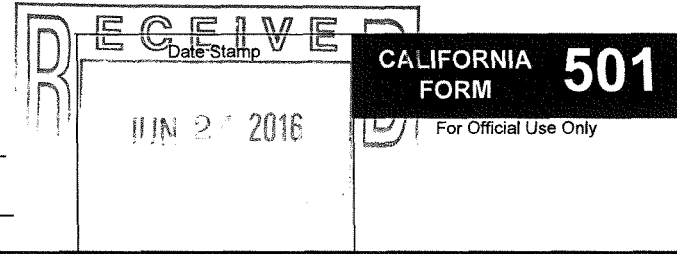


Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Banks, Ronald M DAYTIME TELEPHONE NUMBER (408) 745-1773 FAX NUMBER (optional) (~~228~~ 408) 228-1616 E-MAIL (optional) ronald22@sbcglobal.net
 STREET ADDRESS _____ CITY Sannyvale, CA STATE CA ZIP CODE 94089
 OFFICE SOUGHT (POSITION TITLE) Member of The City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable. 4 NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2016 (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.)

 (Year of Election) **Primary/general election** _____ **Special/runoff election**
 (Year of Election)

(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 06-24-16 Signature Ronald M. Banks
 (month, day, year) (Candidate)