Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

CALIFORNIA 1998 FORM 501

Office Use Only

Check One: ☑ Initial ☐ Amendment ☐ Termination

I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)
Spinelli Joseph Sr.

ADDRESS (NO. AND STREET)
516 East Lodi Ave

DAYTIME PHONE
(209) 369-1848

CITY
Lodi

STATE
CA

ZIP CODE
95240

FAX NUMBER
(209) 369-1848

II Office Sought

OFFICE SOUGHT (POSITION TITLE)
Council Member

DISTRICT NUMBER

PARTY (If Applicable)
N/A

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 ☑ 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 August 06 1998 (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

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