

**Officeholder and Candidate
Campaign Statement — Short Form**
(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp	CALIFORNIA SHORT FORM 470
RECEIVED NOV -2 PM 8:43 J. W. TERRY CLERK	For Official Use Only

For use by officeholders and candidates who do not have a controlled committee and who do not anticipate receiving \$1,000 or more in contributions and do not anticipate spending \$1,000 or more during the calendar year. Officeholders whose salary is less than \$100 per month and judges who have a controlled committee may use this form under certain circumstances. See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees for further information.

I Statement Covers Calendar Year 19 96

II Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
COLLEEN DIXON

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
333 HILBORN ST

CITY STATE ZIP CODE
LODI CA 95240

AREA CODE/DAYTIME PHONE NUMBER
916-428-2918

III Information on Office Sought or Held

OFFICE SOUGHT OR HELD
MEMBER, CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LODI

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)
11-5-96

IV 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
<u>Colleen Dixon For City Council</u>	<u>333 HILBORN ST LODI CA 95240</u>	<u>COLLEEN DIXON</u>

V Verification

I declare under penalty of perjury that to the best of my knowledge, I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 Oct 2 At Lodi
DATE CITY AND STATE

By Colleen Dixon
SIGNATURE OF OFFICEHOLDER OR CANDIDATE