

## Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

Date Stamp	RECEIVED	CALIFORNIA FORM 501
JUL 24 2024		For Official Use Only
City of Banning City Clerk's Office		

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sanchez Gonzalez Alberto A.

DAYTIME TELEPHONE NUMBER

951-543-7739  
CITY

FAX NUMBER (optional)

( )  
STATE

EMAIL (optional)

Alexsg88C idao.com  
ZIP CODE

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Banning

DISTRICT NUMBER, if applicable

1

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

Riverside

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

PRIMARY / GENERAL

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

07/14/24  
(month, day, year)

Signature

(Candidate)