

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

	CALIFORNIA 2001/02 FORM <b>460</b>
	1 / 8 For Official Use Only

Statement covers period  
from 01/01/2017  
through 01/23/2017

Date of election if applicable:  
(Month, Day, Year)  
11/08/2016

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5.)<br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primary Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6.)<br><input type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7.) |
|---|---|

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input checked="" type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
|--|--|

**3. Committee Information**

I.D. NUMBER  
1391015

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Schuster for Town Council 2016

STREET ADDRESS (NO P.O. BOX)  
3300 Inspiration Lane

CITY <u>Paradise</u>	STATE <u>CA</u>	ZIP CODE <u>95969</u>	AREA CODE/PHONE <u>530-228-0941</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
3300 Inspiration Lane

CITY <u>Paradise</u>	STATE <u>CA</u>	ZIP CODE <u>95969</u>	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Kelly Lawler

MAILING ADDRESS  
9460 Tegner Road

CITY <u>Hilmar</u>	STATE <u>CA</u>	ZIP CODE <u>95324</u>	AREA CODE/PHONE <u>209-656-1542</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

**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.

Executed on 01/23/2017 By Kelly Lawler  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/23/2017 By Melissa Schuster  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Melissa Schuster

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: Other Town Council  
City Town of Paradise

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
3300 Inspiration Lane Paradise CA 95969

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	3 / 8
	I.D. NUMBER 1391015

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Schuster for Town Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 6200.00	\$ 6200.00
2. Loans Received .....	Schedule B, Line 7	-5000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 1200.00	\$ 6200.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	1831.21	1831.21
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 3031.21	\$ 8031.21

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 1648.21	\$ 1648.21
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 1648.21	\$ 1648.21
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	-2775.38	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	1831.21	1831.21
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 704.04	\$ 3479.42

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 448.21
13. Cash Receipts .....	Column A, Line 3 above	1200.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
Cash Payments .....	Column A, Line 8 above	1648.21
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

If this is a termination statement, Line 16 must be zero.

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).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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	I.D. Number 1391015

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Schuster for Town Council 2016

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 01/23/2017	Melissa Schuster 3300 Inspiration Lane  Paradise CA 95969 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Chapelle de L'Artiste Chateau & Retreat	1200.00	-1968.79	
Rcpt Dt: 01/23/2017	*** TYPE: Forgiven Loan *** Melissa Schuster 3300 Inspiration Lane  Paradise CA 95969 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Chapelle de L'Artiste Chateau & Retreat	1500.00	-1968.79	
Rcpt Dt: 01/23/2017	*** TYPE: Forgiven Loan *** Melissa Schuster 3300 Inspiration Lane  Paradise CA 95969 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Chapelle de L'Artiste Chateau & Retreat	1500.00	-1968.79	
Rcpt Dt: 01/23/2017	*** TYPE: Forgiven Loan *** Melissa Schuster 3300 Inspiration Lane  Paradise CA 95969 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Chapelle de L'Artiste Chateau & Retreat	2000.00	-1968.79	

**SUBTOTAL \$ 6200.00**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ 6200.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ 6200.00</b>

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
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I.D. NUMBER 1391015	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Schuster for Town Council 2016

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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Melissa Schuster 3300 Inspiration Lane Paradise CA 95969 ID: _____ <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chapelle de L'Artiste Chateau & Retreat Owner	\$ 2000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 2000.00	\$ 0.00 12/31/2018 DATE DUE	0.00 % RATE \$ 0.00	\$ 2000.00 09/12/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
Melissa Schuster 3300 Inspiration Lane Paradise CA 95969 ID: _____ <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chapelle de L'Artiste Chateau & Retreat Owner	\$ 1500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 1500.00	\$ 0.00 12/31/2018 DATE DUE	0.00 % RATE \$ 0.00	\$ 1500.00 10/19/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
Melissa Schuster 3300 Inspiration Lane Paradise CA 95969 ID: _____ <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chapelle de L'Artiste Chateau & Retreat Owner	\$ 1500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 1500.00	\$ 0.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 1500.00 11/16/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION**
<b>SUBTOTALS</b>		\$ 0.00	\$ 5000.00	\$ 0.00	\$ 0.00			

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ 5000.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$ -5000.00**  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from _____  through _____	<b>CALIFORNIA FORM 460</b>
	6 / 8
	I.D. Number  1391015

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schuster for Town Council 2016

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 01/23/2017	Melissa Schuster 3300 Inspiration Lane  Paradise CA 95969 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Chapelle de L'Artiste Chateau & Retreat	FORGIVEN ACCRUED EXPENSE: Advertising and Sign	1381.21	-1968.79	
Rcpt Dt: 01/23/2017	Melissa Schuster 3300 Inspiration Lane  Paradise CA 95969 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Chapelle de L'Artiste Chateau & Retreat	FORGIVEN ACCRUED EXPENSE: Filing Fees	450.00	-1968.79	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1831.21**

**Schedule C Summary**

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....

\$ 1831.21

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

\$ 0.00

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....

**TOTAL \$ 1831.21**

<b>*Contributor Codes</b>	
IND	- Individual
COM	- Recipient Committee - (other than PTY or SCC)
OTH	- Other
PTY	- Political Party
SCC	- Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
7 / 8	
I.D. NUMBER  1391015	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schuster for Town Council 2016

**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               | 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions Political 4142 Adams Avenue Suite 103-550 San Diego CA 92116 ID:	OFC			150.00
Enterprise Record/Paradise Post 5399 Clark Road Paradise CA 95969 ID:	PRT			944.17
The KAL Group 9460 Tegner Road Hilmar CA 95324 ID:	PRO			504.04

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

**SUBTOTAL \$ 1598.21**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1598.21
2. Unitemized payments made this period of under \$100.	\$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 1648.21</b>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
8 / 8	
I.D. NUMBER	
1391015	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schuster for Town Council 2016

**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               | 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, email)            |

NAME AND ADDRESS OF PAYEE OR 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
Melissa Schuster 3300 Inspiration Lane Paradise CA 95969 ID:	FIL	450.00	0.00	-450.00	0.00
Melissa Schuster 3300 Inspiration Lane Paradise CA 95969 ID:	CMP	1381.21	0.00	-1381.21	0.00
Enterprise Record/Paradise Post 5399 Clark Road Paradise CA 95969 ID:	PRT	944.17	0.00	944.17	0.00
<b>SUBTOTALS \$</b>		<b>2775.38 \$</b>	<b>0.00 \$</b>	<b>-887.04 \$</b>	<b>0.00</b>

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

**Schedule F Summary**

- |  |                           |          |
|--|---------------------------|----------|
| 1. 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.).....                     | <b>INCURRED TOTALS \$</b> | 0.00     |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... | <b>PAID TOTALS \$</b>     | 2775.38  |
| 3. Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....  | <b>NET \$</b>             | -2775.38 |
- May be a negative number.