

R04 1429995

Statement of Organization Recipient Committee

Statement Type

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

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
AUG 14 2020

CALIFORNIA FORM 410
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SEP 17 2020
 TOWN CLERK'S DEPT

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	<u>7-30-2020</u>	DATE	_____	TREASURER OR ASSISTANT TREASURER
Executed on	<u>7-30-2020</u>	DATE	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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

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COMMITTEE NAME Warren Bullock For Town Council 2020	I.D. NUMBER
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- 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 6930 Skyway	CITY Paradise	STATE Ca	ZIP CODE 95969

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 "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
		SUPPORT	OPPOSE