

**Statement of Organization  
Recipient Committee**

Statement Type

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

Date Stamp  
**RECEIVED**  
AUG 06 2020  
CITY CLERK

**CALIFORNIA FORM 410**  
For Official Use Only

| 1. Committee Information   |  |   |  | I.D. Number<br><small>(if applicable)</small> |  |                 |  | 2. Treasurer and Other Principal Officers |  |                          |  |                 |  |
|--|--|---|--|---|--|-----------------|--|---|--|--------------------------|--|-----------------|--|
| NAME OF COMMITTEE<br><i>SUSAN KIRKS for Petaluma City Council</i>                  |  |   |  | NAME OF TREASURER<br><i>SUSAN KIRKS</i>       |  |                 |  | STREET ADDRESS (NO P.O. BOX)<br>"         |  |                          |  |                 |  |
| STREET ADDRESS (NO P.O. BOX)   |  |   |  | CITY<br><i>Petaluma</i>                       |  |                 |  | STATE<br><i>CA</i>                        |  | ZIP CODE<br><i>94952</i> |  | AREA CODE/PHONE |  |
| CITY<br><i>Petaluma</i>  |  | STATE<br><i>CA</i>  |  | ZIP CODE<br><i>94952</i>                      |  | AREA CODE/PHONE |  | NAME OF ASSISTANT TREASURER, IF ANY       |  |                          |  |                 |  |
| FULL MAILING ADDRESS (IF DIFFERENT)  |  |   |  | STREET ADDRESS (NO P.O. BOX)                  |  |                 |  | CITY                                      |  |                          |  |                 |  |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)   |  |   |  | STATE   |  |                 |  | ZIP CODE                                  |  | AREA CODE/PHONE          |  |                 |  |
| COUNTY OF DOMICILE<br><i>Sonoma</i>  |  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br><i>Petaluma, 2nd District</i> |  | NAME OF PRINCIPAL OFFICER(S)                  |  |                 |  | STREET ADDRESS (NO P.O. BOX)              |  |                          |  |                 |  |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |  |   |  | 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 07-19-2020 By \_\_\_\_\_  
DATE

Executed on 07-19-2020 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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|  |             |
|--|-------------|
| COMMITTEE NAME<br><i>SUSAN KIRKS for Petaluma City Council</i> | I.D. NUMBER |
|--|-------------|

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

|   |  |                                   |
|---|--|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION<br><i>Summit State Bank</i> | AREA CODE/PHONE<br><i>(707) 283-1120</i> | BANK ACCOUNT NUMBER<br>[REDACTED] |
| ADDRESS<br><i>100 Petaluma Blvd. South</i>                | CITY<br><i>Petaluma</i>                  | STATE<br><i>CA</i>                |
|   |  | ZIP CODE<br><i>94952</i>          |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY<br>CHECK ONE                   |                                   |   |
|--|---|------------------|--------------------------------------|-----------------------------------|---|
| <i>SUSAN KIRKS</i>                                     | <i>City Council, Petaluma, CA</i>   | <i>2020</i>      | <input type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan | <i>Democratic</i><br>(list political party below) |
|  |   |                  | <input type="checkbox"/> Nonpartisan | <input type="checkbox"/> 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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  |           |        |
|   |  |           |        |

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|                                |
|--------------------------------|
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| I.D. NUMBER                    |

COMMITTEE NAME  
*Susan Kirks for Petaluma City Council*

**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.