

RECEIVED  
AUG 19 2010

49

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION  
CALIFORNIA FORM 410

Statement Type  Initial  Amendment  
Not yet qualified  or List I.D. number:  
# \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_  
(if applicable)

RECEIVED  
JUL 23 2010  
For Official Use Only  
RECEIVED AND FILED  
Office of the Secretary of State  
of the State of California  
AUG 02 2010  
CITY OF COTATI  
CITY MANAGER/CITY CLERK  
DEBRA BOWEN  
Secretary of State

1. Committee Information

NAME OF COMMITTEE  
Eric Kirchner  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY Cotati STATE cal ZIP CODE 94931 AREA CODE/PHONE [REDACTED]  
Mailing Address (if different)  
[REDACTED]  
OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_  
COUNTY OF DOMICILE Sonoma COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE (same)

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Eric Kirchner  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY Cotati STATE cal ZIP CODE 94931 AREA CODE/PHONE [REDACTED]  
NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 July 29 2010 DATE  
Executed on July 29 2010 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE  
By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

*Eric Kiechman (Special Election/Kearl of George Barrick)*

I.D. NUMBER

**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 district 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
<i>Eric Kiechman (Special Election/Kearl)</i>	<i>City Council (Kearl)</i>	<i>2009</i>	<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)  
*RCU - Self Loan Cont of Fees and Postage 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)

*Eric Kiechman (Special Election/Kearl) (Kearl) City Council*

CHECK ONE  
SUPPORT  OPPOSE   
SUPPORT  OPPOSE

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COMMITTEE NAME  
BRIE K. Schumann (Specified Election/Receipt of George Bush)

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee  
To Elect to Fill Recall City Council Position Candidate Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

\_\_\_\_\_  
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.