

**Statement of Organization  
Recipient Committee**

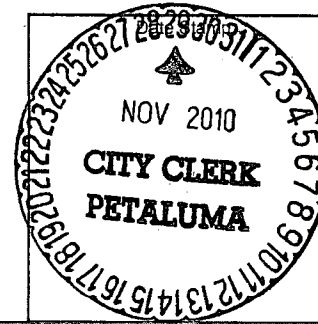
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STATEMENT OF ORGANIZATION

**Statement Type**  Initial  
Not yet qualified  or  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

**Amendment**  
List I.D. number:  
# 1292681  
11 / 13 / 2006  
Date qualified as committee  
(if applicable)

**Termination - See Part 5**  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination



**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Petaluma Firefighters Association Political Action Committee (PAC)

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

MAILING ADDRESS (IF DIFFERENT)  
Petaluma, CA. 94954

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

COUNTY OF DOMICILE <u>Sonoma</u>	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Randy Chism

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952

NAME OF ASSISTANT TREASURER, IF ANY  
N/A

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)  
Martin Learn- President

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94952 N/A

**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 11/26/2010  
DATE

Executed on 11-26-2010  
DATE

Executed on 11-28-2010  
DATE

Executed on 11-17-2010  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] PRES.  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By [Signature] VICE PRES  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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