

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Official Use Only

CITY OF SIGNAL HILL  
JUL 25 22 AM9:18

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Tina L. Hansen

STREET ADDRESS  
\_\_\_\_\_DAYTIME TELEPHONE NUMBER  
\_\_\_\_\_FAX NUMBER (optional)  
\_\_\_\_\_

EMAIL (optional)

tlthesquire@aol.com

()

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

City CouncilMember

AGENCY NAME

City of Signal Hill

DISTRICT NUMBER, if applicable

 NON-PARTISAN OFFICEPARTY PREFERENCE:  
(Check one box, if applicable.)

OFFICE JURISDICTION

 State (Complete Part 2.)

2022

 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 July 22 2022  
(month, day, year)

Signature

\_\_\_\_\_

(Candidate)

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov