

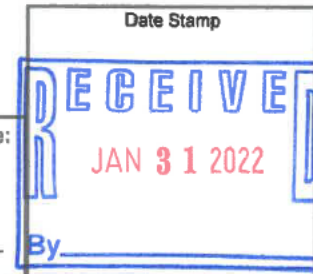
Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2021  
through 12/31/2021

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



CALIFORNIA  
FORM 460

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For Official Use Only

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  
1429518

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

SCHAEFER FOR COUNCIL 2020 ID# 1429518

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

CITRUS HEIGHTS CA 95621

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

TIM SCHAEFER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITRUS HEIGHTS CA 95621

NAME OF ASSISTANT TREASURER, IF ANY

KRISTINA WARDLOW

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITRUS HEIGHTS CA 95621

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 January 31, 2022  
Date

Executed on  
Date

Executed on  
Date

Executed on  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

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

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TIM SCHAEFER

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

COUNCILMEMBER CITRUS HEIGHTS DISTRICT 3

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

CITRUS HE CA 95621

**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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT

☐ 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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ 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

TIM SCHAEFER

Statement covers period

from 7/1/2021

through 12/31/2021

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I.D. NUMBER

1429518

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 0   | \$ 0                                       |
| 2. Loans Received..... Schedule B, Line 3            | 0  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 0   | \$ 0                                       |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0  | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0   | \$ 0                                       |

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

## Expenditure Limit Summary for State Candidates

|  |               |
|--|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| / /  | \$            |
| / /  | \$            |

## Current Cash Statement

|  |       |
|--|-------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 63 |
| 13. Cash Receipts..... Column A, Line 3 above                              | 0     |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0     |
| 15. Cash Payments..... Column A, Line 8 above                              | 0     |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 63 |

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

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

## Cash Equivalents and Outstanding Debts

|  |        |
|--|--------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0   |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 759 |

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).

\*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  
from 7/1/2021  
through 12/31/2021

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**TIM SCHAEFER**

I.D. NUMBER  
**1429518**

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF<br>CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------------|--|--|--|-----------------------------------|---|--|
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 0                                 | 0   |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 0                                 | 0   |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 0                                 | 0   |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                   |   |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                   |   |  |
| SUBTOTAL \$ 0    |  |  |  |                                   |   |  |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TIM SCHAEFER

Statement covers period  
from 7/1/2021  
through 12/31/2021

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I.D. NUMBER

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| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                              | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| TIM SCHAEFER, [REDACTED]<br>CITRUS HEIGHTS CA 95621<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Metalworking Specialist,<br>MSC Industrial  | 759<br>\$   | 0<br>\$                                  | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$ | 759<br>12/31/2021<br>DATE DUE                               | %<br>RATE<br>\$                        | \$                                   | CALENDAR YEAR<br>759<br>PER ELECTION**<br>759 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | 0<br>\$   | \$                                       | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$ | \$<br>DATE DUE  | %<br>RATE<br>\$                        | \$                                   | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$   |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$  | \$                                       | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$ | \$<br>DATE DUE  | %<br>RATE<br>\$                        | \$                                   | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$   |
| <b>SUBTOTALS</b>   |   | \$ 0  | \$ 0                                     |  | \$ 759  | \$ 0                                   |                                      |   |

## Schedule B Summary

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
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)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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