

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

Date of election if applicable: (Month, Day, Year) <u>November 3, 2020</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	<small>Date Stamp</small> RECEIVED SEP 24 2020 CITY CLERK	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Cohen

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Pacifica CA 94044

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Member of City Council District 4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Pacifica Four

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
Mike Cohen for Pacifica City Council District 4 2020 #1431836	[REDACTED]	Maxine Cohen

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 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 September 24, 2020 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE