

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

**CALIFORNIA  
FORM 470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11-5-2002</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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Date Stamp

**RECEIVED**

AUG 14 2002

City Clerk  
City of Lodi

1. Statement Covers Calendar Year 20 02 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Brian B. Bader

STREET ADDRESS  
8 Schlenker Dr.

CITY STATE ZIP CODE  
Lodi CA 95240

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
209-339-1618 barn\_door@softcom.net

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Lodi city council member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
City of Lodi

**4. Committee Information**

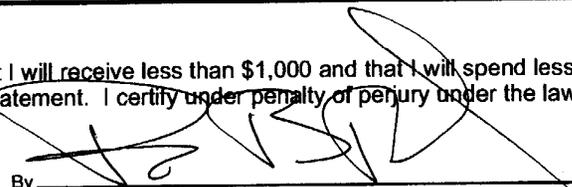
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 \$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 8-14-2002  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE