

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

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

Amendment (Explain Below)

Date Stamp
RECEIVED
CITY OF CONCORD
2022 JUL 11 AM 11:08
CITY CLERKS OFFICE
ADMINISTRATIVE
SERVICES

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Edith Patricia Barsotti

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Concord CA 94520

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Treasurer
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Concord CA

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 March 11, 2022 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE