CANDIDATE INTENTION STATEMENT

Candidate Intention Statement

Type or Print in Ink.

Date Stamp
RECEIVED
AUG 10 2004
City Clerk
City of Lodi

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Harold Dixon Flynn	(209) 329-3333	( )	dixon@dixonforcouncil.com

STREET ADDRESS	CITY	STATE	ZIP CODE
2631 Bristol Ln	Lodi	CA	95242

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	☐ NON-PARTISAN PARTY:
Council Member	Lodi, CA		

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: City of Lodi (Name of Jurisdiction) 2004 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2004 (Year of Election) *Primary/general election* _____ (Year of Election) *Special/runoff 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.

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 8/9/04 (month, day, year) Signature [signature] (Candidate)