## Statement of Organization

### Recipient Committee

### Statement Type

- [x] Initial
- [ ] Not yet qualified or
- [ ] Date qualification threshold met

### Date qualification threshold met

- 07/09/2020

### Date of termination

- 

### STREET ADDRESS (NO P.O. BOX)

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petaluma</td>
<td>CA</td>
<td>94952</td>
<td></td>
</tr>
</tbody>
</table>

### FULL MAILING ADDRESS (IF DIFFERENT)

- 

### E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

- 

### COUNTY OF DOMICILE

<table>
<thead>
<tr>
<th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonoma</td>
</tr>
<tr>
<td>Petaluma</td>
</tr>
</tbody>
</table>

### NAME OF COMMITTEE

Lizzie Wallack for Petaluma City Council- 2020

### NAME OF TREASURER

Kevin N Goulding

### NAME OF ASSISTANT TREASURER, IF ANY

N/A

### STATE OF DOMICILE

- Sonoma
- Petaluma

### NAME OF PRINCIPAL OFFICER(S)

- 

### EXECUTED ON

- 07/09/2020

### DATE

- 07/09/2020

### SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

- 

### FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
## Statement of Organization
### Recipient Committee

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Lizzie Wallack for Petaluma City Council - 2020

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

**NAME OF FINANCIAL INSTITUTION**
Redwood Credit Union

**ADDRESS**
301 North McDowell Blvd

**FINANCIAL INSTITUTION INFORMATION**

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redwood Credit Union</td>
<td>800 479-7928</td>
<td></td>
</tr>
</tbody>
</table>

**COMMITTEE NAME**
Lizzie Wallack for Petaluma City Council - 2020

**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.

<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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lizzie Wallack</td>
<td>Petaluma City Council</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>✔️</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
<td></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>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Lizzie Wallack for Petaluma City Council - 2020

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 petitioner 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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