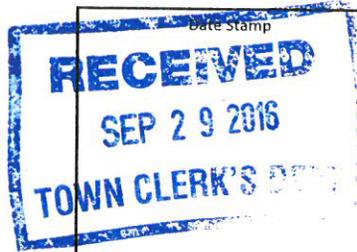


**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination – See Part 5**
 Not yet qualified or List I.D. number: _____
 # _____ # _____
 _____/_____/_____ _____/_____/_____ _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
(If applicable)



CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Committee to Elect Mike Zuccolillo for Town Council 2016
 STREET ADDRESS (NO P.O. BOX)
 6400 Skyway
 CITY STATE ZIP CODE AREA CODE/PHONE
 Paradise CA 95969 (530)876-4171
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
 530-852-9163 / mike@gosimplistic.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Butte Butte

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Michael Zuccolillo
 STREET ADDRESS (NO P.O. BOX)
 6400 Skyway
 CITY STATE ZIP CODE AREA CODE/PHONE
 Paradise CA 95969 (530)876-4171
 NAME OF ASSISTANT TREASURER, IF ANY

 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

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 09/21/2016 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on 09/21/2016 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER

COMMITTEE NAME
Committee to Elect Mike Zuccolillo for Town Council 2016

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE (530)872-0813	BANK ACCOUNT NUMBER (not yet established)
ADDRESS 6930 Skyway	CITY Paradise	STATE ZIP CODE CA 95969

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."
- 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	Council Member, Town of Paradise	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>