

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

(Government Code Section 84206)

Type or print in ink.

RECEIVED
Date Stamp
JUL 31 2008

SHORT FORM

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	CITY OF COTATI CITY MANAGER/CITY CLERK
---	---	---

1. Statement Covers Calendar Year 20 08 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Pat Gilardi

STREET ADDRESS

CITY

Cotati

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

94931

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember

JURISDICTION (LOCATION)

City of Cotati

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

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 OF OFFICEHOLDER OR CANDIDATE