**Recipient Committee** Date Stamp **CALIFORNIA Campaign Statement FORM** RECEIVED **Cover Page** of 17 Page 1 Date of election if applicable: OCT 23 2024 Statement covers period (Month, Day, Year) For Official Use Only from  $\frac{9/22/24}{}$ OWN CLERK'S DEPT Nov 5, 2024 through 10/19/24 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report Termination Statement Recall Controlled Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1466949 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) ZIP CODE AREA CODE/PHONE CA95969 530-570-1333 Paradise ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE CITY CA 95969 530-513-1665 Paradise Heidi Lange MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS PO Box 736 CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE CA 95967 530-513-1665 CA 95969 530-513-1665 Paradise Paradise OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS heidi.lange@sbcglobal.net heidi.lange@sbcglobal.net 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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. alure of Controlling Miliceholder, Mandidate, State Measure Proponent or Responsible Officer of Sponso Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016))

COVER PAGE

. Officeholder or Candidate Controlled Comm	ittee		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 DISTR	RICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Paradise Town Council 2024								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	-	TATE ZIP		Identify the controlling office	eholder. candi	date. or state	measure pro	onent, if anv.
	Paradise (	CA 95969		NAME OF OFFICEHOLDER, CA				
				NAME OF OFFICE TOESER, OF	INDIDATE, ORT	KOI ONLINI		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily form			OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED C	OMMITTEE?	7,	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Offic	eholder Co committee is p	mmittee L	ist names of ed.
		□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	TOFFICE SOL	JGHT OR HELD	)
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 8	BOX)				J. 11. 12. 11. 1			SUPPORT OPPOSE
CITY STATE ZIP C	ODE ARE	A CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
								OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
								☐ OPPOSE
NAME OF TREASURER	CONTROLLED C			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
		NO						OPPOSE
COMMITTEE ADDRESS (NO P.O. I	BOX)			1		1		
CITY STATE ZIP C	ODE ARE	A CODE/PHONE		Att	ach continuatio	on cheets if n	ecessar/	
				Alla	zon conunuati	on sneets II II	ecessary	

# Campaign Disclosure Statement Summary Page

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2  $\qquad$  \$  $\qquad$ 

18. Cash Equivalents...... See instructions on reverse

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Lange for Paradise Town Council 2024		thre	rough 10/19/24	Page 3 of 17  I.D. NUMBER 1466949
Monetary Contributions	## Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  ### 100.00  ### 0  ### 0  ### 100.00  ### 100.00  ### 100.00	\$\frac{3465.00}{0}\$ \$\frac{415.00}{200.00}\$ \$\frac{3465.00}{200.00}\$	Running in Both the General Elections	mary for Candidates e State Primary and rough 6/30 7/1 to Date  \$\$
Expenditures Made  6. Payments Made	\$\frac{119.71}{0}\$ \$\frac{0}{0}\$ \frac{0}{119.71}\$	\$\frac{3207.78}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{3207.78}\$		Summary for State  re Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ \frac{0}{0} \\ \fra	To calculate Column B, add amounts in Column A to the corresponding amounts from Column E of your last report. Som amounts in Column A m be negative figures that should be subtracted from the is the first report here.	*Amounts in this section me reported in Column B. toom ts. If	nay be different from amounts

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 Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Statement covers period

monotal y				from <u>09/22/24</u>		FO	RM 40U
SEE INSTRUCTI	IONS ON REVERSE			through 10/19/24	<u> </u>	Page 4	of <u>17</u>
NAME OF FILER Friends of La	ange for Paradise Town Council 2024			1		I.D. NUN 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)	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 □PTY □SCC	Retired	100.00	\$100.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		7.5			
			SUBTOTAL	\$ 100.00			
Amount re (Include a	A Summary ecceived this period – itemized monetary contribution all Schedule A subtotals.)		\$ ==	0.00	IND COM	(other the other (expected) (other (expected) (other the other (expected) (other the other the o	nt Committee han PTY or SCC) e.g., business entity)
3. Total mon (Add Line	netary contributions received this period. as 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	1.)TOTAL \$ 10	0.0	FPPC Advice: advi		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  $\frac{09/22/24}{2}$ 

NAME OF FILER Friends of Lan	nge for Paradise Town Council 2024			through <u>10/19/24</u>		Page _5	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)
		OTH PTY SCC					
		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

