Statement of Organization						Date Stamp	CALIFORNIA	110 m
Recipient Com	mittee					RECEIVED	FORM	410
Statement Type	☐ Initial	Amend	lment		☐ Termination – See Part 5	TILOLIVED	For Official Use	Only
	O Not yet qualified or					SEP 18 2024		
	O Date qualification threshold met	Date qualific	ation thres	hold met	Date of termination	TOWN CLERK'S DEPT		
	/	9/	13 / 2	024	//	SELIKO DEPT		
1. Committee In	nformation I.D. Number	1469277			2. Treasurer and C	ther Principal Officers		CS 2 1
NAME OF COMMITTEE					NAME OF TREASURER			
Steve "Woody" Culleton for Paradise Town Council 2024				Steve Culleton				
				STREET ADDRESS (NO P.O. BOX		STATE	ZIP CODE	
					li e	Paradise	CA	95969
					EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA COL	E/PHONE
STREET ADDRESS (NO P.O.	. BOX)				moesteve@comcast.net	t .		
				NAME OF ASSISTANT TREASUR	ER, IF ANY			
CITY	STATE	ZIP CODE	530-52		N/A			
Paradise	CA	95969	330-32	1-1964	STREET ADDRESS (NO P.O. BOX	CITY	STATE	ZIP CODE
FULL MAILING ADDRESS (	IF DIFFERENT)							
					EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CO	DE/PHONE
2020Woody@com	IMITTEE (REQUIRED) / FAX (OPTIONAL)							
COUNTY OF DOMICILE		ALALASTTE 16	OTIVE		NAME OF PRINCIPAL OFFICER(	5)		
Butte	JURISDICTION WHERE O	OMMITTEE IS A	ACTIVE					
Butte	Town of Paradise				STREET ADDRESS (NO P.O. BOX	) CITY	STATE	ZIP CODE
					EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CO	DE/PHONE
Attach additional in	nformation on appropriately labe	led continu	ation shee	ets.				- 1
3. Verification	A NOT BE THE	1				机会连续程序等。	Jan Jan Barrell	1
I have used all reas	onable diligence in preparing thi	s statemen	t and to th	ne best o	f my knowledge the information	on contained herein is true and	complete. I certify u	ınder
	under the laws of the State of Ca						, , ,	
Executed on 9-1	17-2024 By_	A 1		e i e i e	and the American and administrative administrative administrative administrative administrative and administrative administrative administrative administrative and administrative admini			
Executed on 9-1	7-2024 By							
	DATE	4	SIGNATURE	OF CONTROLI	ING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	_	
Executed on	DATE By		SIGNATURE	OF CONTROL	ING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		
Executed on	By		SIGNATURE	OF CONTROL	ING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		(O-+

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee  NSTRUCTIONS ON REVERSE	CALIFORNIA 410 FORM							
COMMITTEE NAME Steve "Woody" Culleton for Paradise Town Council 2024					I.D. NUMBER 1469277			
• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.								
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECOR	AREA CODE/PHONE		BANK ACCOUNT NUMBER					
Wells Fargo Bank N.A.		530-872-0813						
ADDRESS OF FINANCIAL INSTITUTION	CITY	45		STATE	Z	IP CODE		
6930 Skyway	Paradise			CA	9	95969		
4. Type of Committee Complete the applicable sections.		THE RESERVE		er i		A HEAT LEVEL IN		
Controlled Committee								
<ul> <li>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.</li> </ul>								
<ul> <li>List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.</li> </ul>								
<ul> <li>If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.</li> </ul>								
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR I		AR OF CTION	PART CHECK				
Steve"Woody"Culleton	Town of Paradise Councilmember	202	24	Nonpartisan	Partisan	(list political party below)		
			$\neg$	Nonpartisan	Partisan	(list political party below)		

## Statement of Organization Recipient Committee

FORM 410

Recipient Committe		FORM TIO				
INSTRUCTIONS ON REVERSE						
COMMITTEE NAME  Stove "Woody" Cullaton fo	r Paradise Town Council 2024				.D. NUMBER 1469277	
					1400277	
4. Type of Committee	(Continued)	的 使一种 自己的 计图片 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	A PART OF THE PROPERTY OF THE PART OF THE			
General Purpose Commit	Not formed to support or o	ppose specific candidates or me  COUNTY Committee	ee STATE Comm			
PROVIDE BRIEF DESCRIPTION OF AC	TIVITY					
Sponsored Committee	List additional sponsors on an atta	achment.				
NAME OF SPONSOR		INDUSTRY GROUP O	OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO.	AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		· · · · · · · · · · · · · · · · · · ·				
Small Contributor Commi	ttee	_				
	Date qualified					
5. Termination Requi	rements By signing the verificat	ion, the treasurer, assistant treasurer ar	nd/or candidate, officeholder, or ponent	certify that all of the	following conditions have been met:	

- · This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.