

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/24/2023
through 10/21/2023

Date of election if applicable:
(Month, Day, Year)
11/07/2023

Date Stamp

CALIFORNIA
FORM

COVER PAGE

460

RECEIVED
Page 1 of 4
For Official Use Only
OCT 16 2023

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

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

3. Committee Information

I.D. NUMBER
1461937

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on Measures E & F

STREET ADDRESS (NO P.O. BOX)

CITY Portola STATE CA ZIP CODE 96122 AREA CODE/PHONE 530-251-3103

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

PO Box 115 CITY Portola STATE CA ZIP CODE 96122 AREA CODE/PHONE 530-251-3103

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

Treasurer(s)

NAME OF TREASURER

Leslie Chrysler

MAILING ADDRESS

CITY Portola STATE CA ZIP CODE 96122 AREA CODE/PHONE 530-251-3103

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY Portola STATE CA ZIP CODE 96122 AREA CODE/PHONE 530-251-3103

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 10/23/2023 Date 10/23/2023

By _____

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

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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

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

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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?
-------------------	-----------------------

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?
-------------------	-----------------------

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Beckwourth Peak Fire Protection District

BALLOT NO. OR LETTER Measures E & F	JURISDICTION Plumas County	<input checked="" 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 PROPOINTER

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

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/24/2023</u>	CALIFORNIA FORM 460
through <u>10/21/2023</u>	Page <u>3</u> of <u>4</u>
I.D. NUMBER <u>1467937</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>4300.00</u>	
2. Loans Received	<i>Schedule B, Line 3</i>	\$ _____	
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>4300.00</u>	
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ _____	
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>4300.00</u>	

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ <u>200.00</u>	\$ <u>3734.11</u>
7. Loans Made	<i>Schedule H, Line 3</i>	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>200.00</u>	\$ <u>3734.11</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ _____	\$ _____
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>200.00</u>	\$ <u>3734.11</u>

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	<i>Previous Summary Page, Line 16</i>	\$ <u>765.89</u>	<p>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).</p>	
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ _____		
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ _____		
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>200.00</u>		
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>565.89</u>		
<p>If this is a termination statement, Line 16 must be zero.</p>				
17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ _____		

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

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

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

Statement covers period
from 9/24/2023

through 10/21/2023

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

I.D. NUMBER

1467937

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
Pete Rhode [REDACTED] Portola, CA 96122	MTG RAD		Recording of forum for publication	200.00

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

SUBTOTAL \$ 200.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 200.00
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).).....	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 200.00

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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

Beckwourth Peak Fire Protection District

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Measures E & F	Plumas County	

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

Statement covers period
from 8/2/2023
through 9/23/2023

CALIFORNIA
FORM **460**

Page 3 of 8
I.D. NUMBER
1461937

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>1700.00</u>	\$ <u>4300.00</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>		
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>1700.00</u>	\$ <u>4300.00</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>		
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>1700.00</u>	\$ <u>4300.00</u>

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A	Column B
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>3534.11</u>	\$ <u>3534.11</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>3534.11</u>	\$ <u>3534.11</u>
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>3534.11</u>	\$ <u>3534.11</u>

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
/ / /	\$ _____
/ / /	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>2600.00</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>1700.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>3534.11</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>765.89</u>

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

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).

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

Statement covers period
from 8/2/2023

CALIFORNIA FORM 460

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I.D. NUMBER
1461937

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/2023	Susan Scarlett [REDACTED] Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Scarlett	100.00	100.00	
8/21/23	Ida Larrieu [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	100.00	100.00	
8/31/23	Jon Kennedy [REDACTED] Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Portola	100.00	100.00	
8/31/23	Craig Simmons [REDACTED] Clio, CA 96106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	100.00	100.00	
9/1/2023	Calvin Patterson [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	600.00	600.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1700.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1700.00**

- *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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>8/2/2023</u>	CALIFORNIA FORM 460
through <u>9/23/2023</u>	Page <u>5</u> of <u>8</u>

NAME OF FILER

Yes on Measures E & F

I.D. NUMBER

1461937

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/23	Daniel Smith [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	200.00	200.00	
9/22/2023	Ben Harris [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turner & Townsend	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$ 700.00		

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

Amounts may be rounded
to whole dollars.

