COVER PAGE
CALIFORNIA 460
Page 1 of 17
For Official Use Only
y Statement Odd-Year Report
AREA CODE/PHONE
530-570-1333

Date Stamp

Recipient Committee Campaign Statement

Cover Page			RECEIVED	Page 1 of 17						
	Statement covers period from 9/22/24	Date of election if applicable: (Month, Day, Year)	DEC 3 1 2024	For Official Use Only						
SEE INSTRUCTIONS ON REVERSE	through <u>10/19/24</u>	Nov 5, 2024	OWN CLERKS DEP	Т						
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:								
State Candidate Election Committee Recall (Also Complete Pert 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 I found 2 errors	ermination)	arterly Statement ecial Odd-Year Report						
2 Committee intormation	D. NUMBER 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 95	969 530-570-1333						
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	RER, IF ANY							
Paradise CA 9596		Heidi Lange								
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	X	MAILING ADDRESS								
PO Box 736	DDE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE						
Paradise CA 9596	530-513-1665	Paradise	CA 95	969 530-513-1665						
OPTIONAL: FAX / E-MAIL ADDRESS	;	OPTIONAL: FAX / E-MAIL ADDR								
heidi.lange@sbcglobal.net		heidi.lange@sbcglobal.ne	et							
4. Verification		f. 1	A	salasahulan la fasa nord assessitat.						
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the state of	ing this statement and to the best of my	correct	a nerein and in the attached s	schedules is true and complete. I						
certify under penalty of penjury under the laws of the State of		politiques	6//							
Executed on	Ву			-						
Executed on Date	By Figurative of Contr	ciling Officeholder, Candidate, State Measure P	Proportent or Responsible Officer of Spe	onsor						
12/3/2021		Auris Pudanishasi Sendidibia Sane massis L	refresher or resolventions fringer or old							
Executed on Date	Ву	Signature of Controlling Officeholder, Candidate,	, State Measure Proponen!	-						
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	, State Measure Proponent	PDDC F 4CD /1 /004611						

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 17

. Officeholder or Candidate Controlled Commi	ittee		6.	Primarily Formed Ballo	t Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Heidi Lange							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABLE	:)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Paradise Town Council 2024							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	Paradise	STATE Z	2IP 969	Identify the controlling office	holder, candidate,	or state measure pr	oponent, if any.
Related Committees Not Included in this Sta	tement: List a	any committe	ees	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPO	DNENT	
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand		med to recei	ive	OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
NAME OF TREASURER	CONTROLLED	COMMITTEE	7.	Primarily Formed Candofficeholder(s) or candidate(s)	lidate/Officeholo for which this comm	der Committee nittee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I				NAME OF OFFICEHOLDER OR	CANDIDATE OFF	ICE SOUGHT OR HEI	SUPPORT OPPOSE
CITY STATE ZIP C		REA CODE/PH	HONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFF	ICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE OFF	ICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	CONTROLLED YES BOX)	□ NO	<u> </u>	NAME OF OFFICEHOLDER OR	CANDIDATE OFF	ICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AR	REA CODE/PH	HONE	Atta	ch continuation sh	eets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

FORM 460
Page 3 of 17
I.D. NUMBER
1466949

Friends of Lange for Paradise Town Council 2024 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 100.00 3465.00 1/1 through 6/30 7/1 to Date Contributions 415.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 200.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 100.00 3665.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 129.71 3217.78 6. Payments Made...... Schedule E, Line 4 Candidates 22. Cumulative Expenditures Made* 08. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 129.71 3217.78 **Current Cash Statement** 12, Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 0 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. 0 of your last report. Some amounts in Column A may 0 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		its may be rounded whole dollars.	Statement cov		CALIFORNIA 460		
SEE INSTRUCTION	DNS ON REVERSE			through 10/19/24	=	Page	of 17	
NAME OF FILER Friends of La	nge for Paradise Town Council 2024					1.D. NU 146694	JMBER 19	
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)	
10/4/24	Charles Donaghy PO Box 1721 Blaine, WA 98321	IND COM OTH SCC	Retired	100.00	\$100.00			
		SCC IND COM OTH PTY SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$ 100.00				

Schedule A Summary

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>1</u>	00.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$

 *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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 09/22/24

NAME OF FILER Friends of Lan	nge for Paradise Town Council 2024	through 10/19/24		Page	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)
		☐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

Schedule B – Part 1 Loans Received	Am		Statement cov	ers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE	10/19/24							of_ <u>17</u>
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID \$ FORGIVEN	\$	%	\$	\$ PER ELECTION
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	\$	RATE	\$	\$PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID FORGIVEN	\$	RATE	\$	\$PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	\$	SUBTOTALS S	\$	\$	\$	\$		
Schedule B Summary 1. Loans received this period				\$		(Enter (e) on Sch	redule E, Line 3)	
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	ns of less than \$100.) 00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	edule A.)		\$ 0			†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par	committee PTY or SCC) business entity)

(May be a negative number)

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

SCC - Small Contributor Committee

Enter the net here and on the Summary Page, Column A, Line 2.

							SCHE	DULE B - PART 2
Schedule B – Part 2 Loan Guarantors Amounts may be rounded to whole dollars.		Statement covers period from 09/22/24			CALIFOR FORM	NIA 460		
SEE INSTRUCTIONS ON REVERSE				through	10/19/24		Page 7	of
NAME OF FILER Friends of Lange for Paradise Town Council 2024							I.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		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND		LENDER			CAI	LENDAR YEAR	
	□ OTH □ PTY		DATE			PE (II	ER ELECTION F REQUIRED)	
	□scc		-			\$		
	□IND		LENDER			CAL	LENDAR YEAR	
	□сом □отн		-			\$_		
	□PTY □scc		DATE			(IF	ER ELECTION FREQUIRED)	
						\$_		
	□IND □COM		LENDER			S_	LENDAR YEAR	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)		
	□scc		:			\$_		
	□IND		LENDER			CAL	LENDAR YEAR	
	СОМ					\$_		
	□ OTH □ PTY		DATE			PE (IF	ER ELECTION FREQUIRED)	
	□scc		i=			\$_		
			SUE	STOTAL	\$ 0	Sı	Enter on ummary Page, Line 17 only.	

Schedule C		Amounts may be rounded						SCHEDULE (
Nonmon	etary Contributions Received	to whole dollars.			Statement covers period from $\frac{09/22/24}{}$			california 460		
	IONS ON REVERSE					ough 10/19/24		Page 8	of	
Friends of La	r nge for Paradise Town Council 2024							1.D. NUME 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 SER		AMOUNT/ FAIR MARKET VALUE	CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC								
		□IND □COM □OTH □PTY □SCC								
		OTH SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addi	tional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 0				
1. Amount re	C Summary eceived this period – itemized nonmonetar all Schedule C subtotals.)				\$)	COM	(other th	nt Committee an PTY or SCC)	
3. Total noni	eceived this period – unitemized nonmone monetary contributions received this period is 1 and 2. Enter here and on the Summar	i.				_	PTY	- Political I	g., business entity) Party entributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole doll		Statement cover from $\frac{09/22/24}{}$'s period	CALIFORNIA 460		
	TIONS ON REVERSE			through 10/19/24		Page 9	of	
NAME OF FILES Friends of La	R ange for Paradise Town Council 2024					I.D. NUME 1466949	BER	
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	1	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
=		Monetary Contribution						
	8	Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	- Independent Expenditure						
		1	SUBTOTAL	\$ 0				
Schedule	D Summary				- Laurence			
	contributions and independent expenditures made	e this period. (Include	e all Schedule D subtotals.	1		\$ 0		
	ed contributions and independent expenditures ma					\$		

DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary	Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla	from 09/22/24 CALIFORNIA FORM			of 17
DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Monetary Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Nonmonetary Contribution Nonmonetary Nonmon	Friends of La	nge for Paradise Town Council 2024				1466949	
Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent Expenditure Expenditure Support Oppose Expenditure Onto the contribution Nonmonetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Oppose Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent Ind	DATE	MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT		CALENDA	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent Independ		☐ Support ☐ Oppose	Contribution Nonmonetary Contribution Independent Expenditure				
Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent		☐ Support ☐ Oppose	Nonmonetary Contribution Independent				
Monetary Contribution Nonmonetary Contribution Independent			Monetary Contribution Nonmonetary Contribution				,
		Support Oppose	☐ Monetary Contribution ☐ Nonmonetary				
☐ Support ☐ Oppose Expenditure		Support Oppose	Independent Expenditure				

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** 09/22/24 from Page _11 through 10/19/24 I.D. NUMBER

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. 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 t.v. or cable airtime and production costs FIL candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services 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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Dave Fernandez 25061 Reeves Rd Los Molinos, CA 96055	MTG	Table fee at the Gun Show held at the Masonic Lodge Sept 28-29 Check #1004	65.00
Nic's Restaurant 6256 Skyway Paradise, CA 95969		Charcuterie board for campaign meet and greet at Jody Jones house 10-4-24	44.71

