

RECEIVED JUL 26 2010

CITY OF COTATI CITY MANAGER/CITY CLERK

Date of election if applicable: (Month, Day, Year)

Statement covers period from 1/1/2010 through 6/30/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

- Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Prelection Statement
Semi-annual Statement
Termination Statement
Amendment

- Quarterly Statement
Special Odd-Year Report
Supplemental Prelection Statement - Attach Form 495

3. Committee Information: COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Janet Orchard

I.D. NUMBER 1309536

Treasurer(s)

NAME OF TREASURER Pat Gillardi

MILING ADDRESS [Redacted]

CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [Redacted]

NAME OF ASSISTANT TREASURER, IF ANY [Redacted]

MILING ADDRESS [Redacted]

CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [Redacted]

OPTIONAL: FAX / E-MAIL ADDRESS [Redacted]

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 and in the attached schedules 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 7/15/10

By [Redacted Signature]

Signature of Treasurer or Assistant Treasurer

Executed on 7/15/10

By [Redacted Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on [Redacted]

By [Redacted Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on [Redacted]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on [Redacted]

By [Redacted Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

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By [Redacted Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on [Redacted]

Executed on [Redacted]

By [Redacted Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on [Redacted]

Type or print in Ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Janet Orchard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Councilmember - Cotati City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Cotati CA 94931

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

 List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 1/1/2010

through 6/30/2010

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I.D. NUMBER

1309536

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Janet Orchard

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR-YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions	Schedule A, Line 3 0 \$	0 \$
2. Loans Received	Schedule B, Line 3 0 \$	0 \$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0 \$	0 \$
4. Nonmonetary Contributions	Schedule C, Line 3 0 \$	0 \$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0 \$	0 \$

Expenditures Made		
6. Payments Made	Schedule E, Line 4 24.00 \$	24.00 \$
7. Loans Made	Schedule H, Line 3 24.00 \$	24.00 \$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 24.00 \$	24.00 \$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0 \$	0 \$
10. Nonmonetary Adjustment	Schedule C, Line 3 0 \$	0 \$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 24.00 \$	24.00 \$

Current Cash Statement	
12. Beginning Cash Balance	Previous Summary Page, Line 16 68.40 \$
13. Cash Receipts	Column A, Line 3 above 24.00 \$
14. Miscellaneous Increases to Cash	Schedule I, Line 4 44.40 \$
15. Cash Payments	Column A, Line 8 above 24.00 \$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 112.80 \$

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0 \$
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	See instructions on reverse 0 \$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0 \$

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date
\$ _____

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2010
through 6/30/2010

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I.D. NUMBER
1309536

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Janet Orchard

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUBTOTAL \$				

Schedule E Summary

- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 24.00
 - Unitemized payments made this period of under \$100 \$ 24.00
 - Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 24.00
 - Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 24.00