

Candidate Intention Statement

Date Stamp  
CALIFORNIA FORM 501  
FILED  
SENDR PEREZ, COUNTY CLERK  
FEB 24 2022

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hansen, Gary L. DAYTIME TELEPHONE NUMBER 530 514-3003 FAX NUMBER (optional) ( ) EMAIL (optional) garyhansen04@gmail.com  
STREET ADDRESS [REDACTED] CITY willows STATE CA ZIP CODE 95988  
OFFICE SOUGHT (POSITION TITLE) Glenn County Supervisor AGENCY NAME DISTRICT NUMBER, if applicable, District 4  NON-PARTISAN OFFICE  
OFFICE JURISDICTION (Check one box, if applicable.)  
 State (Complete Part 2.)  PRIMARY / GENERAL  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2022  SPECIAL / RUNOFF  
(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.)

(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 information provided is true and correct.

Executed on February 24 2022 (month, day, year) Signature [REDACTED]