

**Candidate Intention Statement**

FILED  
JUL 17 REC'D  
ALBANY CITY CLERK

CALIFORNIA FORM **501**  
For Official Use Only

Check One:  Initial  Amendment (Explain)

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Hansen-Romero, Jennifer C. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( )

STREET ADDRESS [REDACTED] CITY Albany STATE CA. ZIP CODE 94706

OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME City of Albany DISTRICT NUMBER, if applicable. N/A  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) 2024  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 foregoing is true and correct.

Executed on 7/17/24  
(month, day, year)

Signature [REDACTED]