

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

| | | | |
|---|---|---|---|
| Date of election if applicable: (Month, Day, Year) <u>11/4/09</u> | <input type="checkbox"/> Amendment (Explain Below) _____ _____ | Date Stamp RECEIVED 2009 JAN 30 PM 4: 03 CITY CLERK CITY OF LODI | CALIFORNIA FORM 470 For Official Use Only |
| | | | |

1. Statement Covers Calendar Year 2009.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Roger Khan

STREET ADDRESS

p.o. box 904 Lodi

Ca 95241

CITY

STATE ZIP CODE

209-570-5468

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lodi City Coucil

JURISDICTION (LOCATION)

Lodi

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 |
|--------------------------------|-------------------|-------------------|
| N/A | | |
| | | |

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 _____

1/30/09
DATE

By _____

Roger Khan
SIGNATURE OF OFFICEHOLDER OR CANDIDATE