Statement of (Recipient Cor	-		RECEIVED	CALIFO FOR	
Statement Type	✓ Initial O Not yet qualified or O3 16 2018 Date qualified as committee Date qualified as committee	☐ Termination – See Part 5 —/ Date of termination	MAR 19 2018 CITY CLERK	F	or Official Use Only
1. Committee In	nformation I.D. Number (if applicable)	2. Treasurer and	d Other Principal Office	rs	
NAME OF COMMITTEE Teresa Barrett for	17 17 /	NAME OF TREASURER Jodi Clinesmith STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.C	O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Petaluma	CA	94952	
сітү Petaluma	state zip code area code/pho CA 94952	NAME OF ASSISTANT TREASURI Rebecca Rosenbl	•		
MAILING ADDRESS (IF DI	FFERENT)	STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUI	IRED) / FAX (OPTIONAL)	стту Petaluma	state CA	zip code 94952	AREA CODE/PHONE
county of domicile Sonoma	JURISDICTION WHERE COMMITTEE IS ACTIVE Petaluma	NAME OF PRINCIPAL OFFICER(S)		
	- Otalana	STREET ADDRESS (NO P.O. BOX)		All Descriptions in the common contract and company against a page 1997 and	
Attach additional	information on appropriately labeled continuation sheets.	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
penalty of perju Mar Executed on	By	best of my knowledge the informating is true and correct. SIGNATURE OF TREASURER OR ASSISTANT TREASURED TO THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	URER E MEASURE PROPONENT	and complete	e. I certify under
		CONTROLLING OFFICELIOUNED CAMPIDATE OF CTAT	C M C M C D D D D D D D D D D D D D D D	***************************************	

Statement of Organization **Recipient Committee**

CALIFORNIA **INSTRUCTIONS ON REVERSE**

FORM Page 2 I.D. NUMBER

COMMITTEE NAME Teresa Barrett for Mayor 2018

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

NAME OF FINANCIAL INSTITUTION Westamerica Bank	· ·	BANK ACCOUNT NUMBE 0502981426	R .
ADDRESS 11 Fifth Street, Suite 105	CITY	STATE	zip code
	Petaluma	CA	94952

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	(INCLUDE DISTRICT NUMBER IF APPLICA		l CHE	PARTY CK ONE	
Teresa Barrett	City of Petaluma Mayor	2018	Nonpartisan 🗸	Partisan (list political part	y below)
			Nonpartisan	Partisan (list political part	y below)
Primarily Formed Committee Primarily formed to support or	oppose specific candidates or measures in	n a single election. Li	st below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAMI		CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)			CK ONE
				SUPPORT	OPPOSE

ELECTIVE OFFICE COLICUT OR LIFED

Clear Page

Print

FPPC Form 410 (October/2017) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

OPPOSE

Statement of Organization Recipient Committee

Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME
Teresa Barrett for Mayor 2018

4. Type of Cor	mmittee (Continued)					
General Purpo		support or oppose specific candidates or measure littee COUNTY Committee STATE Comm				
PROVIDE BRIEF DESCRIPTION	ON OF ACTIVITY					(Carlos Carros)
election for Mag	yor of Petaluma					
Sponsored Com	mittee List additional spons	ors on an attachment.			en egen gjelde gjelde gjelde sin de de de de en stredfrikt de en	
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIA	TION OF SPONSOR		en e	Zilone naona
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE	- Annotation and an an annotation and an annotat
Small Contribut		e oualified				W anisana

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.

Clear Page

Print

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA