

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____	Date Stamp <b>RECEIVED</b>  SEP 29 2020  CITY CLERK	<b>CALIFORNIA</b> FORM <b>470</b> SUPPLEMENT
		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cohen

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Pacifica

CA

94044

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

**2. Office Sought**

OFFICE SOUGHT

Member of City Council District 4

DISTRICT NUMBER  
(IF APPLICABLE)

4

DATE OF ELECTION (MONTH, DAY, YEAR)

November 3, 2020

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

September 29, 2020

(MONTH, DAY, YEAR)