

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

RECEIVED AUG 06 2024 City of Banning City Clerk's Office	CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Ramirez Miriam Eva DAYTIME TELEPHONE NUMBER (954) 349-1030 FAX NUMBER (optional) () EMAIL (optional) Ramirez.miriam7316@gmail

STREET ADDRESS [REDACTED]

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City Banning DISTRICT NUMBER, if applicable. 2 ☒ 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

7/30/24
(month, day, year)

Signature

MR Ramirez
(Candidate)