

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
<b>RECEIVED</b>	For Official Use Only
MAR 18 2025	
City of Banning City Clerk's Office	

Check One: ☒ Initial ☐ Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)  
Villagran, Christian, M (909) 733-7567 ( ) Vote.villagran@gmail.com  
STREET ADDRESS CITY STATE ZIP CODE  
1455 N Valley drive Banning CA 92220  
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. ☒ NON-PARTISAN OFFICE  
City Council District 5 5  
OFFICE JURISDICTION PARTY PREFERENCE:  
☐ State (Complete Part 2.) (Check one box, if applicable.)  
☒ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction) 2026 ☒ 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)