

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	
<input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met
____/____/____	____/____/____

Termination - See Part 5

Date of termination
12 / 31 / 2020

Date Stamp
RECEIVED AND FILED
Office of the Secretary of State
of the State of California
JAN 27 2021

CALIFORNIA 410
FORM
For Official Use Only
RECEIVED
FEB 23 2021
TOWN CLERK'S DEPT

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Bellefeuille for Town Council 2020				NAME OF TREASURER Mary Bellefeuille				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)				CITY Paradise				STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-228-5913		
CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-228-5913	NAME OF ASSISTANT TREASURER, IF ANY				STREET ADDRESS (NO P.O. BOX)				
FULL MAILING ADDRESS (IF DIFFERENT)				CITY				STATE	ZIP CODE	AREA CODE/PHONE		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Kyjfirtiwbciiycuk@gmail.com				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE Butte		JURISDICTION WHERE COMMITTEE IS ACTIVE Tow of Paradise		CITY				STATE	ZIP CODE	AREA CODE/PHONE		
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 1/13/2021 By _____

Executed on 1/13/2021 By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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