

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

(Government Code Section 84206)

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SHORT FORM

**CALIFORNIA
FORM 470**

For Official Use Only

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

11/6/2012

Amendment (Explain Below)

**CITY OF COTATI
CITY MANAGER/CITY CLERK**

1. Statement Covers Calendar Year 20 12.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Alden Olmsted

STREET ADDRESS

CITY

Cotati

STATE

CA

ZIP CODE

94931

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council - Cotati

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
<u>Alden Olmsted</u>	<u>[Redacted] Cotati, CA 94931</u>	<u>Alden Olmsted</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

10/2/2012
DATE

By

[Redacted Signature]
CANDIDATE