Officeholder and Candidate
Campaign Statement -
Short Form

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

11/6/2018

Amendment (Explain Below)

1. Statement Covers Calendar Year 2019

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Edith Patricia Barsotti

   STREET ADDRESS

   CITY
   Concord

   STATE
   Ca

   ZIP CODE
   94520

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Treasurer

   JURISDICTION (LOCATION)
   City of Concord

   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

   NA

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 7/26/19

   By

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov