

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 1
 Date of termination
 12 / 31 / 2020

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
MAR 08 2021

CALIFORNIA FORM 410
 For Official Use Only
RECEIVED
 MAR 29 2021

1. Committee Information

I.D. Number 1427152
(if applicable)

NAME OF COMMITTEE
Steve "Woody" Culleton for Paradise Town Council 2020

STREET ADDRESS (NO P.O. BOX)

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
moesteve@comcast.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Butte

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Steve Culleton

STREET ADDRESS (NO P.O. BOX)

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

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

Executed on 2/1/2021 By _____

Executed on 2/1/2021 By _____

Executed on _____ By _____

Executed on _____ By _____

TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT