

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp RECEIVED 2008 OCT -9 PM 1:56 CITY CLERK CITY OF LODI	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) <u>November 4, 2008</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 2008 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Roger Khan

STREET ADDRESS
PO Box 904 Lodi California 95241

CITY STATE ZIP CODE

209-570-5468 rogerkhan@mypcmail.com

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) <u>San Joaquin County - Lodi</u>	DISTRICT NUMBER (IF APPLICABLE)
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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 10-7-08
DATE

By Roger Khan
SIGNATURE OF OFFICEHOLDER OR CANDIDATE