

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

(Government Code Section 84206)

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AUG 27 2013

SHORT FORM
CALIFORNIA
FORM 470

For Official Use Only

Type or print in ink.

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

11/6/12

Amendment (Explain Below)

CITY OF COTATI
CITY MANAGER/CITY CLERK

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Wendy Skillman

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Cotati City Council

JURISDICTION (LOCATION)

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

8/18/13

DATE

By Wendy Skillman
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Originally sent 7/24/13 - but done incorrectly. (Hopefully got it right this time!)