

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

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CALIFORNIA
FORM
501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

REGAN, KIMBER D

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

CITY COUNCIL MEMBER

HANFORD CITY COUNCIL

DISTRICT B

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

HANFORD CITY/COUNTY OF KINGS

2024

☒ PRIMARY / GENERAL

☒ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

☐ 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 ____/____/____ 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

10/3/2024

Signature