

Date Stamp AUG 12 2022	CALIFORNIA FORM 501
For Official Use Only	
City of Grass Valley 125 E. Main St <i>TMB</i>	

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Hodge, Hilary B</u>	DAYTIME TELEPHONE NUMBER <u>(925) 216-3595</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>lhodgewriter@gmail.com</u>
STREET ADDRESS <u>City Councilperson</u>	CITY <u>City of Grass Valley</u>	STATE <u>CA</u>	ZIP CODE <u>95945</u>
OFFICE SOUGHT (POSITION TITLE) <u>329 Bennett St.</u>	AGENCY NAME <u>Grass Valley CA</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
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)		2022 (Year of Election)	(Check one box, if applicable.) <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 ___/___/___ 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 8/12/2022
(month, day, year)

Signature *[Handwritten Signature]*
(Candidate)