

**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)  _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp <b>RECEIVED</b> JUL 29 2014 CITY CLERK	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 14 .

**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
209-481-2217		phikat@hotmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	
lodi city council	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)

**4. Committee Information**

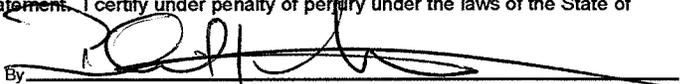
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 7-29-2014  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE