

RECEIVED
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Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp CITY OF COTATI CITY MANAGER/CITY CLERK	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 13.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Susan Harvey

STREET ADDRESS

[REDACTED]

CITY

Cotati

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

STATE ZIP CODE

CA 94931

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember - Cotati City Council

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 07/28/2013
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form