

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

RECEIVED

JUL 23 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)  
Mounce, JoAnne L. (209) 333-2814 (-) - Jmounce@idsb.net

STREET ADDRESS CITY STATE ZIP CODE  
437 E ELM. LODI CA 95240

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable.  NON-PARTISAN  
City Council CITY OF LODI \_\_\_\_\_ PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2)  
 City  County  Multi-County: CITY OF LODI 2004  
(Name of Jurisdiction) (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 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.

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 07-23-04  
(month, day, year)

Signature JoAnne Mounce  
(Candidate)