

# Recipient Committee Campaign Statement – Short Form

SHORT FORM

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses

Statement covers period from <u>1/1/2016</u> through <u>6/30/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/2016</u>
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## 1. Type of Recipient Committee:

- Ballot Measure Committee  
 Primarily Formed  
 Controlled  
 Sponsored  
 Primarily Formed Candidate/Officeholder Committee
- General Purpose Committee  
 Sponsored  
 Small Contributor Committee

## 2. Type of Statement:

- Pre-election Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)
- Quarterly Statement  
 Special Odd-year Report

## 3. Committee Information

I.D. NUMBER  
1292681

COMMITTEE NAME

Petaluma Firefighters Local 1415

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94975

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Matt Martin

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Petaluma CA 94975

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

## 4. Verification

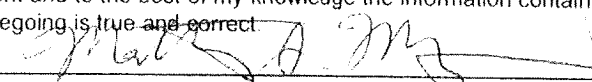
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/2016  
DATE

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

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

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

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

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NAME OF COMMITTEE

Petaluma Firefighters Local 1415

**Expenditures Made**

1. Expenditures of \$100 or more made this period ..... \$ \_\_\_\_\_
2. Expenditures under \$100 made this period (Not itemized.) ..... \_\_\_\_\_
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... *Add Lines 1 + 2* \$ \_\_\_\_\_
4. Nonmonetary Adjustment ..... *From Line 8 Below* \_\_\_\_\_
5. Total expenditures made from previous statement ..... *Previous Summary Page, Line 6* \$ \_\_\_\_\_  
*(If this is the first statement for the calendar year, enter zero.)*
6. TOTAL EXPENDITURES MADE TO DATE ..... *Add Lines 3 + 4 + 5* \$ \_\_\_\_\_ 0

**Contributions Received**

7. Monetary contributions received this period ..... \$ \_\_\_\_\_
8. Non-monetary contributions received this period ..... \_\_\_\_\_
9. Total contributions received from previous statement ..... *Previous Summary Page, Line 10* \$ \_\_\_\_\_  
*(If this is the first statement for the calendar year, enter zero.)*
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... *Add Lines 7 + 8 + 9* \$ \_\_\_\_\_ 0

**Current Cash Statement**

11. Beginning cash balance ..... *Previous Summary Page, Line 15* \$ \_\_\_\_\_
12. Cash receipts this period ..... *Line 7 above* \_\_\_\_\_
13. Miscellaneous increases to cash ..... \$ \_\_\_\_\_
14. Cash expenditures this period ..... *Line 3 above* \_\_\_\_\_
15. ENDING CASH BALANCE THIS PERIOD ..... *Add Lines 11 + 12 + 13, then subtract Line 14* \$ \_\_\_\_\_ 0

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NAME OF COMMITTEE

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**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				<b>0</b>	

\* Required only for payments which are contributions or independent expenditures.