

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

RECEIVED

AUG 14 2002

City Clerk
City of Lodi

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE <i>(Last, First, Middle Initial)</i> Bader, Brian B.	DAYTIME TELEPHONE NUMBER (209) 339-1618	FAX NUMBER <i>(optional)</i> (209) 339-1618	E-MAIL <i>(optional)</i> barn_door@softcom.net
STREET ADDRESS 8 Schlenker Dr.	CITY Lodi	STATE CA	ZIP CODE 95240
OFFICE SOUGHT (POSITION TITLE) Lodi City Council Member	AGENCY NAME	DISTRICT NUMBER, <i>if applicable.</i>	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State <i>(Complete Part 2)</i> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>City of Lodi</u> <u>2002</u> <small>(Name of Jurisdiction) (Year of Election)</small>			

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:

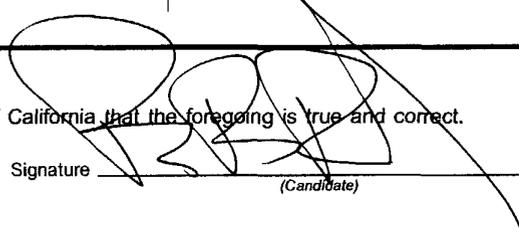
(Gov. Code Section 85400)

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 8-14-2002
(month, day, year)

Signature 
(Candidate)

FPPC Form 501 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772