

RECEIVED JUL 22 2010

Type or Print in Ink.

Check One: Initial Amendment (Explain)

CITY OF COTATI CITY MANAGER/CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Patricia S. Gilardi

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

CITY

Cotati

STATE

CA

ZIP CODE

94931

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

Councilmember

City of Cotati

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2010

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election

Special/runoff election

(Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/15/2010 (month, day, year)

Signature