

COPY

Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

Check One: Initial Amendment Termination

CALIFORNIA 1998 FORM 501

I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE) JOHNSON, ROBERT JOSEPH
ADDRESS (NO. AND STREET) 1311 MIDVALE ROAD
DAYTIME PHONE (209) 334-6717
CITY Lodi STATE CA ZIP CODE 95240 FAX NUMBER (209) 334-2521

Office Use Only

II Office Sought

OFFICE SOUGHT (POSITION TITLE) COUNCILMEMBER DISTRICT NUMBER PARTY (If Applicable) YEAR OF ELECTION 1998
PUBLIC AGENCY NAME CITY OF LODI TYPE OF ELECTION (Check One if Applicable) [] Special [] Recall
JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One) [] State [] County of [] Multi-County [x] City of Lodi

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/99 DATE By [Signature] SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 501 (2/98) For Technical Assistance: 916/322-5660

Campaign Bank Account

Type or Print in Ink.

CAMPAIGN BANK ACCT.

Check One: [] Initial [] Redesignate the Account for Future Election to the Same Office [] Amendment [x] Termination (Note: In addition, file a Form 501 if you are no longer soliciting or receiving contributions.)

CALIFORNIA 1998 FORM 502

I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE) JOHNSON, ROBERT JOSEPH
ADDRESS (NO. AND STREET) 1311 MIDVALE ROAD
DAYTIME PHONE (209) 334-6717
CITY Lodi STATE CA ZIP CODE 95240 FAX NUMBER (209) 334-2521

Office Use Only

OFFICE SOUGHT AND AGENCY NAME COUNCILMEMBER - CITY OF LODI TYPE OF ELECTION (Check One if Applicable) [] Special [] Recall

II Account Information

FINANCIAL INSTITUTION GUARANTY FEDERAL BANK ACCOUNT NUMBER 3900245957
ADDRESS (NO. AND STREET) 200 N. CHURCH STREET DAYTIME PHONE (209) 334-6717
CITY Lodi STATE CA ZIP CODE 95240 DATE OPENED (Month/Day/Year) 5/1/98

III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/99 DATE By [Signature] SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 502 (2/98) For Technical Assistance: 916/322-5660 h:\campaign\forms\501-502\98