

**Campaign Bank Account**

Type or Print In Ink

CALIFORNIA 1991 FORM **502**

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) 473-8000*

CITY

*Lodi*

STATE

*CA*

ZIP CODE

*95240*

SPECIFIC OFFICE SOUGHT:

*Lodi City Council*

DATE OF ELECTION

**II Account Information**

FINANCIAL INSTITUTION:

*Bank of Lodi*

ADDRESS: (NO. AND STREET)

*701 S. Ham Lane*

AREA CODE/PHONE NUMBER

*(209) 367-2000*

CITY

*Lodi*

STATE

*CA*

ZIP CODE

*95242*

ACCOUNT NUMBER

*0101124338*

DATE OPENED

*8-11-92*

**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* DATE

At *Lodi, Ca* CITY AND STATE

By *EJ 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  
State of California Fair Political Practices Commission.

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*Mailed  
8/11/92  
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