

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# 95-0084

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b> JUL 27 2016 CITY OF NOVATO	For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Friends of Pat Eklund for City  
Council, 2017

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NOVATO CA 94949

MAILING ADDRESS (IF DIFFERENT)

Novato, CA 94948

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

NOVATO

*Reason for amendment: Change assistant  
+ treasurer and committee name.  
Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Ed Schulze

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE  
NOVATO CA 94947

NAME OF ASSISTANT TREASURER, IF ANY

Trish Boorstein

CITY STATE ZIP CODE  
NOVATO CA 94947

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**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 7-13-2016 By E.R. Schulze  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/13/2016 By Pat Eklund  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2 of 2

COMMITTEE NAME

Friends of Pat EKLund for City Council, 2017

I.D. NUMBER

95-0084

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION West America Bank	AREA CODE/PHONE 1-800-848-1088	BANK ACCOUNT NUMBER		
ADDRESS 402 Ignacio Blvd.	CITY NOVATO	STATE CA	ZIP CODE 94949	

**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 "nonpartisan."
- 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
Pat EKLund	NOVATO City Council	2017	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>