

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

Date of election if applicable:  
(Month, Day, Year)

11/3/2020

**Amendment** (Explain Below)

Date Stamp  
**RECEIVED**  
JUL 28 2020  
TOWN CLERK'S DEPT

CALIFORNIA FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Steve "Woody" Culleton

STREET ADDRESS

CITY STATE ZIP CODE  
Paradise CA 95969

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
530-521-1984 moesteve@comcast.net

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Paradise Town Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Town Of Paradise

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Steve "Woody" Culleton for Paradise Town Council 2020	1552 Forest Service Rd Paradise CA 95969	Steve Culleton
Committee Number 1427152		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/28/2020  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE