

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only
JUL 17 2024	
City of Banning City Clerk's Office	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Debbie H. Robbins DAYTIME TELEPHONE NUMBER 909.685.1526 FAX NUMBER (optional) () EMAIL (optional) ()

STREET ADDRESS City Council Banning CITY Banning STATE CA ZIP CODE 92403

OFFICE [Redacted] DISTRICT NUMBER, if applicable. 3 ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION: ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: City of Banning (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

(Year of Election) 2024

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

7-17-2024
(month, day, year)

Signature

[Signature]
(Candidate)