

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED 2010 FEB -1 AM 9:16 CITY CLERK CITY OF LODI	CALIFORNIA FORM <b>470</b>
	For Official Use Only

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)
_____ _____	_____ _____

1. Statement Covers Calendar Year 20 10.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

PAUL KATZAKIAN

STREET ADDRESS

48 RIVER POINTE CIR LODI

CITY

LODI

STATE

CA

ZIP CODE

95240

AREA CODE/DAYTIME PHONE NUMBER

(209) 481-2217

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

LODI CITY COUNCIL

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

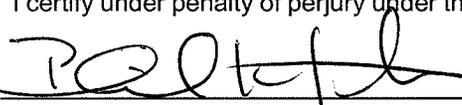
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>NONE</u>		

**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 1-5-10 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE