

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

<p>RECEIVED</p> <p>Date Stamp AUG 07 2020</p> <p>TOWN CLERK'S DEPT</p>	<p>CALIFORNIA FORM 470</p>
	<p>For Official Use Only</p>

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: 2em; text-align: center;">11/3/20</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mike "Zucc" Zuccolillo

STREET ADDRESS
400 Castle Dr.

CITY STATE ZIP CODE
Paradise CA 95969

AREA CODE/DAYTIME PHONE NUMBER
520-521-4576

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council member

JURISDICTION (LOCATION)
Town of Paradise

DISTRICT NUMBER (IF APPLICABLE)

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
<u>Committee to Elect Mike "Zucc" Zuccolillo for Council</u>	<u>PO Box 3296 Paradise, CA 95967</u>	<u>Michael Zuccolillo</u>

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 8/2/20 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE