

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
CALIFORNIA FORM 501
For Official Use Only
AUG 04 2022
City of Banning
City Clerk's Office

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Gonzales, Reuben, B (909) 253-2983
STREET ADDRESS CITY STATE ZIP CODE
1018 Paseo Del Sol Banning Ca. 92220
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
City Council City of Banning 4
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: City (Name of Multi-County Jurisdiction)
PARTY PREFERENCE:
 PRIMARY / GENERAL SPECIAL / RUNOFF
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 8/9/22 (month, day, year)

Signature [Handwritten Signature] (Candidate)