

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	12/31/2021

RECEIVED AND FILE
in the office of the Secretary of State
of the State of California

Date Stamp
JAN 13 2021

CALIFORNIA FORM 410

For Official Use Only

TOWN CLERK'S DEPT

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) <u>1433010</u>		NAME OF TREASURER <u>John Gillander</u>	
NAME OF COMMITTEE <u>John Gillander For Council 2020</u>		STREET ADDRESS (NO P.O. BOX)	
CITY <u>Paradise</u>		STATE <u>CA</u>	ZIP CODE <u>95967</u>
STATE <u>CA</u>		AREA CODE/PHONE <u>530/822-1722</u>	
ZIP CODE <u>95967</u>		NAME OF ASSISTANT TREASURER, IF ANY	
AREA CODE/PHONE <u>530/822-1722</u>		STREET ADDRESS (NO P.O. BOX)	
FULL MAILING ADDRESS (IF DIFFERENT)		CITY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>PYPR@Live.com</u>		STATE	
COUNTY OF DOMICILE <u>Butte</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Town of Paradise</u>	ZIP CODE	
NAME OF PRINCIPAL OFFICER(S)		AREA CODE/PHONE	
STREET ADDRESS (NO P.O. BOX)		CITY	
CITY		STATE	
STATE		ZIP CODE	
ZIP CODE		AREA CODE/PHONE	
AREA CODE/PHONE		CITY	
CITY		STATE	
STATE		ZIP CODE	
ZIP CODE		AREA CODE/PHONE	
AREA CODE/PHONE		CITY	

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 <u>1/11/2021</u>	By _____	TREASURER OR ASSISTANT TREASURER
Executed on <u>1/11/2021</u>	By _____	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