

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 03 / 12 / 24	Date of termination ____ / ____ / ____

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**MAR 18 2024**

**CALIFORNIA FORM 410**

**MAR 27 2024**

**TOWN CLERKS DEPT**

1. Committee Information	2. Treasurer and Other Principal Officers
<b>I.D. Number</b> 1466949 <small>(if applicable)</small>	
<b>NAME OF COMMITTEE</b> Friends of Lange for Paradise Town Council 2024	<b>NAME OF TREASURER</b> Catherine Wood
<b>STREET ADDRESS (NO P.O. BOX)</b>	<b>STREET ADDRESS (NO P.O. BOX)</b> CITY STATE ZIP CODE Paradise CA 95969
<b>CITY</b> STATE ZIP CODE AREA CODE/PHONE Paradise CA 95969	<b>EMAIL ADDRESS OF TREASURER (REQUIRED)</b> AREA CODE/PHONE
<b>FULL MAILING ADDRESS (IF DIFFERENT)</b> PO Box 736 Paradise, CA 95967	<b>NAME OF ASSISTANT TREASURER, IF ANY</b> Heidi Lange
<b>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)</b>	<b>STREET ADDRESS (NO P.O. BOX)</b> CITY STATE ZIP CODE Paradise CA 95969
<b>COUNTY OF DOMICILE</b> JURISDICTION WHERE COMMITTEE IS ACTIVE Butte Paradise, CA	<b>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)</b> AREA CODE/PHONE
<i>Attach additional information on appropriately labeled continuation sheets.</i>	<b>NAME OF PRINCIPAL OFFICER(S)</b> Susan Taylor
	<b>STREET ADDRESS (NO P.O. BOX)</b> CITY STATE ZIP CODE 1 Magalia CA 95954
	<b>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)</b> AREA CODE/PHONE

**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 <u>3/13/24</u> By _____	_____
Executed on <u>3/13/24</u> By _____	_____
Executed on <u>3/13/24</u> By _____	_____
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 1466949
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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
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ADDRESS OF FINANCIAL INSTITUTION 6848 Q Skyway	CITY Paradise	STATE CA	ZIP CODE 95969
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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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Heidi Lange	Paradise Town Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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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, orponent 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.