

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p>November 4, 2008</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>RECEIVED Date Stamp 2008 OCT 30 PM 2: 21 CITY CLERK CITY OF LODI</p>	<p>CALIFORNIA FORM 470 For Official Use Only</p>
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1. Statement Covers Calendar Year 20 08 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Roger Khan

STREET ADDRESS

518 S. Central Avenue #B Lodi, CA 95240

CITY

STATE

ZIP CODE

209-570-5468 rogerkhan@myppcmail.com

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Lodi City Council

JURISDICTION (LOCATION)

Lodi - San Joaquin County

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 10-30-08  
DATE

By Roger Khan  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE