

**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) _____ 11-5-2002	<input type="checkbox"/> Amendment (Explain Below) _____ _____	RECEIVED Date Stamp AUG 14 2002 City Clerk City of Lodi	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 02 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Brian B. Bader

STREET ADDRESS

8 Schlenker Dr.

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/DAYTIME PHONE NUMBER

209-339-1618

OPTIONAL: FAX / E-MAIL ADDRESS

barn_door@softcom.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lodi city council member

JURISDICTION (LOCATION)

City of Lodi

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

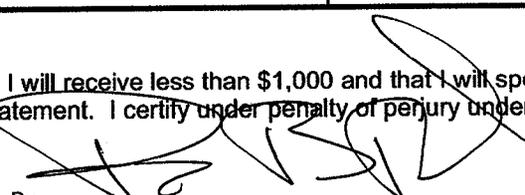
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE		

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 8-14-2002
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE