

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED JUL 28 2008	CALIFORNIA 470 FORM SUPPLEMENT
This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.		For Official Use Only
CITY OF COTATI CITY MANAGER/CITY CLERK		

SEE INSTRUCTIONS ON REVERSE

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MIKE KURVERS

STREET ADDRESS
[REDACTED]

CITY
COTATI

STATE
CA

ZIP CODE
94931

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

2. Office Sought

OFFICE SOUGHT
COTATI CITY COUNCIL

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)
11/4/08

3. Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

7/28/08
(MONTH, DAY, YEAR)