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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

atement of Organization cipient Committee						CALIFO FOI	CONTRACTOR OF THE PROPERTY AS A SEC	10
RUCTIONS ON REVERSE						Page 2		
INITIEE NAME OHN GILLANDER FOR TOWN COUNCIL 2020								
All committees must list the financial institution where the cam	paign ban	k account is located.						
VIE OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUNT	NUMBER				
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4. Type of Committee Complete the applicable sections.								
ntrolled Committee								
List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if			fficeholder co	ontrolled	,			
List the political party with which each officeholder or candidate	is affiliated	d or check "nonpartisan." Stat	ing "No part	y prefere	nce" is accep	otable		
If this committee acts jointly with another controlled committee,	list the na	ame and identification number	of the other	controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICAB	LE)	YEAR OF ELECTION	PARTY CHECK ONE				
)HN GILLANDER		TOWN OF PARADISE COUNCIL 2020 No.			Nonpartisan	Partisan	(list political par	ty below)
					Nonpartisan	Partisan	(list political par	ty below)
rimarily Formed Committee Primarily formed to support or op	pose spec	ific candidates or measures in	a single elec	tion. List	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER)	CANDIDATE(S) OFFICE S (INCLUDE DISTRI				ON	CHECK	ONE
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www.fppc.ca.gov

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER 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 a	ttachment.					
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONSOR				
STREET ADDRESS	NO. AND STREET	СІТҮ		STATE	ZIP CODE	AREA CODE/PHONE	

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

Small Contributor Committee

- 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.