

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met 06 / 29 / 24

Termination - See Part 5
 Date of termination _____

Date Stamp
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
JUL 11 2024

CALIFORNIA FORM 410
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1. Committee Information I.D. Number 1466949
(if applicable)

NAME OF COMMITTEE
Friends of Lange for Paradise Town Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969 530-513-1665

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 736 Paradise, CA 95967

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
heidi.lange@sbcglobal.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Butte Paradise, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Catherine Wood

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
 _____ **Paradise CA 95969**

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
cathe.wood@yahoo.com 530-570-1333

NAME OF ASSISTANT TREASURER, IF ANY
Heidi Lange

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
 _____ **Paradise CA 95969**

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
heidi.lange@sbcglobal.net 530-513-1665

NAME OF PRINCIPAL OFFICER(S)
Susan Taylor

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
 _____ **Magalla CA 95954**

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
staylorregan01@gmail.com 530-864-1461

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 7/8/24 By _____

Executed on 7/8/24 By _____ ASSISTANT TREASURER

Executed on 7/8/24 By _____ TREASURE PROPONENT

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

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COMMITTEE NAME Friends of Lange for Paradise Town Council 2024	I.D. NUMBER 1488949
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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 Tri-Counties Bank	AREA CODE/PHONE 530-872-2992	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 6848 Q Skyway	CITY Paradise	STATE CA	ZIP CODE 95989
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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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Heidi Lange	Paradise Town Council	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Friends of Lange for Paradise Town Council 2024

I.D. NUMBER

1466949

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

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 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.