

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

(Government Code Section 84206)

Type or print in ink.

RECEIVED  
AUG 19 2013  
CITY OF COTATI  
CITY MANAGER/CITY CLERK

SHORT FORM

CALIFORNIA  
FORM 470

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/6/12</p>	<p><input checked="" type="checkbox"/> Amendment (Explain Below)</p>
------------------------------------------------------------------------------	----------------------------------------------------------------------

1. Statement Covers Calendar Year 20 13 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Wendy Skillman

STREET ADDRESS

CITY

Cotati

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

94931

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Cotati City Council

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

LOCAL

**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

RECEIVED  
AUG 27 2013  
SECRETARY OF STATE-PRD

**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

By \_\_\_\_\_

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

(Government Code Section 84206)

Type or print in ink.

Date Stamp

SHORT FORM  
**CALIFORNIA  
FORM 470**

For Official Use Only

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

11/6/12

**Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 13 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Wendy Skillman

STREET ADDRESS

[REDACTED]

CITY

STATE ZIP CODE

Cotati

CA 94931

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

[REDACTED]

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

Date of election if applicable:  
(Month, Day, Year)  
11/6/2012

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**RECEIVED**  
in the office of the Secretary of State  
of the State of California  
JUL 29 2013

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 13.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Wendy Skillman  
STREET ADDRESS  
[REDACTED]  
CITY STATE ZIP CODE  
Cotati CA 94931  
AREA CODE/DAYTIME PHONE NUMBER [REDACTED]  
OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Council Member, City of Cotati  
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
<u>Skillman For Cotati City Council #1350818</u>	<u>[REDACTED] Cotati, CA 94931</u>	<u>Gregory S. Reisinger</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 7/22/13  
DATE

By [REDACTED]

Clear Form Print Form