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APR 27 2015

### 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 (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 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	STATE	ZIP CODE	AREA CODE/PHONE
Paradise	CA	95969	(530)521-1984

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**moestev@comcast.net**

COUNTY OF DOMICILE: **Butte**

JURISDICTION WHERE COMMITTEE IS ACTIVE

#### 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
**Steve Culleton**

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

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

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 4-23-15 By Steve Culleton  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4-23-15 By Steve Culleton  
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

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COMMITTEE NAME

I.D. NUMBER

Steve "Woody" Culleton For Paradise Town Council 2016

**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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Steve "Woody" Culleton	Paradise Town Councilman	2016	<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	
ADDRESS	CITY	STATE	ZIP CODE

**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