

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified

Date qualified as committee

Amendment

11 / 08 / 2017
Date qualified as committee

Termination - See Part 5

____ / ____ / ____
Date of termination

**CALIFORNIA 410
FORM**
For Official Use Only

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

NOV 22 2017

1. Committee Information I.D. Number (if applicable) **1400181**

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: **Goodson For Mayor 2018**

NAME OF TREASURER: **David Goodson**

STREET ADDRESS (NO P.O. BOX): _____
CITY: **Oroville** STATE: **CA** ZIP CODE: **95966** AREA CODE/PHONE: **(530) 828-9759**

NAME OF ASSISTANT TREASURER, IF ANY: **Janet Goodson**

STREET ADDRESS (NO P.O. BOX): _____
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): _____

COUNTY OF DOMICILE: **Butte County** JURISDICTION WHERE COMMITTEE IS ACTIVE: **District 1**

Attach additional information on appropriately labeled continuation sheets.

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 information provided is correct.

Executed on 11/18/2017 BY _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER _____

Executed on _____ 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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COMMITTEE NAME

Goodson For Mayor 2018

I.D. NUMBER

1400181

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Chase Bank

AREA CODE/PHONE

1-888-935-9935

BANK ACCOUNT NUMBER

ADDRESS

2001 Oro Dam Blvd. E

CITY

Oroville

STATE

CA

ZIP CODE

95966

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
			Nonpartisan	Nonpartisan (list political party below)
			Nonpartisan	Nonpartisan (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

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I.D. NUMBER

1400181

COMMITTEE NAME

Goodson For Mayor 2018

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

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