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	109.71
2. Unitemized payments made this period of under \$100\$	20.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	129.71

100 71

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SCH	IFD(II ⊨	-	CONT	

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from	CALIFORNIA 460				
through <u>10/19/24</u>	Page of				
	I.D. NUMBER				
	1466949				

				through <u>10/19/24</u>	1	2 17
SEE INSTRUCTIONS ON REVERSE				through 10/13/24	Page _1	2 of <u>17</u>
NAME OF FILER					I.D. NUMI	BER
Friends of Lange for Paradise Town Council 2024					1466949	
CODES: If one of the following codes accurately described 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	MBR member com MTG office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv PRO professional su PRT print ads	munications appearances es ating urvey researc yery and mes	s h senger services	erwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions SAL campaign workers' salaries TRC candidate travel, lodging, and staff/spouse travel, lodging, transfer between committee voter registration WEB information technology costs	luction costs d meals and meals s of the same	e candidate/sponsor
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID

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

Schedule F Accrued Expenses (Unpaid Bills)	ded	Statement cover from 09/22/24 through 10/19/24	CALIFO	RM 400		
SEE INSTRUCTIONS ON REVERSE			through 10/10/2	•	Page _1	13 of 17
NAME OF FILER Friends of Lange for Paradise Town Council 2024					1.D. NUME 1466949	
CODES: If one of the following codes accurately describe 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	s the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL politing and survey rese POS postage, delivery and re PRO professional services (I PRT print ads	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate voter registration WEB information technology costs (internet, e-mail)				
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 PA THIS PERIO (ALSO REPORT	OD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 0	\$ 0	\$ 0	\$	0
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche	accrued expenses under S	\$100.)		RRED TOTA	LS \$	
accrued expenses of \$100 or more, plus total unitemized p	payments on accrued exp	enses under \$100.).		PAID TOTA	LS \$	
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	······		N	May	y be a negative number Form 460 (Jan/2016))
			EDI	DC Advisor advis		(066 (335 3333)

Schedule	e F
(Continu	ation Sheet)
Accrued	Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from $\frac{09/22/24}{}$	CALIFORNIA 460				
through <u>10/19/24</u>	Page 14 of 17				
	I.D. NUMBER				
	1466949				

Friends of Lange for Paradise Town Council 2024

NAME OF FILER

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

001	Lo. If one of the following codes accurately describes	uic j	bayment, you may enter the code.	Julici Wise,	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	t.v. 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)

^{*} 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 $\frac{09/22/24}{}$	CALIFORNIA 460				
through <u>10/19/24</u>	Page 15 of 17				
	I.D. NUMBER				
	1466949				

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Lange for Paradise Town Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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	t.v. 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		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)

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		2	
	CODE	CODE OR	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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 Loans Made to Others*	Others* Amounts may be rounded to whole dollars. Statement covers period from				ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through	4	Page <u>16</u>	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Friends of Lange for Paradise Town Council 2	2024						1466949	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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	(6) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	s	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate								
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also de	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0			
Loans made this period (Total Column (b) plus unitemized loans 2. Payments received an loans.	s of less than \$100.)				0			**If Required
Payments received on loans (Total Column (c) plus unitemized payments.)	nents of less than \$100.)	***************************************						
3. Net change this period. (Subtract Line 2	2 from Line 1.)		•••••		NET \$ $\frac{0}{}$			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)						
					(May	be a negative number)		

Schedule I Miscellaneous In	creases to Cash	Amounts may be to whole doll		Statement covers period from $\frac{01/01/24}{\text{through}} \frac{09/21/24}{}$	CALIFORNIA 460 FORM of 17
SEE INSTRUCTIONS ON REVI	I.D. NUMBER				
Friends of Lange for Para	dise Town Council 2024				1466949
DATE RECEIVED	FULL NAME AND ADDRESS OF S (IF COMMITTEE, ALSO ENTER I.D. NU		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	mation on appropriately labeled continuation	on sheets.		SUBTOTAL	-\$ 0
Schedule Summa	•			\$ ⁰	
	cash this period			0	==
	s to cash of under \$100 this period				→ :
3. Total of all interest re	eceived this period on loans made to o	thers. (Schedule H, Column	(e).)	\$ <u>'</u>	_
4. Total miscellaneous i Summary Page, Line	increases to cash this period. (Add Line 14.)	nes 1, 2, and 3. Enter here a	nd on the	TOTAL \$	FPPC Form 460 (Jan/2016))
				FPPC Advice: adv	rec Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov