

1371433

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

09/04/2014

Date qualified as committee

Amendment

List I.D. number:

#

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

RECEIVED AND F... CALIFORNIA FORM 410 SEP 17 2014 RECEIVED OCT 08 2014 TOWN CLERK'S DEPT

1. Committee Information

NAME OF COMMITTEE

Paradise Citizens for Measure C

STREET ADDRESS (NO P.O. BOX)

6038A, Box 161

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Paradise

CA

95969

(530)872-1055

MAILING ADDRESS (IF DIFFERENT)

6038A Box 161, Paradise CA 95969

FAX / E-MAIL ADDRESS

nicholsinparadise@comcast.net

COUNTY OF DOMICILE

Butte

JURISDICTION WHERE COMMITTEE IS ACTIVE

Paradise, Ca

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Micheal Price

STREET ADDRESS (NO P.O. BOX)

567 E Fifth St

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Chico

Ca

95926

(530)345-5524

NAME OF ASSISTANT TREASURER, IF ANY

Martin Nichols

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

[Redacted]

CA

95969

(530)872-1055

NAME OF PRINCIPAL OFFICER(S)

Bill Hartley

STREET ADDRESS (NO P.O. BOX)

6038A Clark Road, Box 161

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Paradise

CA

95969

(530)872-1055

Attach additional information on appropriately labeled continuation sheets.

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 [Redacted] is correct.

Executed on 09/17/2014

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/17/2014

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

COMMITTEE NAME
Paradise Citizens for Measure C

I.D. NUMBER

4. Type of Committee

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 "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification of the other controlled committee.

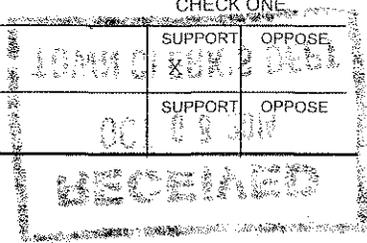
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="radio"/> Non-Partisan
			<input type="radio"/> Non-Partisan

- List the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE NO.	BANK ACCOUNT NUMBER	
Tri Counties Bank	530/934-2191		
ADDRESS	CITY	STATE	ZIP CODE
210 North Tehama Street	Willows	CA	95988

Primarily Formed Committee

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO. CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
Ballot Measure C Measure C	Town of Paradise, Butte County	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE



Statement of Organization
Recipient Committee

COMMITTEE NAME
Paradise Citizens for Measure C

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election.

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

ADDRESS

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

Date this committee qualified as a small contributor committee

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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 disposal 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.