i.		1-15-2021			COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp		IFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2021 through	Date of election if applicable: (Month, Day, Year)	JUL 15 2021	Page	For Official Use Only
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Sta	atement -Year Report
4 Committee Information	NUMBER 6-0084	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FRIENDS OF PAT EKLUND FOR CITY COUNCIL,	2022	NAME OF TREASURER Ed Schulze MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY Novato	STATE CA	ZIP CODE 94947	AREA CODE/PHONE
STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
Novato CA 94949 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Trish Boorstein MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CHY	STATE	ZIP CODE	AREA CODE/PHONE
Novato CA 94948 OPTIONAL: FAX / E-MAIL ADDRESS	<u> </u>	Novato OPTIONAL: FAX / E-MAIL ADDRE	CA Ess	94947	
4. Verification			bearing and in the attack		
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of Control of the State of Control of Contro	California that the foregoing is true and co	orrect.	Treasurer		s true and complete. 1
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	FP	PPC Form 460 (Jan/2016))

COVER PAGE - PART 2					
CALIFORNIA FORM	460				
Page2	of				

-						-		
5.	Officeholder or Candidate Controlled Commi	ittee	6.	Ballot Measure Commit	tee			
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Ms. Pat Eklund							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		] SUPPORT
	Novato City Council						[	OPPOSE
		TY STATE ZIP						
	lovato, CA 94949			Identify the controlling offic	eholder, can	didate, or sta	ate measure	proponent, if any.
	107010, 071 0-10-10			NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
	Related Committees Not Included in this State	tement: List any committees						
	not included in this statement that are controlled by you o	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
	contributions or make expenditures on behalf of your can	didacy.						
	COMMITTEE NAME	I.D. NUMBER						
	Pat Eklund for Supervisor	1282392						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Comm		names of office	eholder(s) or d	candidate(s) for
	Pat Eklund	YES NO		which this committee is primar	ily formed.			
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	☐ SUPPORT
		. •						OPPOSE
	GHY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NOIDATE	OFFICE SOUG	בעד חף עבו ח	
	Novato, CA 94949	9		THAT OF OFFICE ICEDEN CIT OF	HOIDHIL	OFFICE 3000	on on help	SUPPORT
	COMMITTEE NAME	I.D. NUMBER		The state of the s				OPPOSE
		TID. HOMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
								OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	☐ SUPPORT
			٠,					OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	X)						
	CITY STATE ZIP CO	DE AREA CODE/PHONE						
	OTT STATE ZIP CO	AREA CODE/PHONE		Attach	continuatio	n sheets if n	ecessary	
							,	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Column A	Column B	Calendar Vear Sun	nmary for Candidates
FRIENDS OF PAT EKLUND FOR CITY COUNCIL, 2022				95-0084
NAME OF FILER				I.D. NUMBER
SEE INSTRUCTIONS ON REVERSE		through	06/30/2021	Page of
Summary Page		l	/01/2021	FORM 460

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\$\frac{0}{0}\$	\$ \$ \$	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\$\frac{0}{0}\$ \$\$\frac{782.31}{0}\$	\$\$  To calculate Column B.	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) /\$\$
13. Cash Receipts	0 0 0 782.31 \$ \$	add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016))
13. Outstanding Debts Add Line 2 + Line 9 in Column B above	Ψ		FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedu	le B -	<b>Part</b>	1
Loans F	Receiv	ed	

Amounts may be rounded

SCHEDI	JLE	E B -	- PA	RT :	1
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Schedule B - Part 1 to whole dollars.  Loans Received					from 0/00	2021	california 460		
SEE INSTRUCTIONS ON REVERSE					through Old 3	0/2021	Page	of	
NAME OF FILER							I.D. NUMBER		
Friends of Pat Eklund for City Council, 20	022						95-0084		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Pat Eklund 36 White Oak Way Novato, CA 94949	Councilmember, Retired from US Environmental Protection Agency	s 3500.00	0	\$ FORGIVEN	\$ 3500.00		\$ 6000.00 11/04/05	\$PER ELECTION**	
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
Pat Eklund 36 White Oak Way Novato, CA 94949	Councilmember, Retired from US Environmental Protection Agency	s 7900.00	. 0	PAID  FORGIVEN	\$ 7900.00 none	% RATE	ş 11,000 10/29/09	\$PER ELECTION**	
ZIND COM OTH PTY SCC		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$	
<sup>†</sup> □IND □COM □OTH □PTY □SCC		\$	\$	PAID  FORGIVEN  \$	\$	% RATE	\$DATE INCURRED	\$ PER ELECTION**	
- I IND I COM I OIH I PIT I SCC		SUBTOTALS \$	<u> </u>		\$ 11,400	<u> </u>		1	
Schedule B Summary  1. Loans received this period						(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line	00 paid or forgiven.) t are also itemized on Sche	dule A.)			0_	IN CO PT	Contributor Codes ID – Individual OM – Recipient Co (other than F TH – Other (e.g., k IY – Political Party CC – Small Contril	ommittee PTY or SCC) ousiness entity)	
Enter the net here and on the Summar	y Page, Column A, Line 2.			(1	May be a negative number)				

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

**Recipient Committee COVER PAGE Campaign Statement** Date Stamp CALIFORNIA Cover Page **FORM** Statement covers period Date of election if applicable: Page from 01/01/2021 (Month, Day, Year) For Official Use Only through 06/30/2021 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee
O State Candidate Election Committee Primarily Formed Ballot Measure **Preelection Statement** State Candidate Election Committee **Quarterly Statement** Committee Semi-annual Statement O Recall Special Odd-Year Report Controlled **Termination Statement** (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1282392 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER PAT EKLUND FOR SUPERVISOR PAT EKLUND MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE **NOVATO** CA 94948 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Novato CA 94949 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ULLI STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Novato CA 94948 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 Executed on . Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
FORM 460					
Page 2 of 5					

Officeholder or Candidate (	Controlled Comm	nittee		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CAND	IDATE				NAME OF BALLOT MEASURE				
Pat Eklund					Will of Bridge Williams				
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DIST	TRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		
Marin County Supervisor, Distr	ict 5							SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	Novato	STATE ZIP CA 94949		Identify the controlling office			proponent, if any.	
100-100-					NAME OF OFFICEHOLDER, CA	NDIDATE, OR	PROPONENT		
Related Committees Not Inc not included in this statement that ar contributions or make expenditures	e controlled by you o	or are primarily	List any committees y formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY	
COMMITTEE NAME		I.D. NUMBE	R						
Friends of Pat Eklund for City C	ouncil, 2022	95-0084							
NAME OF TREASURER Ed Schulze		CONTROLL	LED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Offic	eholder Committe committee is primarily	E List names of formed.	
COMMITTEE ADDRESS STREE	TADDRESS (NO P.O.		□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	
Novato, CA	94949					_	31,102,000,111,011	☐ SUPPO	
Novato,	STATE ZIP C CA 949	ODE 048	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR	RT
COMMITTEE NAME		I.D. NUMBE	R					OPPOSE	E
The second					NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR	
NAME OF TREASURER		CONTROLL	ED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR	HELD	-
COMMITTEE ADDRESS STREE	TADDRESS (NO P.O.	BOX)	□ NO					SUPPOR	
CITY	STATE ZIP C	CODE	AREA CODE/PHONE		Attac	ch continuatio	on sheets if necessary		

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PAT EKLUND FOR SUPERVISOR

	SUMMARY PAGE
Statement covers period from 01/01/2021	CALIFORNIA 460
through <u>06/30/2021</u>	Page 3 of 5
	I.D. NUMBER
	1282392

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	\$ \$ \$	20. Contributions Received \$\$  21. Expenditures Made \$\$ \$
Expenditures Made  6. Payments Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$ \$ \$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) /\$
Current Cash Statement  12. Beginning Cash Balance	\$ \( \frac{260.01}{0} \) \( \frac{0}{0} \) \( \frac{0}{260.01} \) \$ \(	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ \$ 27,900	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

