

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 9/22/24  
through 10/17/24

Date of election if applicable:  
(Month, Day, Year)  
11/5/2024

Date Stamp	CITY OF HANFORD RECEIVED OCT 24 REC'D CITY CLERK	CALIFORNIA FORM 460
Page _____ of _____	For Official Use Only	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
I.D. NUMBER  
1473741

Howze Hanford City Council District C 2024

Treasurer(s)

NAME OF TREASURER  
Nancy Howze  
MAILING ADDRESS  
CITY  
Hanford  
STATE  
CA  
ZIP CODE  
93230  
NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)  
CITY  
Hanford  
STATE  
CA  
ZIP CODE  
93230  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the for

Executed on 10/24/2024  
Date  
Executed on 10/24/2024  
Date  
Executed on  
Date  
Executed on  
Date

By  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
By  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
By  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
By  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Campaign Disclosure Statement  
Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM  
460

Statement covers period  
from 9/22/24  
through 10/19/2024

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Howze Hanford City Council District C 2024

I.D. NUMBER  
1473741

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ _____	\$ _____
2. Loans Received.....	Schedule B, Line 3 _____	_____
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ _____	\$ _____
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$5,110	_____
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ _____	\$ _____

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ _____	\$ _____
7. Loans Made.....	Schedule H, Line 3 _____	_____
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 _____	_____
10. Nonmonetary Adjustment.....	Schedule G, Line 3 _____	_____
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ _____	\$ _____

Expenditure Limit Summary for State  
Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ _____	\$ _____
13. Cash Receipts.....	Column A, Line 3 above _____	_____
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 _____	_____
15. Cash Payments.....	Column A, Line 8 above _____	_____
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____	\$ _____

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ _____	\$ _____
18. Cash Equivalents.....	See instructions on reverse \$ _____	\$ _____
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ _____	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Howze Hanford City Council District 7 2024

Statement covers period from 9/22/24 through 10/19/24		CALIFORNIA FORM <b>460</b>
Page _____ of _____		
I.D. NUMBER 1473741		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/24	Renewable Solar Hanford, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage for mailers	\$2,555	\$5,228.11	
10/1/24	TDH Land & Cattle Hanford, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage for mailers	\$2,555	\$4,980.09	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$ 5,110							

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 5,110
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 5,110

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee