

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  
 List I.D. number: # 1286593  
06,06,06  
 Date qualified as committee Date qualified as committee (if applicable) Date of Termination

Date Stamp

**CALIFORNIA FORM 410**  
 For Official Use Only

**JUN 09 2014**

**CITY CLERK**

**1. Committee Information**

NAME OF COMMITTEE  
Teresa Barrett For Council 2014  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952  
 MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 901 Petaluma CA 94953-0901  
 E-MAIL ADDRESS  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
SONOMA PETALUMA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Frances Wilson  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94954  
 NAME OF ASSISTANT TREASURER, IF ANY  
Teresa Barrett  
 STREET ADDRESS (NO P.O. BOX)  
339 Kentucky St  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952  
 NAME OF PRINCIPAL OFFICER(S)

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 6-6-14 By Frances Wilson  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 6-6-14 By Teresa Barrett  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

COMMITTEE NAME  
 Teresa Barrett for Council 2014

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

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA	CITY 707.778.1708	STATE 1644100200866	ZIP CODE
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4. Type of Committee Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officer, candidate, or state measure proponent. If candidate or officer 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 officer or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICER/HOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Teresa Barrett	CITY Council	2014	<input type="checkbox"/> Nonpartisan <input checked="" type="checkbox"/> Democrat
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

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

CANDIDATE NAME OR MEASURE FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE OFFICE SOUGHT OR HELD OR MEASURE JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	OBJECTIVE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

COMMITTEE NAME  
**Teresa Barrett for Council 2014**

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

BRIEF DESCRIPTION OF ACTIVITY  
**re-election for Petaluma City Council**

**Sponsored Committees** List additional sponsors on an attachment.

NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR  
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

**Small Contributor Committee**  \_\_\_\_\_  
Due date

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, co-chair, or proponent 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.
    - Leaver 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 FFPC Regulation 18521.5.