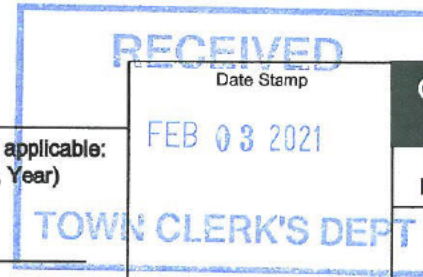


**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE



CALIFORNIA FORM 460

Page 1 of 16
For Official Use Only

Statement covers period
from 10/18/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)

- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 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)

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
(Also file a Form 410 Termination)
 - Amendment (Explain Below)
 - Quarterly Statement
 - Special Odd-Year Report

3. Committee Information I.D. NUMBER 1429763

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rose Tryon for Paradise Town Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise, CA 95969 530-966-1006

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise, CA 95969

OPTIONAL: FAX / E-MAIL ADDRESS
rose.tryon.ca@gmail.com

Treasurer(s)

NAME OF TREASURER
Kelly Lawler

MAILING ADDRESS
9460 Tegner Road
CITY STATE ZIP CODE AREA CODE/PHONE
Hilmar, CA 95324 209-656-1542

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 complete.

Executed on 01/13/2021
DATE

Executed on 01/13/2021
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rose M. Tryon

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Other Paradise

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
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 make expenditures on behalf of your candidacy*

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>3</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
Rose Tryon for Paradise Town Council 2020		1429763

SEE INSTRUCTIONS ON REVERSE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 4,344.87	\$ 4,669.87
2. Loans Received Schedule B, Line 3	-2,800.00	.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,544.87	\$ 4,669.87
4. Nonmonetary Contributions Schedule C, Line 3	465.36	2,202.10
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,010.23	\$ 6,871.97

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$.00	\$.00
21. Expenditures Made	\$.00	\$.00

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 1,606.64	\$ 4,669.87
7. Loans Made Schedule H, Line 3	.00	.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,606.64	\$ 4,669.87
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-647.13	.00
10. Nonmonetary Adjustment Schedule C, Line 3	465.36	2,202.10
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,424.87	\$ 6,871.97

**Expenditures 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	\$ 61.77
13. Cash Receipts Column A, Line 3 above	1,544.87
14. Miscellaneous Increases to Cash Schedule I, Line 4	.00
15. Cash Payments Column A, Line 8 above	1,606.64
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$.00
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED Schedule B, Line 2	\$.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$.00

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 4 of 16
NAME OF FILER		I.D. NUMBER
Rose Tryon for Paradise Town Council 2020		1429763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

1429763

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
12/31/2020	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	800.00	450.00	450.00 G-2020
12/31/2020	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	2,000.00	450.00	450.00 G-2020
12/31/2020	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	400.00	450.00	450.00 G-2020
12/31/2020	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,144.87	450.00	450.00 G-2020
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 4,344.87

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 5 of 16
I.D. NUMBER		1429763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 4,344.87
2. Amount received this period - unitemized monetary contributions of less than \$100	\$.00
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 4,344.87
<hr/>	
SUBTOTAL \$.00

* 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**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 6 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

1429763

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
Rose M. Tryon Paradise, CA 95969 * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$ 800.00	\$.00	<input type="checkbox"/> PAID \$.00 <input checked="" type="checkbox"/> FORGIVEN \$ 800.00	\$.00 12/31/2022 DATE DUE	0 % RATE \$.00	\$ 800.00 08/06/2020 DATE INCURRED	CALENDAR YEAR \$ 450.00 PER ELECTION** 450.00 G-2020
Rose M. Tryon Paradise, CA 95969 * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$ 2,000.00	\$.00	<input type="checkbox"/> PAID \$.00 <input checked="" type="checkbox"/> FORGIVEN \$ 2,000.00	\$.00 12/31/2022 DATE DUE	0 % RATE \$.00	\$ 2,000.00 08/22/2020 DATE INCURRED	CALENDAR YEAR \$ 450.00 PER ELECTION** 450.00 G-2020
Rose M. Tryon Paradise, CA 95969 * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$.00	\$ 400.00	<input type="checkbox"/> PAID \$.00 <input checked="" type="checkbox"/> FORGIVEN \$ 400.00	\$.00 12/31/2022 DATE DUE	0 % RATE \$.00	\$ 400.00 11/02/2020 DATE INCURRED	CALENDAR YEAR \$ 450.00 PER ELECTION** 450.00 G-2020
Rose M. Tryon Paradise, CA 95969 * <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$.00	\$ 1,144.87	<input type="checkbox"/> PAID \$.00 <input checked="" type="checkbox"/> FORGIVEN \$ 1,144.87	\$.00 1/1/1900 DATE DUE	0.00 % RATE \$.00	\$ 1,144.87 11/17/2020 DATE INCURRED	CALENDAR YEAR \$ 450.00 PER ELECTION** 450.00 G-2020
SUBTOTALS \$		1,544.87	\$ 4344.87	\$.00	\$.00			

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

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

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

**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>16</u>	I.D. NUMBER 1429763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ 1/1/1900 DATE DUE	0.00 % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$.00 PER ELECTION**
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ 1/1/1900 DATE DUE	0.00 % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$.00 PER ELECTION**

Schedule B Summary

1. Loans received this period ----- \$ 1,544.87
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ----- \$ 4,344.87
(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 \$** -2,800.00
Enter the net here and on the Summary Page, Column A, Line 2
(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

SUBTOTALS \$.00 \$ 0.00 \$.00 \$.00

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

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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Schedule B - Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1429763	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (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
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$

Enter on Summary
Page. Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>9</u> of <u>16</u>
NAME OF FILER Rose Tryon for Paradise Town Council 2020		I.D. NUMBER 1429763

SEE INSTRUCTIONS ON REVERSE

Rose Tryon for Paradise Town Council 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF 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)
12/31/2020	Rose M. Tryon Paradise, CA 95969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	Filing Fee	450.00	450.00	450.00 G-2020

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	450.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$	15.36
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 \$	465.36

* 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

SUBTOTAL \$	
--------------------	--

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 10 of 16

NAME OF FILER Rose Tryon for Paradise Town Council 2020	I.D. NUMBER 1429763
---	-------------------------------

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$.00
- 2. Unitemized contributions and independent expenditures made this period of under \$100 ----- \$.00
- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$.00**

SUBTOTAL \$	
--------------------	--

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 11 of 16
I.D. NUMBER		1429763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Coast Central Credit Union - Cardmember Services 2650 Harrison Avenue Eureka, CA 95501	WEB		197.13
Coast Central Credit Union - Cardmember Services 2650 Harrison Avenue Eureka, CA 95501	WEB		947.74
The KAL Group, Inc 9460 Tegner Road Hilmar, CA 95324	PRO		375.79
SUBTOTAL \$			1,520.66

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 12 of 16
NAME OF FILER		I.D. NUMBER
Rose Tryon for Paradise Town Council 2020		1429763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

1429763

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, e-mail) |

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

Schedule E Summary

- | | | |
|--|-------|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | ----- | \$ 1,520.66 |
| 2. Unitemized payments made this period of under \$100. | ----- | \$ 85.98 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | ----- | \$.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | ----- | TOTAL \$ 1,606.64 |

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

SUBTOTAL \$.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 13 of 16
NAME OF FILER		I.D. NUMBER
Rose Tryon for Paradise Town Council 2020		1429763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

1429763

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, 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Coast Central Credit Union - Cardmember Services 2650 Harrison Avenue Eureka, CA 95501	WEB	197.13	.00	197.13	.00
Rose M. Tryon Paradise, CA 95969	FIL	450.00	.00	.00	.00

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.) **INCURRED TOTALS \$** .00
- 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.) **PAID TOTALS \$** 647.13
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -647.13

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

SUBTOTALS \$ 647.13 \$.00 \$ 197.13 \$.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 14 of 16
NAME OF FILER		I.D. NUMBER
Rose Tryon for Paradise Town Council 2020		1429763
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

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 | 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) |

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

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

TOTAL * \$

** 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***

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 15 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

1429763

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

SUBTOTALS \$ \$ \$ \$

*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

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

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>16</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

1429763

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period.-----	\$	<u>.00</u>
2. Unitemized increases to cash of under \$100 this period.-----	\$	<u>.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)).-----	\$	<u>.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)-----	TOTAL \$	<u>.00</u>

SUBTOTAL \$