

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

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JAN 31 2011
CITY OF COTATI
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Type or print in ink.

CALIFORNIA FORM 460

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For Official Use Only

Date of election (Month, Day, Year) _____
Statement covers period from 7/1/10 through 12/31/10

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 (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection 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 Gilardi
MAILING ADDRESS 45 Nelson Lane
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

STREET ADDRESS (NO P.O. BOX)

CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS pgilardi@sbcglobal.net

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 1/30/10 Date
Executed on 1/30/10 Date
Executed on _____ Date
Executed on _____ Date

By _____ Treasurer
By _____ 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

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COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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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 - 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 SUPPORT 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Janet Orchard

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

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

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

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

20. Contributions Received \$

21. Expenditures Made \$

Expenditure Limit Summary for State Candidates

6. Payments Made	\$ 24.00	\$ 24.00
7. Loans Made		
8. SUBTOTAL CASH PAYMENTS	\$ 24.00	\$ 24.00
9. Accrued Expenses (Unpaid Bills)		
10. Nonmonetary Adjustment		
11. TOTAL EXPENDITURES MADE	\$ 24.00	\$ 24.00

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

Date of Election (mm/dd/yy) / /

Total to Date / /

Current Cash Statement

12. Beginning Cash Balance	\$ 44.40
13. Cash Receipts	
14. Miscellaneous Increases to Cash	\$ 24.00
15. Cash Payments	\$ 20.40
16. ENDING CASH BALANCE	\$ 48.00

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).

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$
18. Cash Equivalents	\$
19. Outstanding Debts	\$

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

FFPC Form 460 (January/05)
 FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)