

**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)

Nov. 4 2014

☐ Amendment (Explain Below)

Date Stamp  
**RECEIVED**

OCT 02 2014

CITY OF ANTIOCH  
CITY CLERK

CALIFORNIA  
FORM 470

For Official Use Only



**ORIGINAL**

1. Statement Covers Calendar Year 20 14.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

KARL DIETZEL

STREET ADDRESS

2203 DOGWOOD WAY

CITY

ANTIOCH

STATE

CA

ZIP CODE

94509

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

ANTIOCH

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 |
|--------------------------------|-------------------|-------------------|
| N/A                            | N/A               | N/A               |
| N/A                            | N/A               | N/A               |

**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

Oct. 2 2014

DATE

By

Karl Dietzel

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement  
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

SEE INSTRUCTIONS ON REVERSE

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.

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FORM 470  
SUPPLEMENT

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ORIGINAL

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

KARL DIETZEL

STREET ADDRESS

2203 DOGWOOD WAY ANTIOCH CA 94509

CITY

STATE

ZIP CODE

925-642-2191

BERLIN 47112 @YAHOO.DE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

CITY COUNCIL

DISTRICT NUMBER  
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

NOV 4, 2014

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

OCT. 2 2014

(MONTH, DAY, YEAR)