

Candidate Intention

Type or Print in Ink

CALIFORNIA 1991 FORM **501**

Check One: Initial Amendment Termination

Office Use Only

I Candidate Information

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

ROSENQUIST, Elizabeth ROMERO

ADDRESS: (NO. AND STREET)

1011 W. WALNUT ST

AREA CODE/DAYTIME PHONE

(209) 334-1797

CITY

Lodi

STATE

CA

ZIP CODE

95240

II Specific Office Sought

SPECIFIC OFFICE:

City Council

DISTRICT NUMBER

DATE OF ELECTION

11-8-92

PUBLIC AGENCY NAME:

City of Lodi

JURISDICTION AND LOCATION:

State

County of: _____

City of: Lodi

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 8/10/92
DATE

At Lodi, CA
CITY AND STATE

By E.J. Rosenquist
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
91 60508 **State of California Fair Political Practices Commission.**

*Mailed 8/11/92
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