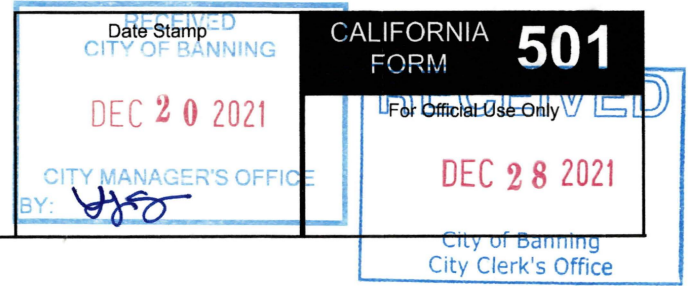


Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | |
|--|--|--|---|
| NAME OF CANDIDATE (Last, First Middle Initial) WALLACE, COLLEEN | DAYTIME TELEPHONE NUMBER (909) 890.8474 | FAX NUMBER (optional) () | EMAIL (optional) CWALLACE951@GMAIL.COM |
| STREET ADDRESS 1337 VISTA SERENA | CITY BANNING | STATE CA | ZIP CODE 92220 |
| OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL | AGENCY NAME CITY OF BANNING | DISTRICT NUMBER, if applicable. DISTRICT 5 | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: |
| 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 12 15 2021
(month, day, year)

Signature Colleen Wallace
(Candidate)