

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)



CALIFORNIA
FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sullivan Harry S

DAYTIME TELEPHONE NUMBER

(951) 849-2132

FAX NUMBER (optional)

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EMAIL (optional)

hsullivan316@aol.com

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Banning

DISTRICT NUMBER, if applicable.

District 1

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

(Check one box, if applicable.)

☒ 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

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'

(Candidate)

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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