

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

# 1349681  
12 / 01 / 12  
Date of Termination

Date Stamp

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

DEC 04 2012

**DEBRA BOWEN**  
Secretary of State

**CALIFORNIA FORM 410**

**RECEIVED**  
JAN 08 2013  
TOWN CLERK'S DEPT

**1. Committee Information**

NAME OF COMMITTEE  
Treasure committee for Rawlings, Paradise Town Council, 2012

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paradise	CA	95969	530-877-1292

MAILING ADDRESS (IF DIFFERENT)  
PO Box 1652 Paradise, CA 95967

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Butte	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Priscilla Rawlings

STREET ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paradise	CA	95969	530-877-1292

NAME OF ASSISTANT TREASURER, IF ANY  
John J Rawlings Sr

STREET ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paradise	CA	95969	530-877-1292

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	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 12-01-12  
DATE

Executed on 12-01-12  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [REDACTED] ASSISTANT TREASURER

By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT