

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp CALIFORNIA FORM 501

**RECEIVED**

MAR 18 2025

City of Banning  
City Clerk's Office

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Villagrán, Christian, M

STREET ADDRESS

1455 N Valley drive Banning

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

City council

District 5

DAYTIME TELEPHONE NUMBER

(909) 733-7567

CITY

FAX NUMBER (optional)

( )

EMAIL (optional)

Votevillagrán@gmail.com

STATE

ZIP CODE

CA

92220

DISTRICT NUMBER, if applicable.

5

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2026

(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

03/18/2025

(month, day, year)

Signature



(Candidate)