

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

RECEIVED CITY OF HANFORD	CALIFORNIA FORM 501
JUL 16 REC'D	
CITY CLERK	
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Scott, Judy L	DAYTIME TELEPHONE NUMBER [REDACTED] () _____	FAX NUMBER (optional) _____	EMAIL (optional) _____
STREET ADDRESS [REDACTED]	CITY Hanford	STATE CA	ZIP CODE 93230
OFFICE SOUGHT (POSITION TITLE) Hanford City Council	AGENCY NAME City of Hanford	DISTRICT NUMBER, if applicable C	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: (Name of Multi-County Jurisdiction) _____	<input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF (Year of Election) _____		

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 July 16, 2024
(month, day, year)

Signature
[REDACTED]