Statement of (•	Date Stamp	CALIFORNIA 410				
Recipient Con			· · · · · · · · · · · · · · · · · · ·	RECEIVED AND FIL	FORM TI		
Statement Type	☐ Initial	☑ Amendment	☐ Termination – See Part 5		State RECEIVED		
	O Not yet qualified			of the State of California	JAN 0 6 2020		
	O Date qualification threshold me	Date qualification threshold met	Date of termination	DEC 13 2013			
	/	04 / 1995	/		CITY OF NOVATO		
1. Committee In	nformation I.D. Numb		2. Treasurer and	Other Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER				
Friends of Pat Ek	lund for City Council, 2022		Ed Schulze				
			STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE	-	
			Novato	CA			
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY	, the same of the		
Novato	CA		Trish Boorstein				
FULL MAILING ADDRESS ((IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
			131 Maestro Road				
E-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE AREA CODE/PHONE		
pateklund@comc			Novato	CA			
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Marin Novato							
			STREET ADDRESS (NO P.O. BOX)				
Attach additional i	information on appropriately la	beled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE		
3. Verification							
penalty of perjui	easonable diligence in preparing ry under the laws of the State o	this statement and to the bes f California that the foregoing i	t of my knowledge the informa s true and correct.	ition contained herein is true a	and complete. I certify under		
Executed on	12-6-2019 BV	E.R. SJR	Llo				
Executed on	2/6/2019 By	Par Meens	TNATURE OF TREASURER OR ASSISTANT TREASU				
Executed on	By						
Evenue de e		SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee							ORNIA ORM	410 ³
INSTRUCTIONS ON REVERSE						Page 2		
Friends of Pat Eklund for City Council, 2022					I.D. NUMBER	950084		
All committees must list the financial institution where the campaig	gn bank accour	nt is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK A	CCOUNT NUMBER				
Westamerica Bank	(
ADDRESS	СІТУ	•	STATE	Z	IP CODE			
	Novato)	CA					
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
 List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election. 	ate measure	oroponent. If candida	te or officehold	er controlled,	also list the el	ective off	ce sought or	held, and
• List the political party with which each officeholder or candida	te is affiliated	l or check "nonpartisa	n." Stating "No	party prefere	nce" is accepta	ble.		
 If this committee acts jointly with another controlled committee 	ee, list the na	me and identification	number of the o	ther controlle	ed committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBE			YEAR OF ELECTION		PARTY CHECK ONE		
					Nonpartisan	Partisan	(list political par	ty below)
					Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or mea	sures in a single	e election. Lis	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAM		CANDIDATE(S) OFFICE SOUGHT O JDE DISTRICT NO., CI	R HELD OR MEASL TY OR COUNTY, AS	IRE(S) JURISDICTION APPLICABLE)	V	СНЕ	CK ONE
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE