Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Curtis Martin Devine

DAYTIME TELEPHONE NUMBER
(559) ███

FAX NUMBER (optional)
( )

EMAIL (optional)
███

STREET ADDRESS
███

CITY
Hanford

STATE
CA

ZIP CODE
93230

OFFICE SOUGHT (POSITION TITLE)
City Council Member

AGENCY NAME
City of Hanford

DISTRICT NUMBER, if applicable.
B

☑ **NON-PARTISAN OFFICE**

PARTY PREFERENCE:
(Check one box, if applicable.)

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2024
(Year of Election)

☑ PRIMARY / GENERAL
☐ 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 ___07/15/2█___
(month, day, year)

Signature ███