

**Candidate Intention Statement**

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Date Stamp <b>RECEIVED</b> 2002 APR -3 AM 11:05 CITY CLERK CITY OF LODI	<b>CALIFORNIA FORM 501</b> For Official Use Only
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**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) BECKMAN, JOHN, R. DAYTIME TELEPHONE NUMBER (209) 327-5363 FAX NUMBER (optional) (209) 368-3017 E-MAIL (optional) JOHNBECKMAN@ATTBI.COM

STREET ADDRESS 1022 DOWNING DR CITY LODI STATE CA ZIP CODE 95242

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME CITY OF LODI DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY:

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: LODI (Name of Jurisdiction) 2002 (Year of Election)

**2. State Candidate Expenditure Limit Statement:**

(Candidates for statewide office are not required to complete Part 2 until 11/6/02. CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Primary/general election \_\_\_\_\_ Special/runoff election  
 (Year of Election) (Year of Election)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.  
 I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

- I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

- On \_\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

**Voluntary Expenditure Ceilings:**

(Gov. Code Section 85400)

Office	Primary or Special	General or Special Run-off
(Effective 1/1/01)		
Assembly	\$400,000	\$700,000
Senate	\$600,000	\$900,000
(Effective 11/6/02)		
Board of Equalization	\$1,000,000	\$1,500,000
Governor	\$6,000,000	\$10,000,000
Lieutenant Governor, Attorney General, Insurance Commissioner, Controller, Secretary of State, Supt. of Public Instruction, Treasurer	\$4,000,000	\$6,000,000

**3. Verification:**

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

Executed on 4-3-02  
 (month, day, year)

Signature John Beckman  
 (Candidate)