Recipient Committee
Campaign Statement – Short Form
SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

1. Type of Recipient Committee:
   - Ballot Measure Committee
   - Primarily Formed
   - Controlled
   - Sponsored
   - Primarily Formed Candidate/Officeholder Committee
   - General Purpose Committee
   - Sponsored
   - Semi-annual Statement
   - Amendment (Explain).

2. Type of Statement:
   - Pre-election Statement
   - Quarterly Statement
   - Semi-annual Statement
   - Special Odd-year Report
   - Termination Statement

3. Committee Information

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>1292681</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE NAME</td>
<td>Petaluma Firefighters Local 1415</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO PO BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Petaluma</td>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>NO AND STREET OR PO BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Petaluma</td>
<td>CA</td>
</tr>
</tbody>
</table>

4. Verification
I have used all reasonable diligence in preparing and reviewing 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 10/25/2016

By

Signature of Treasurer or Assistant Treasurer

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
Petaluma Firefighters Local 1415

### Expenditures Made

1. Expenditures of $100 or more made this period .......................................................... $ 
2. Expenditures under $100 made this period (Not itemized.) ........................................ $ 
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .................................................. Add Lines 1 + 2 $ 
4. Nonmonetary Adjustment .............................................................................................. From Line 8 Below 
5. Total expenditures made from previous statement ....................................................... Previous Summary Page, Line 6 $ 
6. TOTAL EXPENDITURES MADE TO DATE ................................................................. Add Lines 3 + 4 + 5 $ 0

### Contributions Received

7. Monetary contributions received this period ................................................................. $ 
8. Non-monetary contributions received this period ........................................................ $ 
9. Total contributions received from previous statement ................................................ Previous Summary Page, Line 10 $ 
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ...................................................... Add Lines 7 + 8 + 9 $ 0

### Current Cash Statement

11. Beginning cash balance ................................................................................................ Previous Summary Page, Line 15 $ 
12. Cash receipts this period ............................................................................................... Line 7 above $ 
13. Miscellaneous increases to cash .................................................................................... $ 
14. Cash expenditures this period ...................................................................................... Line 3 above $ 
15. ENDING CASH BALANCE THIS PERIOD ................................................................ Add Lines 11 + 12 + 13, then subtract Line 14 $ 0

FPCC Form 450 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
## Payments Made

If more space is needed, use additional copies of this page for continuation sheets.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>NAME OF CANDIDATE AND OFFICE OR BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE AMOUNTS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.</td>
<td>$</td>
<td>Calendar Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.</td>
<td>$</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>Other</td>
</tr>
</tbody>
</table>

SUBTOTAL $ 0

* Required only for payments which are contributions or independent expenditures.