

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp RECEIVED APR 10 2024 TOWN CLERK'S DEPT	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <small>(if applicable)</small>							
NAME OF COMMITTEE Steve "Woody" Culleton for Paradise Town Council 2024				NAME OF TREASURER Steve Culleton			
STREET ADDRESS (NO P.O. BOX) _____				STREET ADDRESS (NO P.O. BOX) _____			
CITY STATE ZIP CODE AREA CODE/PHONE Paradise CA 95969				CITY STATE ZIP CODE AREA CODE/PHONE Paradise CA 95969			
FULL MAILING ADDRESS (IF DIFFERENT) _____				NAME OF ASSISTANT TREASURER, IF ANY N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) 2020Woody@comcast.net				STREET ADDRESS (NO P.O. BOX) _____			
COUNTY OF DOMICILE Butte		JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Paradise		CITY STATE ZIP CODE AREA CODE/PHONE _____			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				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 4/10/2024 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 4/10/2024 By _____
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Executed on _____ By _____
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