

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

(Government Code Section 84206)

Type or print in Ink.

Date Stamp

SHORT FORM
CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

11/2/2010

Amendment (Explain Below)

RECEIVED

2010 OCT -5 PM 5:04

CITY CLERK
CITY OF LODI

1. Statement Covers Calendar Year 20 10 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Timothy J. Reed

STREET ADDRESS

2568 Paradise Dr

CITY

Lodi

AREA CODE/DAYTIME PHONE NUMBER

(209)401-2544

STATE ZIP CODE

CA 95242

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

City of 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

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

10/5/10

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE