

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 24

Date Stamp
RECEIVED
DEC 31 2024
TOWN CLERKS DEPT

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>I.D. Number 1466949 <small>(if applicable)</small></p> <p>NAME OF COMMITTEE Friends of Lange for Paradise Town Council 2024</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY Paradise STATE CA ZIP CODE 95969 AREA CODE/PHONE 530-513-1665</p> <p>FULL MAILING ADDRESS (IF DIFFERENT) PO Box 736 Paradise, CA 95967</p> <p>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) heidi.lange@sbcglobal.net</p> <p>COUNTY OF DOMICILE Butte JURISDICTION WHERE COMMITTEE IS ACTIVE Paradise, CA</p> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	<p>NAME OF TREASURER Catherine Wood</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY Paradise STATE CA ZIP CODE 95969</p> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) cathe.wood@yahoo.com AREA CODE/PHONE 530-570-1333</p> <p>NAME OF ASSISTANT TREASURER, IF ANY Heidi Lange</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY Paradise STATE CA ZIP CODE 95969</p> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) heidi.lange@sbcglobal.net AREA CODE/PHONE 530-513-1665</p> <p>NAME OF PRINCIPAL OFFICER(S) Susan Taylor</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY Magalia STATE CA ZIP CODE 95954</p> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) staylorregan01@gmail.com AREA CODE/PHONE 530-864-1461</p>

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	12/31/2024	By	[REDACTED SIGNATURE]
	<small>DATE</small>		<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	12/31/2024	By	[REDACTED SIGNATURE]
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	12/31/2024	By	[REDACTED SIGNATURE]
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

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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 [REDACTED]
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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

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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.