

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>WALTER L. MICHELE</u>	DAYTIME TELEPHONE NUMBER <u>(951) 202-8009</u>	FAX NUMBER (optional) <u>() NA</u>	EMAIL (optional) <u>crystalwater@dc.ca.com</u>
STREET ADDRESS <u>4713 SKYVIEW CIRCLE</u>	CITY <u>BANNING</u>	STATE <u>CA</u>	ZIP CODE <u>92220</u>
OFFICE SOUGHT (POSITION TITLE) <u>CITY COUNCIL</u>	AGENCY NAME <u>CITY OF BANNING</u>	DISTRICT NUMBER, if applicable <u>3</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			PARTY PREFERENCE:
<input type="checkbox"/> State (Complete Part 2.) City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			(Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input checked="" 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 9/21/22
(month, day, year)

Signature Walter L. Michele
(Candidate)