

**Statement of Organization Recipient Committee**

Type or print in ink

49

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number: # \_\_\_\_\_

Termination - See Part 5  
List I.D. number: # 1328623

Date qualified as committee \_\_\_\_\_

Date qualified as committee (if applicable) \_\_\_\_\_

Date of Termination 1 / 20 / 2011

RECEIVED AND FILED  
in the office of the Secretary of State of California  
JAN 31 2011  
DEBRA BOWEN  
Secretary of State of CALIFORNIA  
CITY MANAGER/CITY CLERK

STATEMENT OF ORGANIZATION  
CALIFORNIA FORM 410  
FEB - 9 2011

**1. Committee Information**

NAME OF COMMITTEE  
**NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] CA 94931 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
**SONOMA**

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

**STEVEN R ONINES**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] CA 94931 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

**SUSAN HARVEY**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] CA 94931 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)

**COTATI**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief 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 1/20/11 DATE

Executed on 1/20/11 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

[REDACTED SIGNATURE]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

I.D. NUMBER

1328623

## 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
MARK LANDMAN	COTATI CITY COUNCIL	2010	<input type="checkbox"/> Non-Partisan <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	CITY	STATE	ZIP CODE
EXCHANGE BANK	707 524-3000	[REDACTED]	SANTA ROSA	CA	95402-3788
ADDRESS P.O. BOX 3788					

### 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)	CHECK ONE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE