

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

Date of election if applicable: (Month, Day, Year) N/A	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp RECEIVED AUG 02 2021 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 SUSAN M. LANDRY
 STREET ADDRESS
 [REDACTED]
 CITY STATE ZIP CODE
 CAMPBELL CA 95008
 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 408.644.6936

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 COUNCILWOMAN
 JURISDICTION (LOCATION)
 CAMPBELL
 DISTRICT NUMBER (IF APPLICABLE)
 DISTRICT 1

4. Committee Information

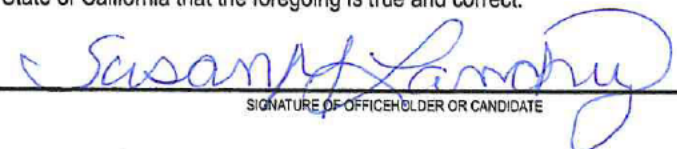
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE		

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 29 JUL 21
 DATE

By 
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE