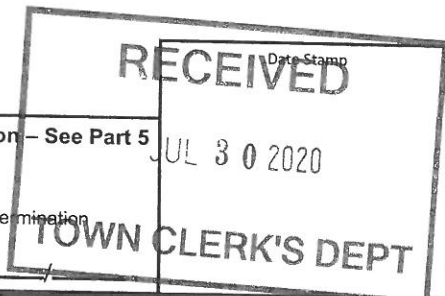


**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____ | <input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____ | <input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____ |
|---|--|--|



CALIFORNIA FORM 410

For Official Use Only

| 1. Committee Information | | | | I.D. Number (if applicable) | | | | 2. Treasurer and Other Principal Officers | | | | | |
|---|--|--|--|---|--|---------------------------------|--|--|--|-------------------|--|---------------------------------|--|
| NAME OF COMMITTEE Warren Bullock For Town Council 2020 | | | | NAME OF TREASURER Warren Bullock | | | | STREET ADDRESS (NO P.O. BOX) | | | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Paradise | | | | STATE Ca | | ZIP CODE 95969 | | AREA CODE/PHONE 530-680-7898 | |
| CITY Paradise | | STATE Ca | | ZIP CODE 95969 | | AREA CODE/PHONE 530-680-7898 | | NAME OF ASSISTANT TREASURER, IF ANY N/A | | | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) N/A-Same as Treasurer above | | | | CITY | | | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) WarrenBullockForTownCouncil@gmail.com | | | | STATE | | | | ZIP CODE | | AREA CODE/PHONE | | | |
| COUNTY OF DOMICILE Butte | | JURISDICTION WHERE COMMITTEE IS ACTIVE Town Of Paradise | | NAME OF PRINCIPAL OFFICER(S) | | | | STREET ADDRESS (NO P.O. BOX) | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | 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 7-30-2020 DATE

Executed on 7-30-2020 DATE

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|-------------|
| COMMITTEE NAME Warren Bullock For Town Council 2020 | Page 2 |
| | I.D. NUMBER |

• 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 { |
| ADDRESS | CITY | |

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." Stating "No party preference" is acceptable
- 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 CHECK ONE | | |
|--|---|------------------|---|----------|------------------------------|
| Warren Bullock | Town Council | 2020 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |