

**Statement of Organization Recipient Committee**

STATEMENT OF ORGANIZATION

RECEIVED  
 Date Stamp: DEC 31 2012  
 POLICE DEPARTMENT JAN - 2 2013  
 CALIFORNIA FORM 410  
 CITY OF COTATI  
 CITY MANAGER/CITY CLERK

Termination - See Part 5  
 List I.D. number: # 46-0982731  
 12 / 31 / 12  
 Date of Termination

Amendment  
 List I.D. number: # \_\_\_\_\_  
 Date qualified as committee (if applicable)

Initial  
 Not yet qualified  or  
 Date qualified as committee

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Greg Karraker  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

**1. Committee Information**

NAME OF COMMITTEE  
 Committee for Measure U - Cotati  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY Cotati STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]  
 MAILING ADDRESS (IF DIFFERENT)  
 OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE  
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

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 12/31/12 DATE  
 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on \_\_\_\_\_ DATE  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ DATE  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 Executed on \_\_\_\_\_ DATE  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME  
Committee for Measure U - Cotati

## 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input 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 \_\_\_\_\_ BANK ACCOUNT NUMBER \_\_\_\_\_

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

### 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
Measure U - Cotati	N/A	SUPPORT <input checked="" type="checkbox"/> OPPOSE
		SUPPORT <input type="checkbox"/> OPPOSE

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STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM  
**410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Committee for Measure U - Cotati

## 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, 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.