

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 6
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUL 31 2020

CALIFORNIA FORM 410
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RECEIVED
AUG 20 2020

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Greg Bolin for Town Council 2020 (amended to change date from 2016)				NAME OF TREASURER Elizabeth H. Dunn			
STREET ADDRESS (NO P.O. BOX) 7030 Skyway				STREET ADDRESS (NO P.O. BOX) 7030 Skyway			
CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-877-1180	CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-877-1180
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) gbolin@bolincompanies.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Butte		JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Paradise		CITY			
Attach additional information on appropriately labeled continuation sheets.				STATE			
				ZIP CODE			
				AREA CODE/PHONE			

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 7-29-2020 By _____
DATE TRESURER OR ASSISTANT TREASURER

Executed on July 20, 2020 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Greg Bolin for Town Council 2020 (amended to change date from 2016)	I.D. NUMBER 1349708
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

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	
Gregory L. Bolin	Paradise, CA Town Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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