

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) REGAN, KIMBER D	DAYTIME TELEPHONE NUMBER [REDACTED] ()	FAX NUMBER (optional) [REDACTED]	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY Hanford	STATE CA	ZIP CODE 93230
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER	AGENCY NAME HANFORD CITY COUNCIL	DISTRICT NUMBER, if applicable. DISTRICT B	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: [REDACTED] (Name of Multi-County Jurisdiction)	HANFORD CITY/ COUNTY OF KINGS	2024 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

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 1/1 and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, 1/1 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 10/3/2024 (month, day, year)

Signature
[REDACTED]