

## Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp

**RECEIVED**

JUL 31 2024

City of Banning  
City Clerk's Office

CALIFORNIA FORM 501

For Official Use Only

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sullivan Harry S

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

( 951 ) 849-2132

FAX NUMBER (optional)

( )

EMAIL (optional)

hsullivan316@aol.com

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Banning

DISTRICT NUMBER, if applicable.

District 1

NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE:  
(Check one box, if applicable.)

State (Complete Part 2.)

2024

PRIMARY / GENERAL

City

(Year of Election)

County

SPECIAL / RUNOFF

Multi-County:

(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 July 31, 2024  
(month, day, year)

Signature

Harry S Sullivan

Digitally signed by Harry S Sullivan  
Date: 2024.07.31 09:41:51 -07'00'

*Harry S Sullivan*  
(Candidate)