

Candidate Intention Statement

RECEIVED Date Stamp AUG 02 2022 City of Banning City Clerk's Office CALIFORNIA FORM 501 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Dupre, Antonio F DAYTIME TELEPHONE NUMBER (951) 269-3799 FAX NUMBER (optional) ( ) EMAIL (optional) dupreantonio@yahoo.com STREET ADDRESS 470 Falling leaf lane CITY Banning STATE CA ZIP CODE 92220 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME DISTRICT NUMBER, if applicable. 4 [X] NON-PARTISAN OFFICE OFFICE JURISDICTION (Check one box, if applicable.) [ ] State (Complete Part 2.) [X] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) PARTY PREFERENCE: [X] PRIMARY / GENERAL [ ] SPECIAL / RUNOFF 11-8-2022 (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 8-2-2022 (month, day, year)

Signature [Signature] (Candidate)