

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1/1/2011  
through 6/30/2011

Date of election if applicable:  
(Month, Day, Year)  
Aug - 1 2011

**RECEIVED**  
CITY OF COTATI  
CITY MANAGER/CITY CLERK

Date Stamp  
**CALIFORNIA 460**  
2001/02  
FORM  
Page 1 of 4  
For Official Use Only

**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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-Annual Statement
- Termination Statement
- 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**

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Pat Gilardi**

MAILING ADDRESS  
[REDACTED]

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

MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

**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 7/30/11  
Date

Executed on 7/30/11  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [REDACTED]  
Signature of Controlling Officer/Candidate, State Measure Proponent

By [REDACTED]  
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**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

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?

YES  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?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. 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 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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement**  
**Summary Page**

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

STATEMENT COVERS PERIOD  
 from 1/1/2011 through 6/30/2011

CALIFORNIA FORM 460

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I.D. NUMBER  
 1309536

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 Janet Orchard

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$.00	\$.00
2. Loans Received .....	Schedule B, Line 3 .00	.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 .00	.00
4. Nonmonetary Contributions .....	Schedule G, Line 3 .00	.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 .00	.00

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4 20.40	20.40
7. Loans Made .....	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 20.40	20.40
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 .00	.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 20.40	20.40

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary/Page, Line 16 20.40	
13. Cash Receipts .....	Column A, Line 3 above .00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 20.40	
15. Cash Payments .....	Column A, Line 8 above .00	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 .00	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ .00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse \$ .00

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ .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).

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

20. Contributions Received \$ \_\_\_\_\_ 1/1 through 6/30

21. Expenditures Made \$ \_\_\_\_\_ 7/1 to Date

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made\*  
 (If subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \$ \_\_\_\_\_

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

Statement covers period  
 from 1/1/2011  
 through 6/30/2011

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**CALIFORNIA**  
**FORM**  
**460**

SCHEDULED

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Janet Orchard

I.D. NUMBER  
 1309536

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
<b>SUBTOTAL \$</b>						

- Schedule D Summary**
- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 20.40
  - Itemized contributions and independent expenditures made this period of under \$100 ..... \$ 20.40
  - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 20.40