Statement covers period
from 8/2/2023

through 9/23/2023

SCHEDULE D

CALIFORNIA
FORM
460

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I.D. NUMBER
146937

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)
9/23/2023	Yes on Measures E & F Plumas County	<input type="checkbox"/> Monetary Contribution		3534.11	3534.11	
		<input type="checkbox"/> Nonmonetary Contribution				
	<input checked="" type="checkbox"/> Independent Expenditure					
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Independent Expenditure					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Independent Expenditure					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 3534.11						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 3534.11
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$ 3534.11**

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Yes on Measures E & F

SCHEDULE E

CALIFORNIA **460**
FORM

Statement covers period
from 8/2/2023

through 9/23/2023

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I.D. NUMBER
1461937

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
Build a Sign [REDACTED] Austin, TX 78758	CMP LIT		Signs, banners, postcards, doorhangers	2416.71
NetBrands Media Corp [REDACTED] Houston, TX 77083	CMP		Buttons, wristbands	322.80
US Postal Service [REDACTED] Portola, CA 96122	POS		Postage Stamps	767.30

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

SUBTOTAL \$ 3506.81

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 3534.11
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).)..... \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 3534.11**

Statement of Organization
Recipient Committee

R
L 32

146937

Statement Type	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5 of the State of California
	<input checked="" type="checkbox"/> Not yet qualified or		Date of termination
	<input type="radio"/> Date qualification threshold met	Date qualification threshold met	

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State

JUL 26 2023

CALIFORNIA
FORM

410

For Official Use Only

RECEIVED

R/KA AUG 08 2023

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE		NAME OF TREASURER				LUMAS CO. CLERK-R/KA	
Yes on Measures E & F		Leslie Chrysler					
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)					
[REDACTED]		[REDACTED]					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Portola	CA	96122	5302513103	Portola	CA	96122	530-251-3103
NAME OF ASSISTANT TREASURER, IF ANY				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
fireprotectplumas@gmail.com				Portola	CA	96122	916-747-6584
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Plumas	Plumas County, California			Cary Curtis			
STREET ADDRESS (NO P.O. BOX)				[REDACTED]			
[REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]				Portola	CA	96122	916-747-6584
Attach additional information on appropriately labeled continuation sheets.							

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/24/2023 [REDACTED]

REASURER OR ASSISTANT TREASURER

Executed on [REDACTED] By [REDACTED]

SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on [REDACTED] By [REDACTED]

SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on [REDACTED] By [REDACTED]

SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

FPPC Form 410 (August/2018)

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM**

410

Page 2

COMMITTEE NAME Yes on Measures E & F	I.D. NUMBER
---	-------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Plumas Bank	AREA CODE/PHONE 530-832-4405	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS [REDACTED]	CITY Portola	STATE CA	ZIP CODE 96122	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
[REDACTED]	[REDACTED]		Nonpartisan	Partisan	(list political party below)
[REDACTED]	[REDACTED]		Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Beckwourth Peak Fire Protection District - Measure E	Beckwourth Peak Fire Protection District	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beckwourth Peak Fire Protection District - Measure F	Beckwourth Peak Fire Protection District	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

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

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

3. Committee Information

I.D. NUMBER
1461937

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on Measures E & F

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Portola CA 96122 530-251-3103

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

PO Box 115 CITY STATE ZIP CODE AREA CODE/PHONE
Portola CA 96122 530-251-3103

OPTIONAL: FAX / E-MAIL ADDRESS

fireprotectplumas@gmail.com

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 foreg

Executed on 8/1/2023 Date

By _____ Treasurer

Executed on _____ Date

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

Executed on _____ Date

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

Executed on _____ Date

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

OVER PAGE

Date Stamp

CALIFORNIA FORM 460

FILED Page 1 of 4
For Official Use Only

AUG 02 2023

PLUMAS
BY _____

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

11/07/2023

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

Treasurer(s)

NAME OF TREASURER

Leslie Chrysler

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Portola CA 96122 530-251-3103

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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

Beckwourth Peak Fire Protection District

BALLOT NO. OR LETTER Measures E & F	JURISDICTION Plumas County	<input checked="" 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

