

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Hodge, Hilary
DAYTIME TELEPHONE NUMBER (916) 749-3533
FAX NUMBER (optional) (916) 865-4657
E-MAIL (optional) hilarybethhodge@gmail.com
STREET ADDRESS
CITY Grass Valley STATE CA ZIP CODE 95945

OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME
DISTRICT NUMBER, if applicable.
[X] NON-PARTISAN
PARTY:

OFFICE JURISDICTION
[] State (Complete Part 2)
[X] City [] County [] Multi-County:
2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election Special/runoff election

1408559

(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 08/01/2018 (month, day, year)

Signature