

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)

11-04-08

Amendment (Explain Below)

Date Stamp

RECEIVED

2008 OCT -6 PM 4:30

CITY CLERK
CITY OF LODI

1. Statement Covers Calendar Year 20 08.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kelly Bates

STREET ADDRESS

1901 W. Tokay St.

CITY STATE ZIP CODE

Lodi CA 95242

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

209-369-1066

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Lodi, CA

DISTRICT NUMBER
(IF APPLICABLE)

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
 		

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

10-3-08

DATE

By

Kelly Bates

SIGNATURE OF OFFICEHOLDER OR CANDIDATE