Statement of	Organizatio	n	T _a			Date Stamp	CALIE	ORNIA 440
Recipient Con	-						BURNEL BELLEVILLE	A10
Statement Type	☐ Initial O Not yet qual	ified	☐ Amendment	☑ Term	ination – See Part on the	CEIVED AND FILE office of the Secretary of State of the State of California	SHEET ALL	CEIVED
	O Date qualifie	d as committee	09 08 2020 Date qualified as committee		31 / 2020 of termination	JAN 25 2021	F	EB 2 3 2021
1. Committee In	nformation	I.D. Num			2. Treasurer and	Other Principal Office	TOWN (LERK'S DEPT
NAME OF COMMITTEE					NAME OF TREASURER			
			vn Leadership , a commit	tee to	Kelly Lawler			
support Tryon, Co	ulleton, Bellefe	uille for Towr	n Council 2020		STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.C	D. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
					Hilmar	CA	95324	209-656-1542
CITY		STATE	ZIP CODE AREA CODE/PI	HONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Paradise		CA 95	5969 530-592-67	797				
MAILING ADDRESS (IF DI		2-111			STREET ADDRESS (NO P.O. BOX)			
PO Box 535 Para		67						
E-MAIL ADDRESS (REQUI kellylawler@theka	The state of the s				СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE		JURISDICTION WHERE	COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Butte					Dave Anderson			
	•				street address (NO P.O. BOX) 1545 Elliott Rd			
Attach additional	information on	annronriately	labeled continuation sheets	ë	CITY	STATE	ZIP CODE	AREA CODE/PHONE
record address and	injurination on	арргориалсту і	iaberea continuation sneets	že.	Paradise	CA	95969	530-894-5432
3. Verification				No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa				
I have used all re penalty of perjui	easonable dilige ry under the lav	nce in prepari	ng this statement and to th of California that the foreg	e best of my	knowledge the informa and correct.	tion contained herein is tru	e and comple	te. I certify under
Executed on	120/21	Ву			OF TREASURER ON ASSISTANT TREASU	RER		
Executed on	DATE	ву	SIGNATURE		FFICEHOLDER, CANDIDATE, OR STATE			
Executed on		Ву	S. S			MACAGE FROTONER!		
	DATE	- J	SIGNATURE O	F CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		
Executed on	PATE	Ву						
	CATE		SIGNATURE C	OF CONTROLLING C	FEICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE							FORNIA Z	110			
COMMITTEE NAME Paradise Residents & Business for New Town Leadership , a committee to support Tryon, Culleton, Bellefeuille for Town Council								1.D. NUMBER 143/899			
All committees must list the financial institution where the campaign bank	accou	nt is located.						,			
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOUN	NT NUMBER							
Tri Counties Bank	209	-668-1882									
ADDRESS	CITY		STATE	2	IP CODE						
2001 Geer Road	Turk	ock	CA	9	95382						
4. Type of Committee Complete the applicable sections. Controlled Committee • List the name of each controlling officeholder, candidate, or state me district number, if any, and the year of the election.	asure	proponent. If candidate or offic	ceholder co	ontrolled,	also list the ele	ective off	ice sought or h	neld, and			
 List the political party with which each officeholder or candidate is af If this committee acts jointly with another controlled committee, list 		me and identification number o		r controlle							
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE DFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABL	E)	YEAR OF ELECTION	CHECK		ARTY				
					Nonpartisan Nonpartisan		(list political part				
Primarily Formed Committee Primarily formed to support or oppose 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.	se spe	Cific candidates or measures in a CANDIDATE(S) OFFICE SO (INCLUDE DISTRICT	UGHT OR HEL	D OR MEASL	IRE(S) JURISDICTION						
Rose Tyron		Paradise Town Council		. 200111, 10	Figurett		SUPPORT	OPPOSE			
Luke Bellefeuille		Paradise Town Council				-	SUPPORT	OPPOSE			

Paradise Town Council

Statement of Organization						CALIF	ORNIA	140	
Recipient Committee						FO	RM 4	10	
INSTRUCTIONS ON REVERSE						Page 2			
Paradise Residents & Business for New Town Leadership , a committee to support Tryon, Culleton, Bellefeuille for Town Council							143/899		
All committees must list the financial institution where the campaign bank a	accour	it is located.		(A)					
NAME OF FINANCIAL INSTITUTION	DDE/PHONE	/PHONE BANK ACCOUNT NUMBER							
								50	
ADDRESS	CITY		STATE	ZI	P CODE				
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 t	he na	me and identification number of	the othe	r controlle	d committee.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	,	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABLE	-1	YEAR OF ELECTION			RTY		
		INCLUDE DISTRICT NOWIBER IF AFFEICABLE	-1	ELECTION	Nonpartisan		(list political party	(holow)	
					Nonpartisan	Tarusan	(list political part)	y below)	
					Nonpartisan	Partisan	(list political party	y below)	
·									
Primarily Formed Committee Primarily formed to support or opposi	e spec	ific candidates or measures in a	single ele	ection. 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 SOI (INCLUDE DISTRICT	JGHT OR HE	LD OR MEASUI	RE(S) JURISDICTION		CHEC	CONE	
Woody Culleton		Paradise Town Council					SUPPORT	OPPOSE	
							SUPPORT	OPPOSE	

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

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Paradise Residents & Business for New Town Leadership , a commi	ttee to support Tryon, Culleton, Bellef	euille for Town Counc	il 143/899
4. Type of Committee (Continued)			
General Purpose Committee Not formed to support or oppose specific □ CITY Committee □ COUNTY 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			
5. Termination Requirements By signing the verification, the treasurer, as	sistant treasurer and/or candidate, officeholder, or p	proponent certify that all of the	e following conditions have been met:
 This committee has ceased to receive contributions and make expend 	itures;		

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