

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

|  |                       |
|--|-----------------------|
| Date Stamp                             | CALIFORNIA FORM 501   |
| <b>RECEIVED</b>                        | For Official Use Only |
| AUG 07 2024                            |                       |
| City of Banning<br>City Clerk's Office |                       |

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Happe, David C.

DAYTIME TELEPHONE NUMBER

(619 ) 916-6828

FAX NUMBER (optional)

( )

EMAIL (optional)

dhappe@banningca.gov

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Banning

DISTRICT NUMBER, if applicable.

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☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

City of Banning

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

☒ 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:

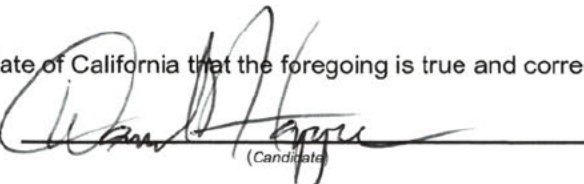
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/5/2024

(month, day, year)

Signature



(Candidate)