	A	ounts may be ro	undad				SCHED	ULE B - PART
Schedule B – Part 1	Alli	to whole dollars			Statement cove	ers period	CALIFORN	1A 460
Loans Received					from <u>09/22/24</u>		FORM	400
SEE INSTRUCTIONS ON REVERSE					through <u>10/19/2</u> 4	1	Page 6	of
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	THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
				\$ FORGIVEN	\$	RATE	\$	\$PER ELECTION
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID  \$  FORGIVEN	\$		\$	\$ PER ELECTION
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS S	5	\$	\$	\$		
Schedule B Summary  1. Loans received this period				\$ 0		(Enter (e) on Sched	ule E, Line 3)	

(May be a negative number)

†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

\*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

		Amounts may be rounded			SCHEDULE B - PART										
Schedule B – Part 2  Loan Guarantors  Amounts may be rounded to whole dollars.		Amounts may be rounded to whole dollars.			ment covers period (22/24		CALIFORNIA 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 □COM		LENDER			CA	LENDAR YEAR								
	□OTH □PTY □SCC		DATE			PI (II	ER ELECTION F REQUIRED)								
	LISCC		7-			\$ -									
	□IND		LENDER			CA	LENDAR YEAR								
	□ОТН □РТҮ	□OTH □PTY	□OTH □PTY	□ОТН □РТҮ	□PTY	□ОТН □РТҮ	□отн □рту	□отн □рту					\$ _	D EL COTION	
											□PTY □scc				DATE
			-			\$ <u></u>									
	□IND		LENDER			CA	LENDAR YEAR								
	СОМ		-			5 _									
	□ОТН □РТҮ		DATE			PE (II	R ELECTION F REQUIRED)								
	□scc					S _	=======================================								
	□IND		LENDER			CA	LENDAR YEAR								
	□сом					5 -									
	□OTH □PTY		DATE			(1)	R ELECTION REQUIRED)								
	□scc		=======================================			\$_									
			SUE	BTOTAL	<b>\$</b> 0	s	Enter on ummary Page, Line 17 only.								

C tary Contributions Received		Amounts may be rounded to whole dollars.			00/22/24	period	CALIFO FOR	
NS ON REVERSE				thro	ough <u>10/19/24</u>		Page 8	of
ge for Paradise Town Council 2024							1.D. NUME 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)			AMOUNT/ FAIR MARKET VALUE	CALENDA	TE AR YEAR	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							
onal information on appropriately labeled	continuation	sheets.	SUBT	OTAL:	\$ 0			
Schedule C subtotals.)eived this period – unitemized nonmone	tary contributi			\$	)	OTH	– Individual I – Recipien (other the I – Other (e. I – Political F	at Committee an PTY or SCC) g., business entity)
	tary Contributions Received  NS ON REVERSE  ge for Paradise Town Council 2024  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Ponal information on appropriately labeled  C Summary  Seived this period – itemized nonmonetary Schedule C subtotals.)	Tary Contributions Received  NS ON REVERSE  ge for Paradise Town Council 2024  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE*    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     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     IND   COM OTH   PTY   SCC     IND   COM   COM	TO Whole dollars.  To whole doll	tary Contributions Received  INSIGN REVERSE  ge for Paradise Town Council 2024  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF SELE-EMPLOYED, ENTER NAME OF BUSINESS)    IND	tary Contributions Received  from  Instance Contributions Received  Instance Contributions Received  To Provide Golders  Instance Contributions  Instance Contribution Instance Contri	Statement covers of from 69/22/24 through 10/19/24 throug	Statement covers period from (9/22/24 through 10/19/24 th	Tary Contributions Received  Statement covers period from (99/22/24   10/19/24   10/19/24   14/19/2

Supporti	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole dol		Statement covers	s period	CALIFO	RM 400
NAME OF FILER	nons on reverse Runge for Paradise Town Council 2024			through 10/19/24		Page 9 1.D. NUME 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					
:( <del></del>		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
S		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure		,			
			SUBTOTAL	\$ 0			
Schedule	D Summary						
	contributions and independent expenditures made	e this period. (Includ	le all Schedule D subtotals.)			\$_0	
2. Unitemize	ed contributions and independent expenditures ma	ade this period of ur	nder \$100			\$_0	

Summar Supporti	ation Sheet) y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be to whole doll		Statement covers period from $\frac{09/22/24}{\text{through } \underline{10/19/24}}$		SCHEDULE D (COLIDIO DE LA CALIFORNIA FORM FORM Page 10 of 17	
Friends of La	nge for Paradise Town Council 2024					146694	9
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 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose  Support Oppose  Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Independent Independent Independent Independent					
=	Support Oppose	Expenditure				njem kon	
			SUBTOTAL	\$ 0			

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{09/22/24}{}$	CALIFORNIA 460
through <u>10/19/24</u>	Page 11 of 17
-3/III	1.D. NUMBER

COLLEDINGE

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 RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 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	OR 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	MTG	Charcuterie board for campaign meet and greet at Jody Jones house 10-4-24	44.71

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

#### **SUBTOTAL \$**

#### Schedule E Summary

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).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$

SCH	FDI	ЛF	F	(CONT.

