSE
COMMITTEE NAME	I.D. NUMBER				i	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE YES	D COMM				NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOL	JGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.										☐ OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE			Attac	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.		Statement covers period 10/20/24	california 460
EE INSTRUCTIONS ON REVERSE		throu	igh <u>12/31/24</u>	Page 3 of 17
AME OF FILER				1.D. NUMBER
riends of Lange for Paradise Town Council 2024				1466949
ontributions Possivad	Column A	Column B	Calendar Year Sum	mary for Candidates

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEOULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$\frac{3465.00}{0}\$ \$\frac{415.00}{200.00}\$ \$\frac{3665.00}{0}\$	20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$			
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 8. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE 12. Add Lines 8 + 9 + 10	\$\frac{247.22}{0} \$\frac{0}{0} \frac{0}{0} \frac{0}{247.22}	\$\frac{3465.00}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{3465.00}\$	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{0}{0}{0}\$ \$\frac{0}{0}{0}\$ \$\frac{0}{0}{0}\$	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	*Amounts in this section may be different from amounts reported in Column B.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016))			
			FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Schedule A Monetary (A Contributions Received	Amoun to	ts may be rounded whole dollars.	Statement cov	ers period	california 460		
SEE INSTRUCTION	NS ON REVERSE			through 12/31/24		Page	4 of 17	
NAME OF FILER	ge for Paradise Town Council 2024					I.D. NU 146694	MBER	
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)	
		ECOMHYCO						
		IND COM OTH PTY SCC						
		OIND COM OTH OPTY SCC						
		OTH SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 0.00				
(Include all 2. Amount rec	elved this period – Itemized monetary contribution Schedule A subtotals.)				IND COM OTH PTY	(other I – Other (– Politice	ial ient Committee then PTY or SCC) (e.g., business entity)	
(Add Lines	ary contributions received this period. 1 and 2, Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ ⁰			FPP	C Form 460 (Jan/2016	

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cov	CALIFORNIA 460			
				through 12/31/24		Page .	5 01	17
NAME OF FILER Friends of Lar	nge for Paradise Town Council 2024					1.D. NU 14669	JMBER 49	
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		то	LECTION DATE QUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						

SUBTOTAL \$ 0

*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

Calcadula D. Dant 4	.Am	ounts may be ro	unded	41-			SCHE	DULE B - PART 1
Schedule B - Part 1		to whole dollar	8.		Statement cov	ers period	CALIFORN	11A 460
Loans Received					from 10/20/24		FORM	" 40U
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	4	Page 6	of 17
NAME OF FILER							I.D. NUMBER	
Friends 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	AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$
				FORGIVEN				PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$
				FORGIVEN		RAIR		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	8	UBTOTALS \$;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)	
Loans received this period				\$ 0				
(Total Column (b) plus unitemized loan	is of less than \$100.)					_		
2. Loans paid or forgiven this period	100 1-1 6 1			\$ 0			†Contributor Codes IND – Individual	3
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha							COM - Recipient C	
3. Net change this period. (Subtract Line				NET \$ 0			other than OTH – Other (e.g.,	PTY or SCC) business entity)
Enter the net here and on the Summar	ry Page, Column A, Line 2.						PTY - Political Part	ty
				(M	ay be a negative number)		SCC - Small Contri	ibutor Committee
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)						

** If required.

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

Sched	aluk	B.	- P	art	2
Loan	Gua	rar	ıto	rs	

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from 10/20/24 through 12/31/24	FORM 400
	I.D. NUMBER

NAME OF FILER Friends of Lange for Paradise Town Council 2024					1.D. NUMBER 1466949	
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	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND □ COM		LENDER		CALENDAR YEAR	1
	□ COM □ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	LISCC		-		\$	
	□IND □ COM		LENDER		\$	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	ı
	Lisco				\$	
	□ IND □ COM		LENDER		CALENDAR YEAR	
□PTY			DATE		PER ELECTION (IF REQUIRED)	
	□scc				1	
			SUBTOTAL	\$ 0	Enler on Summary Page, Line 17 only.	

Schedule C			Amounts may be rounded to whole dollars.				SCHEDULE C		
Nonmone	etary Contributions Received		to whose dollars.			Statement covers p n 10/20/24	eriod	CALIFO FOR	DRNIA 160
SEE INSTRUCTION	ONS ON REVERSE				thre	ough 12/31/24		Page 8	of
and the second of the second	nge for Paradise Town Council 2024							1.D. NUMB 1466949	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		OTH SCC							
Attach additi	onal information on appropriately labeled	continuation :	sheets,	SUBTO	TAL \$	0			
I. Amount re (include al 2. Amount re 3. Total nonm	C Summary ceived this period – itemized nonmonetary i Schedule C subtotals.) ceived this period – unitemized nonmonetary nonetary contributions received this period	ary contributi	ons of less than \$100		\$		- IND - COM OTH PTY	(other the - Other (e.g - Political P	t Committee an PTY or SCC) g., business entity)
(Add Lines	1 and 2. Enter here and on the Summary	/ Page, Colum	nn A, Lines 4 and 10.)	TOTA	L \$ _		_		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol					CALIFORNIA 460		
	IONS ON REVERSE			through <u>12/31/24</u>		Page	of		
NAME OF FILER						I.D. NUMB 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	CUMULATIV CALENDA (JAN, 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Oppose	Independent Expenditure							
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Doppose	Independent Expenditure							
		Monetary Contribution							
		Nonmonetary Contribution	1						
	Support Doppose	Independent Expenditure							
			SUBTOTAL	. \$ 0					
1. Itemized	D Summary contributions and independent expenditures mad	e this period. (Includ	e all Schedule D subtotals	3.)		\$ <u>-</u>			
2. Unitemiz	ed contributions and independent expenditures m	ade this period of ur	nder \$100	************		\$			

Friends of Large for Paradise Town Council 2024 DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE Monetary Contribution Independent Expenditure Expenditure Monetary Contribution Nonmonetary Co	Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole doll		Statement cover from 10/20/24 through 12/31/24	s period	CALIFO FOR Page 10	of <u>17</u>
DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary M	Friends of La	inge for Paradise Town Council 2024					1	
Contribution Nonmonetary Contribution Independent Expenditure	DATE	MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT			CALENDA	RYEAR	TO DATE
		Support Oppose	Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Contribution Independent					
		Support Oppose	Expenditure	SUBTOTA	1 6 0			

Schedule E Payments Made	Amounts may b to whole do		Statement covers period from 10/20/24			ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 12/31/24	rage	of 17	
Friends of Lange for Paradise Town Council 2024					1.D. NUN 146694		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc,							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
A Stitch Above 2050 Lincold St Oroville, CA 95965		СМР	Check #1005			151.55	
Boy Scouts of America Troop 316		CVC	Check #1006			65.67	
* Payments that are contributions or independent expenditures must also be	Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$						
Schedule F Summary							

Schedule	E	
(Continua	tlon	Sheet)
Payments	Mad	et

Amounts may be rounded to whols dollars.

	0011E00EE E (00111)
Statement covers period 10/20/24 from	CALIFORNIA 460
through 12/31/24	Page of
	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.

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF IND independent expanditure supporting/opposing others (explain)*

LEG legal defense PRO profession LIT campaign literature and mailings PRT print ads

PRO professional services (legal, accounting)
PRT print ads

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
Specification and the second s		+		
		1		
:		+		

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

,			SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 10/20/24	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/24	Page 13 of 17
NAME OF FILER Friends of Lange for Paradise Town Council 2024			1.D. NUMBER 1466949
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LIT campaign literature and mailings	s the payment, you may enter the code. Othe 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	rwise, describe the payment. RAD radio airlime and production or returned contributions SAL campaign workers' salaries t.v. or cable airlime and production or reductions TRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	ction costs meals d meals of the same candidate/sponsor

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

Schedule F Summary

 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.) 	0

May be a negative number FPPC Form 460 (Jan/2016))

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

y Na tanàna dia dia 1991	A					SCHEDU	LE F (CONT.
Schedule F Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ea	Statement cover from 10/20/24	ers period	CALIF FC		460
			through 12/31/24		Page _	14 o	17
AME OF FILER Friends of Lange for Paradise Town Council 2024					1.D. NU!		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appearer OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces earch nessenger services egal, accounting)	erwise, describe the RAD radio airtime ar returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registratic WEB information tec	nd production co butions kers' salaries time and produced, lodging, and davel, lodging, and avel, lodging, and committees co	ction costs meals id meals of the sam	ne candidat	e/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALBO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PERI (ALSO REPORT	IOD	OUTS: BALANC	(d) TANDING E AT CLOSE S 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 10/20/24	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/24	Page 15 of 17
NAME OF FILER			I.D. NUMBER
Friends of Lange for Paradise Town Council 2024			1466949
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Other	erwise, describe the payment.	
CNS campaign consultants	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)	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and the staff/spouse travel, lodging, and transfer between committees of voter registration	ition costs meals d meals

PRT print ads

campaign literature and mailings

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

WEB information technology costs (internet, e-mail)

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

^{*} 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 from10/20/24		CALIFORNIA 460	
Loans Made to Others*								
SEE INSTRUCTIONS ON REVERSE					through12/31/24	l	Page 16	of 17
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	OUTSTANDING	(b)	(d)	OUTSTANDING	(0)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	S BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	s	%	\$	5
				☐ FORGIVEN		RATE		PER ELECTION"
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate	or committee must	-				 		
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also he	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
-					. 0			
1. Loans made this period								**If Required
2. Payments received on loans	ands of loss than \$400 \				\$ —			
(Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2					NET \$ 0			
(Enter the net here and on the Summa			*******************					

(May be a negative number)

Schedule i Miscellane	ous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 160	
MICOCHILLIO			from 10/20/24	FORM 460	
			through	Page 17 of 17	
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE			I.D. NUMBER	
	1466949				
Friends of Lang	e for Paradise Town Council 2024			1100010	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	!	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach addit	-\$ 0				
Schedule I	Summary		. 0	WILL	
1. Itemized in	creases to cash this period	***************************************	\$ <u>~</u>	-	
	increases to cash of under \$100 this period,			_	
3. Total of all i	Interest received this period on loans made to others. (S	ichedule H, Column (e).)	\$ <u>0</u>	_	
4. Total misce	llaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)	and 3. Enter here and on the	TOTAL \$	=	
				FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)	

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