Statement covers period from July 1, 2017 through December 31, 2017

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - ☐ Officeholder, Candidate Controlled Committee
   - ☐ State Candidate Election Committee
   - ☐ Recall
     (Also Complete Part 6)
   - ☑ General Purpose Committee
     - ☐ Sponsored
     - ☐ Small Contributor Committee
     - ☐ Political Party/Central Committee
   - ☐ Primarily Formed Ballot Measure Committee
   - ☐ Controlled
     (Also Complete Part 6)
   - ☐ Primarily Formed Candidate/Officerholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - ☐ Prelection Statement
   - ☑ Semi-annual Statement
   - ☐ Termination Statement
     (Also file a Form 410 Termination)
   - ☐ Amendment (Explain below)

3. Committee Information
   L.D. NUMBER: 94-6130850
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
   Petaluma Firefighters Local 1415
   STREET ADDRESS (NO P.O. BOX):
   Petaluma
   CITY: Petaluma
   STATE: CA
   ZIP CODE: 94975
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   PETALUMA
   CITY: Petaluma
   STATE: CA
   ZIP CODE: 94975

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 and in the attached schedules 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: January 24, 2018
   SIGNATURE OF TREASURER: ____________________________
   DATE: ____________________________

   EXECUTED ON: ____________________________
   SIGNATURE OF CONTROLLING OFFICER: ____________________________
   DATE: ____________________________

   EXECUTED ON: ____________________________
   SIGNATURE OF CONTROLLING OFFICER: ____________________________
   DATE: ____________________________

   EXECUTED ON: ____________________________
   SIGNATURE OF CONTROLLING OFFICER: ____________________________
   DATE: ____________________________