

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or		Date of termination
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	____/____/____

Date Stamp

**CALIFORNIA FORM 410**  
for Official Use only  
**RECEIVED**  
 JUN 18 2020  
 CITY CLERK

1. Committee Information				I.D. Number				2. Treasurer and Other Principal Officers									
NAME OF COMMITTEE Miller for City Council 2020				<i>(if applicable)</i>				NAME OF TREASURER Kathleen Miller									
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)									
CITY Petaluma		STATE CA		ZIP CODE 94954		AREA CODE/PHONE		CITY Petaluma		STATE CA		ZIP CODE 94954		AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT) Petaluma, CA 94955								NAME OF ASSISTANT TREASURER, IF ANY n/a									
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)								STREET ADDRESS (NO P.O. BOX)									
COUNTY OF DOMICILE Sonoma		JURISDICTION WHERE COMMITTEE IS ACTIVE Petaluma						CITY		STATE		ZIP CODE		AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.								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 June 14, 2020 By [Redacted] TREASURER OR ASSISTANT TREASURER

Executed on June 14, 2020 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME  
Miller for City Council 2020

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

NAME OF FINANCIAL INSTITUTION  
Exchange Bank

AREA CODE/PHONE  
7077661540

BANK ACCOUNT NUMBER

ADDRESS  
453 N. McDowell Blvd., Suite 10

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." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Kathy Miller	Petaluma City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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      AREA CODE/PHONE

**Small Contributor Committee**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.