

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1377302
10, 08, 2016 10, 08, 2016 # _____
 Date qualified as committee Date qualified as committee Date of Termination
(If applicable)

Date Stamp

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CALIFORNIA
 FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Steve "Woody" Culleton For Paradise Town Council 2016

STREET ADDRESS (NO P.O. BOX)
1552 Forest Service Rd

CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE (530)521-1984
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MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
moesteve@comcast.net

COUNTY OF DOMICILE Butte	JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Paradise
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Steve Culleton

STREET ADDRESS (NO P.O. BOX)
1552 Forest Service Rd

CITY Paradise	STATE CA	ZIP CODE 95969	AREA CODE/PHONE (530)521-1984
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10-10-16 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on 10-10-16 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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