Statement of Organization
Recipient Committee

Statement Type: Initial
Not yet qualified: No

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

06/24/16
Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

Committee Information
NAME OF COMMITTEE
Gabe Kearney for Petaluma City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY
Petaluma
STATE
Ca
ZIP CODE
94952

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE
Sonoma

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Petaluma

Treasurer and Other Principal Officers
NAME OF TREASURER
Gabe Kearney

STREET ADDRESS (NO P.O. BOX)

CITY
Petaluma
STATE
Ca
ZIP CODE
94952

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

NAME OF PRINCIPAL OFFICER(S)
Gabe Kearney

STREET ADDRESS (NO P.O. BOX)

CITY
Petaluma
STATE
Ca
ZIP CODE
94952

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 06/27/2016

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/27/2016

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONET

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONET

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONET
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Gabe Kearney for Petaluma City Council 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>707-762-4588</td>
<td>1010212257643</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>125 Western Ave</td>
<td>Petaluma</td>
<td>Ca</td>
<td>94952</td>
</tr>
</tbody>
</table>

4. Type of Committee

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."

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabe Kearney</td>
<td>Petaluma City Council</td>
<td>2016</td>
<td>☑      Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION: (INCLUDE DISTRICT NO., CITY OR COUNTY AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Gabe Kearney for Petaluma City Council 2016

4. Type of Committee
   • 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

   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

5. Termination Requirements
   • 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.