

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Amendment

Termination – See Part 5

Not yet qualified

or

Date qualified as committee

09 / 08 / 2020
Date qualified as committee

12 / 31 / 2020
Date of termination

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

JAN 25 2021

CALIFORNIA FORM 410
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RECEIVED
FEB 23 2021

TOWN CLERK'S DEPT

1. Committee Information **I.D. Number** 1431899
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Paradise Residents & Business for New Town Leadership , a committee to support Tryon, Culleton, Bellefeuille for Town Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Paradise CA 95969 530-592-6797

MAILING ADDRESS (IF DIFFERENT)

PO Box 535 Paradise, CA 95967

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

kellylawler@thekalgroup.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Butte

NAME OF TREASURER

Kelly Lawler

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Hilmar CA 95324 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)

Dave Anderson

STREET ADDRESS (NO P.O. BOX)

1545 Elliott Rd

CITY STATE ZIP CODE AREA CODE/PHONE

Paradise CA 95969 530-894-5432

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 1/20/21 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Paradise Residents & Business for New Town Leadership , a committee to support Tryon, Culleton, Bellefeuille for Town Council

I.D. NUMBER

1431899

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

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE 209-668-1882	BANK ACCOUNT NUMBER	
ADDRESS 2001 Geer Road	CITY Turlock	STATE CA	ZIP CODE 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			<input 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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
Rose Tyron	Paradise Town Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Luke Bellefeuille	Paradise Town Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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ADDRESS	CITY	STATE ZIP CODE

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			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
Woody Culleton	Paradise Town Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

