

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp <b>RECEIVED</b> <b>CITY OF HANFORD</b>	CALIFORNIA FORM <b>501</b>
For Official Use Only	

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Howze, Nancy R

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

California 93230

OFFICE JURISDICTION

AGENCY NAME

DISTRICT NUMBER, if applicable

MON-PARTISAN OFFICE

City Council Member, City of Hanford

District C

PARTY PREFERENCE:

(Check one box, if applicable.)

2024  
(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

State (Complete Part 2.)  
 City  County  Multi-County:

(Name of Multi-County Jurisdiction)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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

8/15/2024  
(month, day, year)

Signature