K 143	3010		
Statement of Organization DH)010	Date Stamp	CALIFORNIA 440
Recipient Committee	D		
Statement Type Initial Amendment	Termination – See Part 5	he office of the Socration	For Official Use Only
O Not yet qualified		of the State of California	NOV 03 2020
O Date qualification threshold met Date qualification threshold met	Date of termination	SEP 28 2020	
		OF TO TOTAL	TOWN CLERK'S DEPT
1. Committee Information I.D. Number	2. Treasurer and	Other Principal Officer	
NAME OF COMMITTEE	NAME OF TREASURER		
JOHN GILLANDER FOR TOWN COUNCIL 2020	JOHN GILLANDER		
	STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O. BOX)	СІТУ	STATE	ZIP CODE AREA CODE/PHONE
	PARADISE	CA	95969 530-872-1722
PARADISE CA 95969 530-872-1722	NAME OF ASSISTANT TREASURER,	IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)		× ×
e-mail address (required) / fax (optional) PYPR@LIVE.COM	CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			
BUTTE TOWN OF PARADISE	NAME OF PRINCIPAL OFFICER(S)		
	STREET ADDRESS (NO P.O. BOX)		
	000 - 000 y -		
Attach additional information on appropriately labeled continuation sheets.	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 informati	on contained herein is true	and complete I cortify under
penalty of perjury under the laws of the State of Galifornia that the foregoing is tru	ue and correct.	on contained nerein is true	and complete. Termy under
Executed on 9/26/2020			
9/26/2020 PATE	!	R	
Executed on DATE			ž.
		EASURE PROPONENT	
Executed on By	IG OFFICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT	
Executed on By	6 2000000000000000000000000000000000000	Andrews Company of the Table 1981	
DATE SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT	

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

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM	410
PORIVI	

COMMITTEE NAME				Page 2
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 N	NUMBER	
BANK OF AMERICA	530-897-6200			
ADDRESS	CITY	STATE	ZIP CODE	
801 EAST AVE	CHICO	CA	95926	
4. Type of Committee Complete the applications of the committee of the complete the applications of the complete the applications of the complete the complete the applications of the complete the complete the applications of the committee of the complete the comple	able sections.			
Controlled Committee				

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	PAR CHECK	Salaria.		
JOHN GILLANDER	TOWN OF PARADISE COUNCIL	2020	Nonpartisan	Partisan	(list political par	rty below)
			Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or	oppose specific candidates or measures in a single	e election. Lis	t below:	L		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	FITER) CANDIDATE(S) OFFICE COLLOWS	OR HELD OR MEASI.	IRF(S) IURISDICTI	ON	CHECK	ONE
					SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Statement of Organization **CALIFORNIA** Recipient Committee FORM INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER JOHN GILLANDER FOR TOWN 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 STATE ZIP CODE AREA CODE/PHONE Small Contributor Committee 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.