

497 Contribution Report

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

RECEIVED
October 2010
 CITY OF COTATI
 PLANNING AND BUILDING DEPT.

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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NAME OF FILER: Pat Gilardi
 AREA CODE/PHONE NUMBER: [REDACTED]
 I.D. NUMBER (if applicable): 1329160
 STREET ADDRESS: [REDACTED]
 CITY: Cotati
 STATE: CA
 ZIP CODE: 94931

Date of This Filing: 10/22/10
 Report No.: 1
 Amendment to Report No. (explain below)
 No. of Pages: _____

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|--|---|
| 10/22/10 | Curtis Michelini, Sr. [REDACTED ADDRESS] | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Industrial Carting | \$350 <input type="checkbox"/> Check if Loan Provide interest rate _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan Provide interest rate _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan Provide interest rate _____% |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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CALIFORNIA 497
FORM
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RECEIVED
OCT 25 2010
Date Stamp
CITY OF COTATI
PLANNING AND BUILDING DEPT.

NAME OF FILER
Pat Gilardi

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1329160

STREET ADDRESS
[REDACTED]

CITY
Cotati

STATE
CA

ZIP CODE
94931

Date of This Filing
10/23/10

Report No.
2

Amendment to Report No. (explain below)

No. of Pages

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 10/23/10 | CREPAC - Candidate Support ID 890106 [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$350 <input type="checkbox"/> Check if Loan Provide interest rate _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan Provide interest rate _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan Provide interest rate _____% |

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OTH - Other (e.g., business entity)
PTY - Political Party
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Reason for Amendment: _____