

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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AUG 05 2020
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**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number (if applicable)	
NAME OF COMMITTEE LUCAS BELLEFEUILLE FOR PARADISE TOWN COUNCIL 2020	NAME OF TREASURER MARY BELLEFEUILLE
STREET ADDRESS (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE PARADISE CA 95969 (530) 514-5853	CITY STATE ZIP CODE AREA CODE/PHONE PARADISE CA 95969 (530) 278-5913
FULL MAILING ADDRESS (IF DIFFERENT)	NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) LUKE.C.MCROSSFIT@GMAIL.COM	STREET ADDRESS (NO P.O. BOX)
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE BUTTE TOWN OF PARADISE	CITY STATE ZIP CODE AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.	NAME OF PRINCIPAL OFFICER(S)
	STREET ADDRESS (NO P.O. BOX)
	CITY 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 _____	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>8-4-2020</u>	By <u>[Signature]</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT