

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED
Data Stamp
JUL 23 2012
CITY OF COTATI
CITY MANAGER/CITY CLERK

CALIFORNIA FORM 470

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 11 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MARK LANDMAN

STREET ADDRESS

[REDACTED]

CITY

COTATI

STATE

CA

ZIP CODE

94931

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

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
<u>/</u>		
<u>/</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

7/15/12

DATE

[REDACTED SIGNATURE]

OFFICEHOLDER OR CANDIDATE

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

Type or print in ink.

FORM 470 SUPPLEMENT

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470
SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MARK LANDMAN

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

COTATI

CA

94931

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

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

(MONTH, DAY, YEAR)