

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION

Date Stamp
 RECEIVED
 JUL 27 2000
 CITY OF LODI

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment

1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)
Land, Vernon, Keith

ADDRESS (NO. AND STREET) DAYTIME PHONE
511 Charleston Way (209) 367-2337

CITY STATE ZIP CODE FAX E-MAIL (OPTIONAL)
Lodi Ca. 95242 (209) 367-2312

2. Office Sought

OFFICE SOUGHT (POSITION TITLE) DISTRICT NUMBER NON-PARTISAN YEAR OF ELECTION
Lodi City Council PARTY: *2000*

PUBLIC AGENCY NAME TYPE OF ELECTION (Check One if Applicable)
City of Lodi 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 07-20-2000
 DATE

By *Keith Land*
 SIGNATURE OF CANDIDATE

Mailed to Sec of State on 7/27/00