

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 11 / 18 / 2020
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Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
NOV 20 2020

CALIFORNIA FORM 410
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DEC 08 2020
TOWN CLERK'S DEPT

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable) 1428406				NAME OF TREASURER Gregg A Mowers			
NAME OF COMMITTEE Gregg A Mowers for Paradise Town Council 2020				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-828-1203
CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-828-1203	NAME OF ASSISTANT TREASURER, IF ANY			
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 Butte	JURISDICTION WHERE COMMITTEE IS ACTIVE Paradise, CA			NAME OF PRINCIPAL OFFICER(S)			
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 11/18/2020 By _____
DATE

Executed on 11/18/2020 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