

1808603

Statement of Organization Recipient Committee

Type or print in ink

Statement Type  Initial

Not yet qualified  or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

49

# \_\_\_\_\_

# \_\_\_\_\_

Date qualified as committee

Date qualified as committee

Date of Termination

STATEMENT OF ORGANIZATION

RECEIVED AND FILED in the office of the Secretary of State of California

DATE: JUL 14 2010

TIME: 10:51 AM

DATE: JUL 26 2010

DEBRA BOWEN, Secretary of State

CITY MANAGER/CITY CLERK

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE

NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

COTATI

STATE

CT

ZIP CODE

94931

AREA CODE/PHONE

[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

SONOMA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STEVE ONINES

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

COTATI

STATE

CT

ZIP CODE

94931

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

SUSAN HARVEY

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

COTATI

STATE

CT

ZIP CODE

94931

AREA CODE/PHONE

[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

MARK LANDMAN

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

COTATI

STATE

CT

ZIP CODE

94931

AREA CODE/PHONE

[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

6/30/10

DATE

By

[REDACTED SIGNATURE]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

6/30/10

DATE

By

[REDACTED SIGNATURE]

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

[REDACTED SIGNATURE]

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

[REDACTED SIGNATURE]

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

STATEMENT OF ORGANIZATION  
**CALIFORNIA 410**  
**FORM**  
 Page 2  
 I.D. NUMBER

**Statement of Organization  
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and distinct number, if any, and the year of the election
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARK LANDMAN	COUNCIL MEMBER, CITY OF COTATI	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_ BANK ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Primarily Formed Committee**

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

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