

Officeholder and Candidate Campaign Statement - Short Form



Date of election if applicable: (Month, Day, Year)
 11-06-2012

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 13 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 John A. DellOsso

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
 Council Member

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 7-21-2013
 DATE

By [REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form