

**Candidate Intention**

Type or Print in Ink

CANDIDATE INTENTION

CALIFORNIA 1991 FORM **501**

Check One:  Initial  Amendment  Termination

Office Use Only

**Candidate Information**

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

*DAVENPORT, RAY G.*

ADDRESS: (NO. AND STREET)

*445 E. Almond DR #45*

AREA CODE/DAYTIME PHONE

*(209) 333-3702*

CITY

*Lodi*

STATE

*CA*

ZIP CODE

*95240*

**Specific Office Sought**

SPECIFIC OFFICE:

*City Council*

DISTRICT NUMBER

DATE OF ELECTION

*11/3/92*

PUBLIC AGENCY NAME:

*City of Lodi Calif.*

JURISDICTION AND LOCATION:

State

County of: \_\_\_\_\_

City of: *Lodi*

Multi-County Jurisdiction: \_\_\_\_\_

**Certification**

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

Executed on

*8/4/92*

DATE

At

*Lodi, CA*

CITY AND STATE

By

*Ray Davenport*

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 60506

**State of California Fair Political Practices Commission.**

*mailed on 8/4/92  
jnp*