Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 01/01/2016 through 09/24/2016

Date of Election if applicable:
11/08/2016 (Month, Day, Year)

1. Type of Recipient Committee
☐ Officeholder, Candidate Controlled Committee
☐ Primarily Formed Ballot Measure Committee
☐ Sponsored
☐ State Candidate Election Committee
☐ Controlled
☐ Small Contributor Committee
☐ Recall
☐ Sponsored
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee

2. Type of Statement
☐ Pre-election Statement
☐ Semi-Annual Statement
☐ Termination Statement
☐ Amendment
☐ Quarterly Statement
☐ Special Odd-Year Statement
☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
I.D. Number 1388804

COMMITTEE NAME
Bill Wolpert for Petaluma City Council 2016

STREET ADDRESS (NO PO BOX)

CITY Petaluma
STATE CA
ZIP CODE 94952

MAILING ADDRESS (IF DIFFERENT)

CITY
STATE
ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Dave Alden

STREET ADDRESS

CITY Petaluma
STATE CA
ZIP CODE 94952

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY
STATE
ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

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 11/4/16
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/4/16
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
### Schedule C
#### Nonmonetary Contributions Received

**NAME OF FILER** Bill Wolpert for Petaluma City Council 2016

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>OCCUPATION &amp; EMPLOYER OR COMMITTEE ID NO.</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/2016</td>
<td>Aqua Cafe LLC, Petaluma, CA 94952</td>
<td>OTH</td>
<td></td>
<td>Fundraising food &amp; beverage</td>
<td>200.00</td>
<td>200.00</td>
<td>200 (G16)</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 200.00

**Schedule C Summary**

1. Amount received this period - itemized contributions
   (Includes all Schedule C subtotals) .......................................................... $ 200.00
2. Amount received this period - unitemized ............................................ $ 0.00
3. Total nonmonetary contributions received this period,
   (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Lines 4 and 10.) TOTAL $ 200.00

**Contributor Codes**
- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- GTH - Other
- PTY - Political Party
- SCC - Small Contributor Committee

FPPC Form 460-(JAN/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC