

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) _____

Amendment (Explain Below) _____

Date Stamp

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CITY OF LODI

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 10 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LARRY D. HANSEN

STREET ADDRESS
2928 APPLEWOOD DR

CITY STATE ZIP CODE
Lodi CA 95242

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Lodi City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF Lodi

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 8/2/2010
DATE

By Larry D. Hansen
SIGNATURE OF OFFICEHOLDER OR CANDIDATE