

Note 4-17-01 wrote to  
Sec. of State requesting  
Original 501

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION

RECEIVED Date Stamp 01 MAY -3 AM 10:10 CITY CLERK CITY OF LODI	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment

1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)  
Mounce, JoAnne L.

ADDRESS (NO. AND STREET) DAYTIME PHONE  
437 E. ELM Street (209) 333.2814

CITY STATE ZIP CODE FAX E-MAIL (OPTIONAL)  
Lodi

OFFICE SOUGHT (POSITION TITLE) City Council member	DISTRICT NUMBER	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	YEAR OF ELECTION 2002
PUBLIC AGENCY NAME City of Lodi	TYPE OF ELECTION (Check One If Applicable) <input type="checkbox"/> Special <input type="checkbox"/> Recall		

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 11.02.00 DATE

By JoAnne Mounce SIGNATURE OF CANDIDATE