

Campaign Bank Account

Type or Print in Ink.

CAMPAIGN BANK ACCOUNT

Date Stamp	CALIFORNIA FORM 502
RECEIVED 20 AUG 10 PM 12:31 LUCIAN J. BLACKSTON CITY CLERK CITY OF LODI CA	
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)			
Mann, Stephen J.			
ADDRESS (NO. AND STREET)	DAYTIME PHONE	E-MAIL (OPTIONAL)	
111 N. Crescent Avenue	(209) 334-5943	smann1@pacbell.net	
CITY	STATE	ZIP CODE	FAX NUMBER
Lodi	CA	95241	(209) 334-5943
OFFICE SOUGHT AND AGENCY NAME			YEAR OF ELECTION
Member, Lodi City Council City of Lodi			2000
TYPE OF ELECTION (Check One if Applicable)			<input type="checkbox"/> Special <input type="checkbox"/> Recall

2. Account Information

FINANCIAL INSTITUTION	ACCOUNT NUMBER
Bank of Lodi	0101149814
ADDRESS (NO. AND STREET)	DAYTIME PHONE
701 S. Ham Lane	209) 367-2000
CITY	STATE
Lodi	CA
ZIP CODE	DATE OPENED (Month/Day/Year)
95242	7-1-00 041-197

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 8-9-00
DATE

By *Stephen Mann*
SIGNATURE OF CANDIDATE

Orig mailed to Sec. of State on 8/10/00