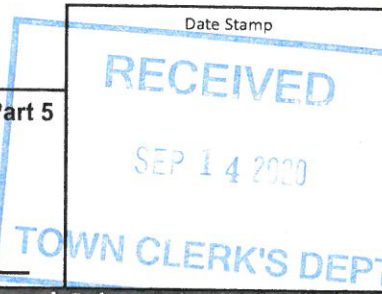


**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	09 / 10 / 2020	_____ / _____ / _____



**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER				NAME OF ASSISTANT TREASURER, IF ANY			
JOHN GILLANDER FOR TOWN COUNCIL 2020				JOHN GILLANDER							
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)							
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE							
PARADISE CA 95969 530-872-1722				PARADISE CA 95969 530-872-1722							
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE							
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)							
BUTTE		TOWN OF PARADISE									
Attach additional information on appropriately labeled continuation sheets.				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	9/10/2020	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
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
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME  
JOHN GILLANDER FOR TOWN COUNCIL 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

**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		
			Nonpartisan	Partisan	(list political party below)
JOHN GILLANDER	TOWN OF PARADISE COUNCIL	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<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

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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Page 3	
I.D. NUMBER	

COMMITTEE NAME  
JOHN GILLANDER FOR COUNCIL 2020

## 4. Type of Committee (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee       COUNTY Committee       STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

**Small Contributor Committee**  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.