

Officeholder and Candidate Campaign Statement - Short Form
(Government Code Section 84206)

Type or print in ink.

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

Amendment (Explain Reason)

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CITY OF COTATI
CITY MANAGER/CITY CLERK

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CALIFORNIA FORM 470

1. Statement Covers Calendar Year 20 10.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Susan Harvey
STREET ADDRESS
65 Nelson Lane
CITY
Cotati
STATE
CA
ZIP CODE
94931
AREA CODE/DAYTIME PHONE NUMBER
707-795-0637
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember - Cotati City Council
JURISDICTION (LOCATION)
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
Committee to elect Susan Harvey ID # 1309810 (Terminated 1/25/2010)	[REDACTED] cotati, CA 94931	Craig Lauridsen

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 7/30/2011
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE