

## Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp  
**RECEIVED**  
JUL 24 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)

Miller, Leroy

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

( 951 ) 750-9233

FAX NUMBER (optional)

( )

EMAIL (optional)

deaconmiller64@gmail.com

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Banning

DISTRICT NUMBER, if applicable.

1

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

2024

(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:

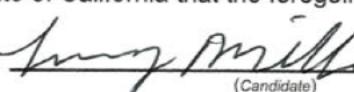
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/21/2024

(month, day, year)

Signature

  
(Candidate)