

04/

1372245

Rejected: SAC / 9-12-14
Returned: [Signature] / 9-15

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial
Not yet qualified or

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

9, 23, 14
Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
SEP 10 2014

CALIFORNIA FORM 410
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of the State of California

OCT 01 2014

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Mike Zuccolillo for Town Council 2014

STREET ADDRESS (NO P.O. BOX)
92 Pearson Rd #B

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969

MAILING ADDRESS (IF DIFFERENT)
Mike 4 town council@gmail.com

OPTIONAL FAX / E-MAIL ADDRESS

Required by Dec 2012

COUNTY OF DOMICILE
Butte

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael Zuccolillo

STREET ADDRESS (NO P.O. BOX)
92 Pearson Rd #B

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969 530 521-4576

NAME OF ASSISTANT TREASURER, IF ANY

RECEIVED
OCT 20 2014
TOWN CLERK'S DEPT

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 complete.

Executed on 8/4/14 DATE

Executed on 8/4/14 DATE

Executed on _____ DATE

Executed on _____ DATE

By _____ ASSISTANT TREASURER

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

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Mike Zuccolillo for Town Council 2014

Page 2

I.D. NUMBER

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 "non-partisan."
- 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
Mike Zuccolillo	Paradise Town Council	2014	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of the West	800-488-2265	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
6405 Clark Rd.	Paradise	CA	95969

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE