

Statement of Organization
Recipient Committee

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STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

Statement Type Initial
Not yet qualified or

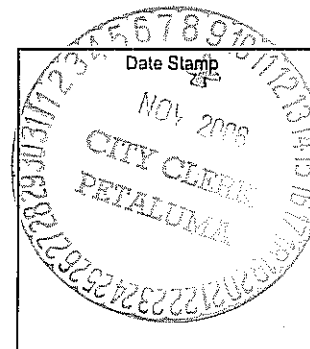
Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination



1. Committee Information

NAME OF COMMITTEE

Petaluma Five Fighters Association Political Action
Committee (PAC)

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma Ca 94952

MAILING ADDRESS (IF DIFFERENT) Additional

[Redacted], Petaluma 94975

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DAVE KAHN

STREET ADDRESS

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma Ca 94952 707-7784366

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

RICK KING - President

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

PRESIDENT

MAILING ADDRESS

[Redacted] 94975 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma Ca 94975 [Redacted]

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 11/8/06 DATE

Executed on 11/8/06 DATE

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Executed on 11/8/06 DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Dik

By [Signature] PRESIDENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT RK

By [Signature] V.P. SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT JS

By [Signature] Secretary SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT CE

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Petaluma Firefighters Association Political Action Committee (PAC)

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

Political Action Committee providing small donations, flyers, signs to local candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Petaluma Firefighters Association (PAC)

ETN # 946130860
International Association of Fire Fighters IAFF

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

[REDACTED]

Petaluma

CA

94952

Small Contributor Committee

n/a
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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.