# Statement of Organization

## Recipient Committee

### Statement Type
- [ ] Initial
- Not yet qualified
- [ ] or
- [ ] Amendment
  - List I.D. number: 1245542
- [ ] Termination – See Part 5
  - List I.D. number:
- [ ] # 07 15 2002

#### Date qualified as committee
- [ ] Date qualified as committee
- [ ] (If applicable)
- [ ] Date of Termination

## 1. Committee Information

**Petaluma Tomorrow**

### STREET ADDRESS (NO P.O. BOX)

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petaluma</td>
<td>CA</td>
<td>94955</td>
<td></td>
</tr>
</tbody>
</table>

### MAILING ADDRESS (IF DIFFERENT)

### FAX / E-MAIL ADDRESS

### COUNTY OF DOMICILE

### JURISDICTION WHERE COMMITTEE IS ACTIVE

**Attach additional information on appropriately labeled continuation sheets.**

## 2. Treasurer and Other Principal Officers

### NAME OF TREASURER

Gregory S. Reisinger

### STREET ADDRESS (NO P.O. BOX)

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petaluma</td>
<td>CA</td>
<td>94952</td>
<td></td>
</tr>
</tbody>
</table>

### NAME OF ASSISTANT TREASURER, IF ANY

### STREET ADDRESS (NO P.O. BOX)

### CITY

### STATE | ZIP CODE | AREA CODE/PHONE

### NAME OF PRINCIPAL OFFICER(S)

### STREET ADDRESS (NO P.O. BOX)

### CITY

### STATE | ZIP CODE | 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** 10/30/2016  
**By** [Signature]

**Executed on**  
**By** [Signature]

**Executed on**  
**By** [Signature]

**Executed on**  
**By** [Signature]

**FPPC Form 410 (Jan/2016)**

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