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period 09/22/24 from	CALIFORNIA 460
through <u>10/19/24</u>	Page of
	I.D. NUMBER 1466949

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 paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting)

LIT 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	R DESCRIPTION OF PAYMENT	AMOUNT PAID
	<u> </u>	_		

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

						SC	CHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover from 09/22/24	ers period	CALIFO FOR	RNIA M	460
			through 10/19/24	1	Page _1	3	of 17
SEE INSTRUCTIONS ON REVERSE					Page		f <u></u>
NAME OF FILER					I.D. NUMB	ER	
Friends of Lange for Paradise Town Council 2024					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	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate travi TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production co butions kers' salaries time and producel, lodging, and leavel, lodging, and en committees co	etion costs meals id meals of the same o		/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 I THIS PER (ALSO REPOR	ODI	OUTST/ BALANCE	d) ANDING AT CLOSE PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 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 accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized	accrued expenses under edule F. Column (c) subto	\$100.) tals for payments on			0		

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

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Schedule	∍ F		
(Continu	ation Shee	et)	
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Friends of Lange for Paradise Town Council 2024

NAME OF FILER

Amounts may be rounded to whole dollars. SCHEDULE F (CONT.)

Statement covers period from 09/22/24	CALIFORNIA 460
through <u>10/19/24</u>	Page
	I.D. NUMBER
	1466949

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

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

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)

<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
8					
} <del></del>	SUBTOTALS S	\$ 0	<b>\$</b> 0	\$ 0	\$ 0

Schedule (	3			
Payments	Made by	an Agent	or Indepe	ndent
Contractor	on Beh	alf of This	s Committ	ee)

Amounts may be rounded to whole dollars.

	SCHEDULE O			
$\begin{array}{c} \text{Statement covers period} \\ \text{from} & \underline{09/22/24} \end{array}$	CALIFORNIA 460			
through <u>10/19/24</u>	Page of			
	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 meetings and appearances contribution (explain nonmonetary)\*

CVC civic donations

CND campaign consultants

MRR member communications meetings and appearances meetings and appearances office expenses

OFC office expenses

PET petition circulating

PHO phone banks

MRR member communications

RAD radio airtime and production costs

returned contributions

campaign workers' salaries

t.v. or cable airtime and production costs

t.v. or cable airtime and production costs

TRC candidate filing/ballet fees

FIL candidate filing/ballot fees
PHO phone banks
FND fundraising events
FND independent expenditure supporting/opposing others (explain)\*
FND independent expenditure supporting/opposing others (explain)\*
FNO phone banks
FNO phone banks
FNO polling and survey research
FNO postage, delivery and messenger services
FNO postage, delivery a

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R	DESCRIPTION OF PAYMENT	AMOUNT PAIL

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 09/22/24		CALIFORN	MA 460
Loans Made to Others*	FORM 400							
					10/10/9			
SEE INSTRUCTIONS ON REVERSE					through10/19/24	1	Page 16	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	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT FORGIVENES	BALANCE AT	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIO	CLOSE OF THIS PERIOD	RECEIVED	LOAN	TO DATE
				☐ PAID				CALENDAR YEAR
				s	_ \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
				_ rononen				PERELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
								OAL SHIDAD VEAD
				PAID				CALENDAR YEAR
				\$	s	RATE	\$	\$
				FORGIVEN				PER ELECTION**
		\$	\$	\$		\$		\$
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be								
reported on Schedule E.	iii iiidat dibo be	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
				1		(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary					0			
1. Loans made this period					\$			
(Total Column (b) plus unitemized loans of less than \$100.)								**If Required
2. Payments received on loans					\$ <u> </u>			
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line 2)					NET $^{\circ}$			
(Enter the net here and on the Summa			***************************************	***************************************			•	

(May be a negative number)

Schedule I Miscellaneous Increases 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  Page 17 of 17	
SEE INSTRUCTIONS ON REV NAME OF FILER	ERSE		V		I.D. NUMBER	
Friends of Lange for Para	dise Town Council 2024				1466949	
DATE RECEIVED	FULL NAME AND ADDRESS OF SO		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional infor	L\$ 0					
2. Unitemized increase	o cash this periods to cash of under \$100 this period			\$		
4. Total miscellaneous	increases to cash this period. (Add Line 14.)	es 1, 2, and 3. Enter here a	nd on the	TOTAL \$	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)	

www.fppc.ca.gov