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STATEMENT OF ORGANIZATION
CALIFORNIA
FORM 410

Statement of Organization
Recipient Committee

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

1329160

Date qualified as committee
(if applicable)
8 / 17 / 10

Date qualified as committee

CITY OF COTATI
CITY MANAGER/CLERK
List I.D. number:

CITY OF COTATI
CITY MANAGER/CLERK
AUG 30 2010

1. Committee Information

NAME OF COMMITTEE

Pat Gillardi for City Council 2010

NAME OF TREASURER

Janet Orchard

STREET ADDRESS

STREET ADDRESS (NO PO. BOX)

CITY

Cotati

STATE

CA

ZIP CODE

94931

AREA CODE/PHONE

[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sonoma

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 8/18/2010

Executed on 8/18/2010

Executed on _____

Executed on _____

[REDACTED SIGNATURE]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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