

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Debbie A. Robbins
City Council, Banning

STREET ADDRESS

OFFICE (Select one or more)

OFFICE JURISDICTION

State (Complete Part 2.)

City County

Multi-County:

DAYTIME TELEPHONE NUMBER

CITY

FAX NUMBER (optional)

EMAIL (optional)

STATE ZIP CODE

DISTRICT NUMBER, if applicable.

3

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2024

(Year of Election)

City of Banning

(Name of Multi-County Jurisdiction)

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

(Candidate)

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