

Statement of Organization Recipient Committee

Statement Type [X] Initial [ ] Amendment [ ] Termination - See Part 5
Not yet qualified or Date qualified as committee 08/06/2020
Date qualified as committee Date of termination

RECEIVED Date Stamp AUG 13 2020 TOWN CLERK'S DEPT CALIFORNIA FORM 410 For Official Use Only

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Rose Tryon for Paradise Town Council 2020
STREET ADDRESS (NO P.O. BOX): 257 Tranquil Drive
CITY: Paradise STATE: CA ZIP CODE: 95969 AREA CODE/PHONE: 530-966-1006
MAILING ADDRESS (IF DIFFERENT): PO Box 190 Paradise, CA 95967
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): rose.tryon.ca@gmail.com
COUNTY OF DOMICILE: Butte JURISDICTION WHERE COMMITTEE IS ACTIVE: Town of Paradise

NAME OF TREASURER: Kelly Lawler
STREET ADDRESS (NO P.O. BOX): 9460 Tegner Road
CITY: Hilmar STATE: CA ZIP CODE: 95324 AREA CODE/PHONE: 209-656-1542
NAME OF ASSISTANT TREASURER, IF ANY:
STREET ADDRESS (NO P.O. BOX):
CITY: STATE: ZIP CODE: AREA CODE/PHONE:
NAME OF PRINCIPAL OFFICER(S):
STREET ADDRESS (NO P.O. BOX):
CITY: STATE: ZIP CODE: AREA CODE/PHONE:

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 8/10/2020 By [Signature]
Executed on 8/6/2020 By [Signature]
Executed on [Signature] By [Signature]
Executed on [Signature] By [Signature]

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Rose Tryon for Paradise Town Council 2020

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I.D. NUMBER

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

|  |                                 |                                  |                   |
|--|---------------------------------|----------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION<br>Tri Counties Bank | AREA CODE/PHONE<br>209-668-1882 | BANK ACCOUNT NUMBER<br>411056909 |                   |
| ADDRESS<br>2001 Geer Road                          | CITY<br>Turlock                 | STATE<br>CA                      | ZIP CODE<br>95382 |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE                           |                          | PARTY<br>(list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|---------------------------------------|
|  |   |                  | Nonpartisan                         | Partisan                 |                                       |
| Rose M. Tryon  | Paradise Town Council   | 2020             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                       |
|  |   |                  | <input type="checkbox"/>            | <input type="checkbox"/> |                                       |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |

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COMMITTEE NAME

Rose Tryon for Paradise Town Council 2020

I.D. NUMBER

**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  Political Party/Central 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 proponent 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.

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