

**Statement of Organization Recipient Committee**

STATEMENT OF ORGANIZATION

Date Stamp

CALIFORNIA FORM 410



Statement Type  Initial  Not yet qualified  or  Amended  
 List I.D. number: # 1329160  
 Date qualified as committee: 07 / 30 / 11  
 Date qualified as committee (if applicable):  
 Date of Termination: 07 / 30 / 11

**1. Committee Information**

NAME OF COMMITTEE: Pat Gilardi for City Council 2010  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: Cotati STATE: CA ZIP CODE: 94931 AREA CODE/PHONE: [REDACTED]  
 MAILING ADDRESS (IF DIFFERENT): [REDACTED]  
 COUNTY OF DOMICILE: [REDACTED]  
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE: [REDACTED]

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: Janet Orchard  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: Cotati STATE: CA ZIP CODE: 94931 AREA CODE/PHONE: [REDACTED]  
 NAME OF ASSISTANT TREASURER, IF ANY: [REDACTED]  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]  
 NAME OF PRINCIPAL OFFICER(S): [REDACTED]  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]

**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 [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 7/30/2011 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on [REDACTED] By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on [REDACTED] By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

1329160

COMMITTEE NAME

Pat Gilardi for City Council 2010

**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
Pat Gilardi	Councilmember	2010	<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) 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

**Statement of Organization  
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
 Pat Gilardi for City Council 2010

**4. Type of Committee** (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 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.