

## Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp

**RECEIVED**

AUG 14 2024

City of Banning  
City Clerk's Office

CALIFORNIA FORM 501

For Official Use Only

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

GLADYS W. SAVAGE

DAYTIME TELEPHONE NUMBER

(303) 909-9183

FAX NUMBER (optional)

( )

EMAIL (optional)

OFFICE SOUGHT (POSITION TITLE)

TREASURER OF BANNING

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:  
(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

aug 14, 2024  
(month, day, year)

Signature

*Glady W. Savage*  
(Candidate)