

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified or Amendment
 List I.D. number: _____
 # 1309536

Type or print in ink
 Date qualified as committee _____
 Date qualified as committee (if applicable) _____
 Date of Termination 07 / 30 / 11
 # 1309536

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 Termination -- See Part 9 in the office of the Secretary of the State of California
 AUG 05 2011
 AUG 22 2011

1. Committee Information
 NAME OF COMMITTEE Friends of Janet Orchard
 STREET ADDRESS (NO P.O. BOX) _____
 CITY _____ STATE CA ZIP CODE 94931 AREA CODE/PHONE _____
 Cotati
 MAILING ADDRESS (IF DIFFERENT) _____
 STATE CA ZIP CODE 94931 AREA CODE/PHONE _____
 Cotati

OPTIONAL: FAX / E-MAIL ADDRESS _____
 COUNTY OF DOMICILE _____
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
 NAME OF TREASURER Pat Gilardi
 STREET ADDRESS (NO P.O. BOX) _____
 CITY _____ STATE CA ZIP CODE 94931 AREA CODE/PHONE _____
 Cotati
 NAME OF ASSISTANT TREASURER, IF ANY _____
 STREET ADDRESS (NO P.O. BOX) _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 NAME OF PRINCIPAL OFFICER(S) _____
 STREET ADDRESS (NO P.O. BOX) _____
 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 7/30/2011 By _____
 Executed on 7/30/2011 By _____
 Executed on _____ By _____
 Executed on _____ By _____

RECEIVED AND FILED
 in the office of the Secretary of the State of California
 AUG 05 2011
 AUG 22 2011
 DEBRA BOWMAN
 Secretary of State
 CITY OF COTATI
 MANAGER/CITY CLERK

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Friends of Janet Orchard

1309536

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
Janet Orchard	Councilmember	2008	<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)

NAME OF FINANCIAL INSTITUTION: Exchange Bank

ADDRESS: 8220 Old Redwood Highway

CITY: Cotati

STATE: CA

ZIP CODE: 94931

AREA CODE/PHONE: [REDACTED]

BANK ACCOUNT NUMBER: [REDACTED]

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) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CHECK ONE
	SUPPORT
	OPPOSE

**Statement of Organization
 Recipient Committee**

INSTRUCTIONS ON REVERSE
 COMMITTEE NAME
 Friends of Janet Orchard

4. Type of Committee (Continued)
 Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 General Purpose Committee
 CITY Committee COUNTY Committee STATE 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.