

04
Statement of Organization Recipient Committee

Type or print in ink

1349681

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

7 / 25 / 12
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

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

Date of Termination

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

AUG 08 2012

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

RECEIVED

AUG 16 2012

TOWN CLERK'S DEPT

1. Committee Information

NAME OF COMMITTEE

Treasure committee for Rawlings, Paradise Town Council, 2012.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969 530-877-1292

MAILING ADDRESS (IF DIFFERENT)

PO Box 1652 Paradise, CA 95967

OPTIONAL: FAX / E-MAIL ADDRESS

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

Priscilla Rawlings

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969 530-877-1292

NAME OF ASSISTANT TREASURER, IF ANY

John J Rawlings Sr

STREET ADDRESS

342 Roe Rd

CITY STATE ZIP CODE AREA CODE/PHONE
Paradise CA 95969 530-877-1292

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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 correct.

Executed on July 30, 2012
DATE

Executed on July 30, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
STANT 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

Treasure committee for Rawlings, Paradise Town Council, 2012

Page 2

I.D. NUMBER

pending

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
John J Rawlings Sr	Paradise Town Council	2012	<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 West	800-488-2265	026-720854	
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