

Candidate Intention Statement

Type or Print in Ink.

CAND. INTENTION

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment

1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

JOHNSON BOB

ADDRESS (NO. AND STREET)

1311 MIDVALE ROAD LODI CA 95240

DAYTIME PHONE

(209) 334-6717

CITY

STATE

ZIP CODE

FAX

E-MAIL (OPTIONAL)

(209) 334-2521

2. Office Sought

OFFICE SOUGHT (POSITION TITLE)

MEMBER

DISTRICT NUMBER

NON-PARTISAN

YEAR OF ELECTION

2000

PUBLIC AGENCY NAME

Lodi City Council

PARTY:

TYPE OF ELECTION (Check One if Applicable)

Special

Recall

JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)

STATE

COUNTY OF _____

MULTI-COUNTY

CITY OF _____

Lodi

3. Verification

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

Executed on _____

8/3/00
DATE

By _____

[Signature]
SIGNATURE OF CANDIDATE

mailed out to Sec. of State on 8/3/00