

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

(Government Code Section 84206)

Type or print in ink.

Date of election if applicable: (Month, Day, Year) <hr/>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp RECEIVE 2010 AUG -2 PM 4:39 CITY CLERK 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
PHIL KATZAKIAN

STREET ADDRESS
48 RIVER POINTE CIR

CITY STATE ZIP CODE
LODI CA 95240

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(209) 369-6016

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LODI CITY COUNCIL

JURISDICTION (LOCATION) 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 8-2-10 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE