

**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)

11-4-08

Amendment (Explain Below)

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CITY CLERK  
CITY OF LODI

1. Statement Covers Calendar Year 20 08 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Cliff DeBaugh

STREET ADDRESS

1030 So. Hotchins St. Suite 4-193

CITY

Lodi

AREA CODE/DAYTIME PHONE NUMBER

209-337-9632

STATE

Ca

ZIP CODE

95240

OPTIONAL: FAX / E-MAIL ADDRESS

**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

**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 10-30-08

DATE

By

Cliff DeBaugh

SIGNATURE OF OFFICEHOLDER OR CANDIDATE