		14121	750			
Statement of Organization		1431753		Date Stamp	CALL	CONTA
Recipient Con					Section 1997	ORNIA 410
Statement Type	☑ Initial	☐ Amendment	☐ Termination – See Part 5	and the state of t		For Official Use Only
	O Not yet qualified		I reminiation - oce rait 5	the office of the Secretary	f State	Service of the Company of the Compan
	or Date qualification threshold met	Date qualification threshold met	Date of termination	of the State of Californi	A IVI	OV 03 2020
		Date qualification trileshold met	Date of termination	SEP 08 2020	TOVACALC	N EDWG
	09 / 03 / 2020		//			CLERK'S DEPT
1. Committe	e Information I.D. Number	er	2. Treasurer and	Other Principal Office	ers	
NAME OF COMMITTEE			NAME OF TREASURER	The second secon		
Bellefeuille for Town Council 2020			Mary Bellefeuille			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O	D. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE ZIP C	CODE AREA CODE/PHONE	Paradise NAME OF ASSISTANT TREASURE	CA	95969	530-228-5913
Paradise		5969 530-228-5913	NAME OF ASSISTANT TREASURE	K, IF ANY		
FULL MAILING ADDRESS			STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	ancil@gmail.com	MMITTEE IC ACTIVE				
Butte	Town of Paradise		NAME OF PRINCIPAL OFFICER(S)			
	10777 011 42400		STREET ADDRESS (NO P.O. BOX)			
				•		
Attach additional information on appropriately labeled continuation sheets.			CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verificatio						
I have used all re	easonable diligence in preparing	this statement and to the bes	st of my knowledge the informa	tion contained herein is tr	ue and compl	ete. I certify under
	ry under the laws of the State of 703/2020	California that the foregoing	is true and correct.			
Executed on	DATE By					
Executed on09/	/03/2020					
	DATE	<i>11</i>		ROPONENT		
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEACHEE PROPONEY		
Executed on	By	SIGNAL ORE OF CONT	NOLLING OFFICEROLDER, CANDIDATE, OR STATE	INICASURE PROPUNENT		
ENCOURED ON	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		

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

*								
Statement of Organization Recipient Committee		CALIFORNIA 410						
				Page 2				
Bellefeuille for Town Council 2020		I.D. NUMBER						
All committees must list the financial institution where the campaign bank account is located.								
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER						
Tri Counties Bank	530-872-2922	1						
ADDRESS	CITY	STATE	ZIP CODE	:				
6648 Q Skyway	Paradise	CA	95969		·			
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state me also list the elective office sought or held, and district number, if any 	easure proponent. If candidate or off , and the year of the election.	iceholder controll	ed,					

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	PART CHECK		
Lucas R. Bellefeuille	Paradise Town Council Member	2020	Nonpartisan	Partisan	(list political party below)
				\checkmark	Republican
			Nonpartisan	Partisan	(list political party below)

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

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) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT OPPOSE OPPOSE

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Bellefeuille for Town Council 2020 4. Type of Committee 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

Small Contributor Committee

5. Termination Requirements 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;
- 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.