

**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

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

Amendment (Explain Below)

RECEIVED

JUL 29 2005

City Clerk
City of Lodi

1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LARRY D. HANSEN

STREET ADDRESS

2928 APPLEWOOD DR

CITY STATE ZIP CODE

Lodi CA 95242

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

209 369-8242 Lhansen9116@sbcglobal.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL MEMBER 12

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
<u>NONE</u>		

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 7-29-05
DATE

By Larry D. Hansen
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

Amendment (Explain Below)

Date Stamp

RECEIVED

JUL 29 2005

City Clerk
City of Lodi

CALIFORNIA
FORM 470
SUPPLEMENT

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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LARRY D. HANSEN

STREET ADDRESS

2928 APPLEWOOD DR

CITY

STATE

ZIP CODE

Lodi

CA

95242

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

209 ~~333~~ 369-8742

Lhansen9116@sbcglobal.net

2. Office Sought

OFFICE SOUGHT

NONE

DATE OF ELECTION (MONTH, DAY, YEAR)

DISTRICT NUMBER
(IF APPLICABLE)

3. Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

7-28-05

(MONTH, DAY, YEAR)