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>1/1/2023</u>	CALIFORNIA FORM	460
through <u>8/1/2023</u>	Page <u>3</u> of <u>4</u>	
	I.D. NUMBER	<u>1461937</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>2600.00</u>	\$ <u>2600.00</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u> </u>	\$ <u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>2600.00</u>	\$ <u>2600.00</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u> </u>	\$ <u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>2600.00</u>	\$ <u>2600.00</u>

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u> </u>	\$ <u> </u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u> </u>	\$ <u> </u>
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u> </u>	\$ <u> </u>
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ <u> </u>	\$ <u> </u>
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u> </u>	\$ <u> </u>
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>0</u>	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>2600.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u> </u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u> </u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2600.00</u>

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ <u>0</u>
------------------------------------	---------------------------	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

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).

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	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>

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
/ / /	\$ <u> </u>

/ / / \$

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

Schedule A
Monetary Contributions Received

Amounts be rounded
 to whole dollars.

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

Statement covers period
 from 1/1/2023
 through 8/1/2023

CALIFORNIA
 FORM

Page 4 of 4

I.D. NUMBER
 1461937

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2023	Cary Curtis [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$750.00		
7/20/2023	Leslie Chrysler [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$750.00		
8/1/2023	James Murphy [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00		
8/1/2023	Richard McLaughlin [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$400.00		
8/1/2023	Gwendolyn Patricia Morton [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00		
SUBTOTAL \$ 2600.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 2600.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2600.00**

*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

Recipient Committee Campaign Statement Cover Page

Recipient Committee Campaign Statement Cover Page		Date Stamp CALIFORNIA FORM 460 Page 1 of 4 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE			
Statement covers period from <u>1/1/2023</u> through <u>8/1/2023</u>		Date of election if applicable: (Month, Day, Year) <u>11/07/2023</u>	
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.			
<input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5)		<input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6)	
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee		<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)	
2. Type of Statement:			
<input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below)			
<hr/> <hr/>			
3. Committee Information			
I.D. NUMBER <u>1461937</u>		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Yes on Measures E & F	
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <u>Portola</u>		STATE <u>CA</u>	ZIP CODE <u>96122</u>
AREA CODE/PHONE <u>530-251-3103</u>			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>PO Box 115</u>			
CITY <u>Portola</u>		STATE <u>CA</u>	ZIP CODE <u>96122</u>
AREA CODE/PHONE <u>530-251-3103</u>			
OPTIONAL: FAX / E-MAIL ADDRESS <u>fireprotectplumas@gmail.com</u>			
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 <u>8/1/2023</u> Date		By [REDACTED] reasurer	
Executed on _____ Date _____		By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on _____ Date _____		By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on _____ Date _____		By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent	
FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

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

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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

Beckwourth Peak Fire Protection District

BALLOT NO. OR LETTER Measures E & F	JURISDICTION Plumas County	<input checked="" 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
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2023
through 8/1/2023

SUMMARY PAGE
CALIFORNIA FORM 460
Page 3 of 4
I.D. NUMBER
1461937

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Yes on Measures E & F

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 2600.00	\$ 2600.00
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 2600.00	\$ 2600.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 2600.00	\$ 2600.00
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 2600.00	\$ 2600.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 2600.00	\$ 2600.00

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ _____	\$ _____
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ _____	\$ _____
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 0	\$ 0

**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
/ /	\$ _____
/ /	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance.....	<i>Previous Summary Page, Line 16</i>	\$ 0
13. Cash Receipts.....	<i>Column A, Line 3 above</i>	\$ 2600.00
14. Miscellaneous Increases to Cash.....	<i>Schedule I, Line 4</i>	\$ _____
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$ _____
16. ENDING CASH BALANCE.....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 2600.00

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

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0
-----------------------------------	---------------------------	------

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

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).

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA 460
FORM

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measures E & F

I.D. NUMBER
1461937

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. 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)
7/20/2023	Cary Curtis [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$750.00		
7/20/2023	Leslie Chrysler [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$750.00		
7/20/2023	James Murphy [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$200.00		
8/1/2023	Richard McLaughlin [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$400.00		
8/1/2023	Gwendolyn Patricia Morton [REDACTED] Portola, CA 96122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$500.00		
SUBTOTAL \$ 2600.00						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2600.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2600.00**

*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

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov