

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

**RECEIVED**  
Date Stamp  
JUL 29 2008

SHORT FORM

**CALIFORNIA FORM 470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
\_\_\_\_\_

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF COTATI  
CITY MANAGER/CITY CLERK

1. Statement Covers Calendar Year 2008 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Geoffrey A Fox

STREET ADDRESS

8817 Cravenstein Way

CITY

Cotati

STATE

CA

ZIP CODE

94931

AREA CODE/DAYTIME PHONE NUMBER

707 794-7994

OPTIONAL: FAX/E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Cotati City Council Member

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_

July 29, 2008

DATE

By \_\_\_\_\_

[Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE