

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

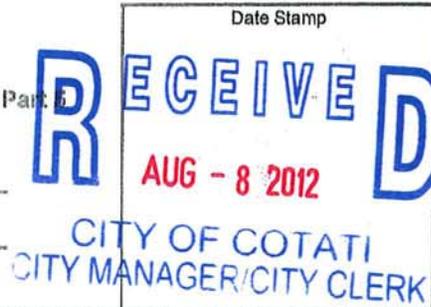
Amendment
List I.D. number:

Termination -- See Part 1
List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination



CALIFORNIA FORM	410
For Official Use Only	

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE:

John A. Dell'Osso for Cotati City Council 2012

STREET ADDRESS (NO P.O. BOX)

NAME OF TREASURER

John A. Dell'Osso

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Cotati CA 94

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE
Cotati CA 94931

MAILING ADDRESS (IF DIFFERENT)

ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 8.4.12 DATE

By [Signature] TREASURER OR ASSISTANT TREASURER

Executed on DATE

By [Signature] HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

John A. Dell'Osso for Cotati City Council 2012

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
John A. Dell'Osso	Cotati City Council	2012	<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	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Exchange Bank	707-524-3399	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
8220 Old Redwood Hwy	Cotati	CA	94931

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	
		SUPPORT	OPPOSE