

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM	501
RECEIVED		
JUL 16 2024		
City of Banning		
City Clerk's Office		
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Flynn, Sheri, N	DAYTIME TELEPHONE NUMBER (714) 402-5250	FAX NUMBER (optional) ()	EMAIL (optional) sflynn@banningca.gov
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City Of Banning	DISTRICT NUMBER, if applicable. District 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
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) _____	2024 (Year of Election)	<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)

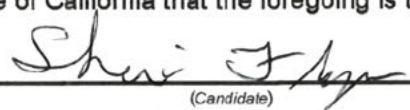
On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 _____
(month, day, year)
07/16/2022

Signature


(Candidate)