

Campaign Bank Account

Type or Print In Ink.

CAMPAIGN BANK ACCOUNT

Date Stamp RECEIVED JUL 27 2000 CITY CLERK CITY OF LODI	CALIFORNIA FORM 502 For Official Use Only
--	---

- Check One: Initial Amendment Redesignate the Account for Future Election to the Same Office

1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE) <i>Land Vernon Keith</i>				
ADDRESS (NO. AND STREET) <i>511 Charleston Way</i>		DAYTIME PHONE <i>(209) 368-6708</i>	E-MAIL (OPTIONAL)	
CITY <i>Lodi</i>	STATE <i>Ca.</i>	ZIP CODE <i>95242</i>	FAX NUMBER <i>(209) 367-2312</i>	YEAR OF ELECTION <i>2000</i>
OFFICE SOUGHT AND AGENCY NAME <i>Lodi City Council</i>			TYPE OF ELECTION (Check One if Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall	

2. Account Information

FINANCIAL INSTITUTION <i>Farmers & Merchants Bank of Central California</i>		ACCOUNT NUMBER <i>00-184373</i>
ADDRESS (NO. AND STREET) <i>121 West Pine Street</i>		DAYTIME PHONE <i>(209) 334-1101</i>
CITY <i>Lodi</i>	STATE <i>Ca.</i>	ZIP CODE <i>95240</i>
		DATE OPENED (Month/Day/Year) <i>05/17/2000</i>

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

submitted to Sec. of State in Lodi