

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

(Government Code Section 84206)

Date of election if applicable:
(Month, Day, Year)
Nov 4, 2008

Amendment (Explain Below)

Date Stamp
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CITY CLERK
CITY OF LODI

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 08 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cliff DeBaugh

STREET ADDRESS
1030 S. Hutchins St Suite 4-193

CITY Lodi STATE Ca. ZIP CODE 95240

AREA CODE/DAYTIME PHONE NUMBER 209-334-1300 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Lodi, Ca

DISTRICT NUMBER (IF APPLICABLE)

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 Cliff DeBaugh 10-6-08
DATE

By Cliff DeBaugh
SIGNATURE OF OFFICEHOLDER OR CANDIDATE