

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1381974
 Date qualified as committee 12/31/2016 Date qualified as committee (if applicable) Date of Termination 12/31/2016

Date Stamp RECEIVED JAN 31 2017 CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
---	---

1. Committee Information

NAME OF COMMITTEE
Miller for City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94954

MAILING ADDRESS (IF DIFFERENT)
Petaluma, CA 94955

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Sonoma Petaluma

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kathleen C. Miller

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94954

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

Attach additional information on appropriately labeled continuation sheets.

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 01/31/2017 By Kathleen C. Miller
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2017 By Kathy Miller
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT