

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

RECEIVED
Type of print in file
Amendment
List ID. number: **DEC 12 2012**

Termination - See Part 5
List ID. number:

RECEIVED
Date Stamp
JUL 30 2007
CITY OF COTATI
CITY MANAGER/CITY CLERK

STATEMENT OF ORGANIZATION
CALIFORNIA
FORM
410
For Official Use Only

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
NOV 16 2012

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

CITIZENS TO ELECT PAT GILARD,
TO COTAT CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

COTAT

STATE

CA 91931

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MICHAEL G. KORV
DEBRA BOWEN
Secretary of State

STREET ADDRESS

[REDACTED]

CITY

COTAT

STATE

CA 91931

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

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

7/29/07
DATE

By

[REDACTED]
NAME OF TREASURER OR ASSISTANT TREASURER

Executed on

7/30/07
DATE

By

[REDACTED]
SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

[REDACTED]
SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

[REDACTED]
SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

CITIZENS TO ELECT PAT GILARDI TO COTATI CITY COUNCIL

I.D. NUMBER

1247898

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	COTATI CITY COUNCIL MEMBER	2006	<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	1030013732
ADDRESS	CITY	STATE
8220 OLD REDWOOD HWY	COTATI	CA
		ZIP CODE
		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