

Campaign Bank Account

Type or Print in Ink.

CAMPAIGN BANK ACCOUNT

CALIFORNIA FORM 502

For Official Use Only

Date Stamp

Check One: Initial

Amendment

Redesignate the Account for Future Election to the Same Office

1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

JOHNSON BOB

ADDRESS (NO. AND STREET)

1311 MIDVALE A

DAYTIME PHONE

(209) 334-6717

E-MAIL (OPTIONAL)

CITY

Lodi CA 95240

STATE

ZIP CODE

FAX NUMBER

(209) 334-2521

YEAR OF ELECTION

2008

OFFICE SOUGHT AND AGENCY NAME

MEMBER, Lodi City Council

TYPE OF ELECTION (Check One if Applicable)

Special Recall

2. Account Information

FINANCIAL INSTITUTION

GUARANANTY FEDERAL BANK

ACCOUNT NUMBER

3801063169

ADDRESS (NO. AND STREET)

200 N. CHURCH ST

DAYTIME PHONE

(209) 367-7661

DATE OPENED (Month/Day/Year)

CITY

Lodi

STATE

CA

ZIP CODE

95240

6.1.108

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

8/3/08

DATE

By

[Signature]

SIGNATURE OF CANDIDATE

mailed orig to Sec of State on 8/3/08.