

**Candidate Intention**

Type or Print in Ink

CANDIDATE INTENTION

Check One:  Initial  Amendment  Termination

CALIFORNIA 1991 FORM **501**

Office Use Only

**I Candidate Information**

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

*Knight Barbara Lavonne*

ADDRESS: (NO. AND STREET)

*2314 W. TOKAY*

AREA CODE/DAYTIME PHONE

*(209) 368-3942*

CITY

*Lodi*

STATE

*CA*

ZIP CODE

*95242*

**II Specific Office Sought**

SPECIFIC OFFICE:

*City Council Member*

DISTRICT NUMBER

DATE OF ELECTION

*11/03/92*

PUBLIC AGENCY NAME:

*City of Lodi, Ca, 221 W. Pine Street, Lodi 95241-1910*

JURISDICTION AND LOCATION:

State

County of:

City of:

*Lodi, CA*

Multi-County Jurisdiction:

**III Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

*8/11/92*

At

*Lodi, Ca.*

By

*Barbara L. Knight*

DATE

CITY AND STATE

SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977. SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

*Waived to #186  
8/11/92  
B.L.*