

Statement of Organization
Recipient Committee

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Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp
RECEIVED AND FILE
In the office of the Secretary of State
of the State of California
APR 29 2024

CALIFORNIA FORM 410
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MAY 06 2024
TOWN CLERK'S DEPT
RJD

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Colleen Corners for Town Council 2024				NAME OF TREASURER Colleen Corners	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE CA 95969	
CITY STATE ZIP CODE AREA CODE/PHONE Paradise CA 95969		EMAIL ADDRESS OF TREASURER (REQUIRED) myvoiceinparadise@gmail.com		AREA CODE/PHONE 530-514-7887	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY none		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) Myvoiceinparadise@gmail.com		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
COUNTY OF DOMICILE Butte	JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Paradise	NAME OF PRINCIPAL OFFICER(S) none		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		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 04/25/2024 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/25/2024 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Colleen Corners for Town Council 2024

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 RECORDS		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- 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.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Colleen Corners</i>	<i>Town Council Member</i>	<i>2024</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE