

## Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

<b>RECEIVED</b> JUL 24 2024 City of Banning City Clerk's Office	CALIFORNIA FORM <b>501</b>
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### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Miller, Leroy	( 951 ) 750-9233	( )	deaconmiller64@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council	City of Banning	1	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	2024 <input checked="" type="checkbox"/> PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	(Year of Election) <input type="checkbox"/> 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)