

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ # 1349708 \_\_\_\_\_  
 Date qualified as committee 08/07/2012 \_\_\_\_\_  
 Date qualified as committee (if applicable) Date of Termination

**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
 JUN 09 2016



**1. Committee Information**

NAME OF COMMITTEE  
 Greg Bolin for Town Council 2016  
 (amended to change date from 2012)  
 STREET ADDRESS (NO P.O. BOX)  
 7066 Skyway  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Paradise CA 95969 (530)877-1180  
 MAILING ADDRESS (IF DIFFERENT)  
 gbolin@bolincompanies.com  
 FAX / E-MAIL ADDRESS  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Butte

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Elizabeth H. Dunn  
 STREET ADDRESS (NO P.O. BOX)  
 7066 Skyway  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Paradise CA 95969 (530)877-1180  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 Gregory L. Bolin  
 STREET ADDRESS (NO P.O. BOX)  
 7066 Skyway  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Paradise CA 95969 (530)877-1180

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 the foregoing is true and correct.

Executed on 06/06/2016 By \_\_\_\_\_  
DATE SECRETARY OF STATE  
 Executed on 06/06/2016 By \_\_\_\_\_  
DATE SECRETARY OF STATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
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 Executed on \_\_\_\_\_ By \_\_\_\_\_  
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