

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp	RECEIVED	CALIFORNIA FORM 501
AUG 01 2024		For Official Use Only
City of Banning City Clerk's Office		

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Cynthia (Cindy) L. Barrington

DAYTIME TELEPHONE NUMBER

(909) 228-7829

FAX NUMBER (optional)

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EMAIL (optional)

CBarrington51@gmail.com

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Banning

DISTRICT NUMBER, if applicable.

2

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2024

PRIMARY / GENERAL

(Year of Election)

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 30, 2024
(month, day, year)

Signature

Cynthia L. Barrington
(Candidate)