Statement of Organization
Recipient Committee

1. Committee Information
   Miller for City Council 2016

   STREET ADDRESS (NO P.O. BOX)
   Petaluma, CA 94954

   Mailing Address (if different)
   Petaluma, CA 94955

   Fax / Email Address

   City
   Petaluma

   County of Domicile
   Sonoma

   Jurisdiction where Committee is Active
   Petaluma

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

   Name of Treasurer
   Kathleen Miller

   Street Address (NO P.O. BOX)
   Petaluma, CA 94954

   Name of Assistant Treasurer, if any
   n/a

   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 January 7, 2016
   By Kathleen Miller
   Signature of Treasurer or Assistant Treasurer

   Executed on January 17, 2016
   By Kathleen Miller
   Signature of Controlling Officer, Candidate, or State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer, Candidate, or State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer, Candidate, or State Measure Proponent

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
• 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>Exchange Bank</td>
<td>7077661541</td>
<td>1190034916</td>
</tr>
</tbody>
</table>

ADDRESS 
701 Sonoma Mountain Parkway, Suite D2

CITY 
Petaluma

STATE 
CA

ZIP CODE 
94954

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.”

• 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 PROONENT</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>Kathy Miller</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>SUBJECT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHOOSE</td>
</tr>
</tbody>
</table>

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Recipient Committee

CI\NTIONs ON REVERSE

COMMITTEE NAME
Miller for City Council 2016

4. Type of Committee (continued)

□ 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

□ Small Contributor Committee

☐ Date qualified

5. Termination Requirements

☐ By signing the verification, the treasurer, assistant treasurer and/or candidate, officer(s), or proposer 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.

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