

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1391260
 _____/_____/_____ Date qualified as committee _____/_____/_____ Date qualified as committee (if applicable) 12/19/2016 Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
DEC 21 2016

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 12/19/2016 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/19/2016 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