### Schedule B - Part 1 Loans Possived

Type or print in ink. Amounts may be rounded

	SCHEDULE B-PART				
Statement covers period from <u>61/01/2021</u>	CALIFORNIA 460				
through 06/30 /3021	Page 4 of 5				

Loans Received	to whole dollars.				from 01/01/2021		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  through					30 2021	Page 4	of 5	
A EDWA CHAN							I.D. NUMBER	
PAT EKLUND FOR SUPERVISOR							1282392	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
Pat Eklund 36 White Oak Way Novato, CA 94949	Manager, US Environmental Protection Agency			PAID  S FORGIVEN	s1,400	RATE	s 8,000	TO DATE  CALENDAR YEAR  S  PER ELECTION**
TIX IND COM OTH PTY SCC		,	\$	\$	DATE DUE	s	5/31/06 DATE INCURRED	s
Pat Eklund 36 White Oak Way Novato, CA 94949	Manager, US Environmental Protection Agency			PAID  S FORGIVEN	s4,000		s4,000	CALENDAR YEAR  S PER ELECTION **
TO IND COM OTH PTY SCC		s4,000	\$	s	DATE DUE	s	06/08/06	s
Pat Eklund 36 White Oak Way Novato, CA 94949  TO IND COM OTH PTY SCC	Manager, US Environmental Protection Agency	s10,000	s	PAID  S  FORGIVEN  S	\$ 10,000	% RATE	s 10,000 s 10/31/06 DATE INCURRED	CALENDARYEAR  \$ PER ELECTION**
T SEREICULT		SUBTOTALS \$	\$		\$ 15400\$		- CANE MODIFIED	
Schedule B Summary			-		1	(Enter (e) on Schedule E, Line 3)		
1. Loans received this period						*Amounts forg another party a reported on So ** If required.	iven or paid by also must be chedule A.	
3. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.		í	NET \$	be a negative number)			
+ A								

† Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

#### Schedule B - Part 1 I name Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1

ochequie 5 - Part 1	Amounts may be rounded			Statement covers, period		Marie Say State State		
Loans Received	to whole dollars.		from Oll	01/2021	CALIFORM FORM	460		
SEE INSTRUCTIONS ON REVERSE					through	30/2021	5	of <u>5</u>
NAME OF FILER					tillough		Page	
PAT EKLUND FOR SUPERVISOR							1282392	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOD	N CLOSE OF THIS	DAID TILL	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS
Pat Eklund	Manager, US Environmental			PAID	PERIOD		LOAN	TO DATE  CALENDAR YEAR
Novato, CA 94949	Protection Agency			s	s 12,500	RATE %	s12,500	S
		12,500		FORGIVEN		MAIS		PER ELECTION**
TON IND COM OTH PTY SCC		SS	\$	\$	DATE DUE	\$	11/01/06 DATE INCURRED	s
				PAID	7/112502		DATE INCURRED	CALENDAR YEAR
				s	s	04		CALCINDAN TEAM
		1 100 100		FORGIVEN		RATE	\$	PERELECTION ***
† IND COM OTH PTY SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDARYEAR
				\$	s	%	S	s
				FORGIVEN		RATE		PER ELECTION **
†   IND   COM   OTH   PTY   SCC		s	s	\$	DATE DUE	s	DATE INCURRED	s
Æ		SUBTOTALS \$	\$		\$ 12,500	\$		
Schedule B Summary					12,000	(Enter (e) on		
•					0	Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loans	less than \$100.)	***************		\$			*Amounts forg	iven or paid by
					another party a			
2. Loans paid or forgiven this period					** If required.			
					_		,	
<ol> <li>Net change this period. (Subtract Line 2 Enter the net here and on the Summary)</li> </ol>	Page, Column A, Line 2.	•••••••		NET \$	y be a negative number)		,	
† Contributor Codes								
IND - Individual COM - Recipient Committee (other	er than PTY or SCC) OTH ~ Ot	her PTY-Poli	itical Party SC	C – Small Contr	ibutor Committee		FPPC Form	460 (June/01)
						FPPC Toll	-Free Helpline: 8	866/ASK-FPPC