Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

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

☐ **Amendment** (Explain Below) _____

Date Stamp: RECEIVED 2012 JUL 31 PM 3:12 CITY CLERK CITY OF LODI

1. Statement Covers Calendar Year 20 12.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Elect Katzakian for City Council 2010

STREET ADDRESS: 48 River Pointe Cir.

CITY: Lodi STATE: CA. ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: 209-369-6016

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD: City Council

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
Elect Katzakian for City Council 2010 #1329871	48 River Pointe Cr. Lodi, CA. 95240	Chris Katzakian

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 7-31-12 (DATE)

By [signature] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Officeholder and Candidate Campaign Statement Form 470 Supplement

(Government Code Section 84206)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

FORM 470 SUPPLEMENT

☐ **Amendment** (Explain Below)

Date Stamp

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling $1,000 or more or has made expenditures of $1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Phil Katzakian

STREET ADDRESS: 48 River Pointe Cir.

CITY: Lodi

STATE: CA.

ZIP CODE: 95240

AREA CODE/DAYTIME PHONE NUMBER: 209-369-6016

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totaling $1,000 or More Were Received or Date Expenditures of $1,000 or More Were Made

(MONTH, DAY, YEAR)