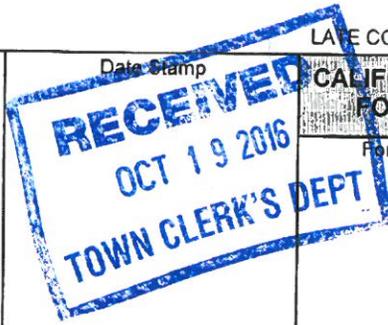


Late Contribution Report

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

P. 1

NAME OF FILER Schuster for Town Council 2016			Date of This Filing <u>10/19/2016</u>	Date Stamp 	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-228-0941	I.D. NUMBER (if applicable) 1391015		Report No. _____		For Official Use Only
STREET ADDRESS 3300 Inspiration Lane			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Paradise	STATE CA	ZIP CODE 95969	No. of Pages <u>1</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/19/2016 	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
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

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

Reason for Amendment: _____