

**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

**REGISTRE** Date Stamp  
**CITY OF COTATI**  
**CITY MANAGER/CITY CLERK**

**CALIFORNIA 460**  
2004/02 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)  
**Pat Gilardi for City Council 2010**

I.D. NUMBER  
**1329160**

**Treasurer(s)**

NAME OF TREASURER  
**Janet Orchard**

MAILING ADDRESS  
[REDACTED]

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

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

**Cotati**

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

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

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
**Cotati**

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

MAILING ADDRESS  
[REDACTED]

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

By [REDACTED]  
Signature of Treasurer or Assistant Treasurer

Executed on 7/20/11  
Date

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

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

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

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

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  
**Pat Gilardi**

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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. 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	<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

# Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Pat Gillardi

Statement covers period from 1/1/2011 through 6/30/2011	CALIFORNIA FORM 460
Page 3 of 4	I.D. NUMBER 1329160

## 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 C, Line 3 .00	.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$.00	\$.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 102.67	102.67
7. Loans Made .....	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 102.67	102.67
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment .....	Schedule G, Line 3 .00	.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 102.67	102.67

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 102.67	\$
13. Cash Receipts .....	Column A, Line 3 above .00	.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 102.67	102.67
15. Cash Payments .....	Column A, Line 8 above .00	.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 102.67	102.67

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$.00	\$.00
18. Cash Equivalents .....	See instructions on reverse \$.00	\$.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$.00	\$.00

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

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$	\$

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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).

\*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

Page 4 of 4

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Pat Gilardi I.D. NUMBER: 1329160

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"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<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.) ..... \$ 102.67
  - Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 102.67
  - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 102.67