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Statement of Organization /466949 Recipient Committee MAR 0 4 2024 FECEIVED AND FILE CALIFORNIA the office of the Secretary of St of the State of California TOWN CLERK'S DEPT TOWN CLERK'S DEPT	
Recipient Committee TOWN CLERK'S DEPT if the office of the Secretary of St. FORM	40
	10
Statement Type Initial Amendment Termination - See Part 5	5
Not yet qualified FEB 0 9 2024 ☐	
or FED #C	0000
O Date qualification threshold met Date qualification threshold met Date of termination	2024
I I I I I I I I I I I I I I I I I I I	
1. Committee Information I.D. Number 2. Treasurer and Other Principal Officers	F.CO. OLFRK
1. Committee information (if applicable)	UTY
NAME OF THE POPULAR	1
Tricing of Large for Larause Town Council 2024	IP CODE
	95969
EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PH	
STREET ADDRESS (NO P.O. BOX)	ONE
NAME OF ASSISTANT TREASURER, IF ANY	
CITY STATE ZIP CODE AREA CODE/PHONE Heidi Lange	
Paradise CA 05060	IP CODE
FULL MAILING ADDRESS (IF DIFFERENT) Paradise CA	95969
PO Box 736 Paradise, CA 95967 EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PH	IONE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)	1
heidi.lange@sbcglobal.net	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Susan Taylor	
Butte Paradise, CA STREET ADDRESS (NO P.O. BOX) CITY STATE Z	IP CODE
	_1
Attach additional information on appropriately labeled continuation sheets. EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PH	IONE
S	1
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 unde	
penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
11/10/	
Executed on DATE By	
Executed on Sylvin By	
Executed on By By Signature of Control Ling Oper Candidate or STATE MEASURE PROPONENT	
Executed on 2.17/24	
DATE A SIGNATURE OF CONTROLLING OFFICEHOURER CANDIDATE OR STATE MEASURE PROPONENT	

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

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Friends of Lange for Paradise Town Council 2024 All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS AREA CODE/PHONE BANK ACCOUNT NUMBER Pending ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP 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 the name and identification number of the other controlled committee. ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE Nonpartisan Partisan (list political party below) Heidi Lange Paradise Town Council 2024 Nonpartisan Partisan (list political party below)

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 OPPOSE

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Friends of Lange for Paradise Town Council 2024 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 PROVIDE BRIEF DESCRIPTION OF ACTIVITY List additional sponsors on an attachment. Sponsored Committee NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

5. Termination Requirements

Small Contributor Committee

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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;

Date qualified

- · 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.