

Candidate Intention

Type or Print in Ink

CALIFORNIA 1991 FORM **501**

Check One: Initial Amendment Termination

I Candidate Information

Office Use Only

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

DeGrandmont Marlon Joseph

ADDRESS (NO. AND STREET)

2410 Modoc Way

AREA CODE/DAYTIME PHONE

(209) 368-1276

CITY

Lodi

STATE

Ca.

ZIP CODE

95242

II Specific Office Sought

SPECIFIC OFFICE:

Lodi City Council

DISTRICT NUMBER

DATE OF ELECTION

Nov. 3, 1992

PUBLIC AGENCY NAME:

Lodi Ca.

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 Sept. 21, 1992 At Lodi Ca.

By Marlon DeGrandmont
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 00508

State of California Fair Political Practices Commission.

When DeGrandmont brought this form
- on 9/25/92. I made a copy for
my file - & HE dropped the
signed form into the mail.

[Handwritten signature]