

JUL 16 2024

City of Banning
City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

FLYNN

SHERI

NELSON

1. Office, Agency, or CourtAgency Name (*Do not use acronyms*)

CITY OF BANNING

Division, Board, Department, District, if applicable

Your Position

DISTRICT 3

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (*Do not use acronyms*)

Agency: _____ Position: _____

2. Jurisdiction of Office (*Check at least one box*) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction) Multi-County _____ County of _____ City of BANNING Other _____**3. Type of Statement** (*Check at least one box*) Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through December 31, 2023.

 The period covered is January 1, 2023, through the date of leaving office. Assuming Office: Date assumed ____/____/_____
NOVEMBER 5, The period covered is ____/____/_____, through the date of leaving office. Candidate: Date of Election 2024 and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► **Total number of pages including this cover page:** _____**Schedules attached** Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached-or- **None** - No reportable interests on any schedule**5. Verification**MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

99 E. RAMSEY ST.

BANNING

CA

92220

DAYTIME TELEPHONE NUMBER

(909) 253-9980

EMAIL ADDRESS

SFLYNN@BANNINGCA.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 07/16/2024
(month, day, year)

Signature

Sheri Flynn
(File the originally signed paper statement with your filing official.)