

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

RECEIVE

Date Stamp

JUL 29 2010

CALIFORNIA FORM 460

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For Official Use Only

Type or print in Ink.

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

Date of election if applicable (Month, Day, Year) 11/2/2010

CITY OF COTATI CITY MANAGER/CITY CLERK

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 (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Prelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Pat Gilardi for City Council 2010

I.D. NUMBER not yet received

STREET ADDRESS (NO P.O. BOX)

CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE 707-792-2526

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

CITY STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER Pat Gilardi

MAILING ADDRESS

CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE 707-792-2526

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 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 7/28/2010 Date

Executed on 7/28/2010 Date

Executed on Date

Executed on Date

By Signature of Treasurer or Assistant Treasurer

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee  
Campaign Statement  
Cover Page REG-100 Part 2

CALIFORNIA FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Pat Gilardi

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

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
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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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 1/1/2010

through 6/30/2010

CALIFORNIA  
FORM# 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

not yet received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions .....	Schedule A, Line 3 \$	\$
2. Loans Received .....	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$	\$
4. Nonmonetary Contributions .....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	-0-
<b>Expenditures Made</b>		
6. Payments Made .....	Schedule E, Line 4 \$	\$
7. Loans Made .....	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$	\$
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	
10. Nonmonetary Adjustment .....	Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	-0-
<b>Current Cash Statement</b>		
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	-0-
13. Cash Receipts .....	Column A, Line 3 above	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	
15. Cash Payments .....	Column A, Line 8 above	-0-
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	-0-
<b>Cash Equivalents and Outstanding Debts</b>		
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\*

(\* 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).