

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

Date Stamp RECEIVED MAY 14 2025 City of Banning City Clerk's Office	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
WALLACE, COLLEEN	(909) 890.8474	()	CWALLACE951@GMAIL.COM
STREET ADDRESS	CITY	STATE	ZIP CODE
1337 VISTA SERENA	BANNING	CA	92220
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
CITY COUNCIL	CITY OF BANNING	DISTRICT X 5	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2025 2026 (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 05/14/2025
(month, day, year)

Signature

Colleen Wallace
(Candidate)