

Candidate Intention Statement

Check One: Initial Amendment
(Explain)



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Happe, David C.

DAYTIME TELEPHONE NUMBER

(619) 916-6828

FAX NUMBER (optional)

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EMAIL (optional)

dhappe@banningca.gov

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

City Council

City of Banning

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NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

2024

PRIMARY / GENERAL

City County Multi-County:

City of Banning

(Year of Election)

SPECIAL / RUNOFF

(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:

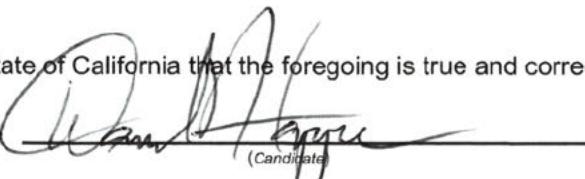
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/5/2024

(month, day, year)

Signature



(Candidate)