

**Statement of Organization  
Recipient Committee**

R04  
L

1427152

Rejected: 169-2020  
Returned:

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**  
Office of the Secretary of State  
of the State of California  
JUN 03 2020

**CALIFORNIA FORM 410**

For Official Use Only  
**RECEIVED**  
JUN 8 2020  
**RECEIVED AND FILED**  
CLERK'S DEPT  
JUN 15 2020

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Steve "Woody" Culleton for Paradise Town Council 2020								NAME OF TREASURER Steve Culleton			
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)			
CITY Paradise		STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530-521-1984		CITY Paradise		STATE CA	ZIP CODE 95969	AREA CODE/PHONE 530/5211984	
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) moesteve@comcast.net								STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Butte		JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Paradise						CITY		STATE	
Attach additional information on appropriately labeled continuation sheets.								NAME OF PRINCIPAL OFFICER(S)			
								STREET ADDRESS (NO P.O. BOX)			
								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 5/27/2020 By \_\_\_\_\_

Executed on 5/27/2020 By \_\_\_\_\_ TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Steve "Woody" Culleton for Paradise Town Council 2020 Wells Fargo	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 Bank N.A.	AREA CODE/PHONE 530/343-3750	BANK ACCOUNT NUMBER !
ADDRESS	CITY	STATE ZIP CODE

### 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		(list political party below)
			Nonpartisan	Partisan	
Steve "Woody" Culleton	Paradise Town Councilman	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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