

Candidate Intention Statement

Check One:

☒ Initial

☐ Amendment
(Explain)

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only
JUL 31 2024	
City of Banning City Clerk's Office	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hardce, Timothy D.

DAYTIME TELEPHONE NUMBER

(951) 755-9660

FAX NUMBER (optional)

()

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

City Council

1

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

(Year of Election)

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

7/31/2024
(month, day, year)

Signature

Timothy D. Hardce
(Candidate)