

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp	RECEIVED	CALIFORNIA FORM 501
AUG 06 2024		For Official Use Only
City of Banning City Clerk's Office		

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Ramirez Miriam Eva

DAYTIME TELEPHONE NUMBER

(956) 349-1030 ()

FAX NUMBER (optional)

Ramirez.Miriam7316@gmail.com

EMAIL (optional)

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City Banning

DISTRICT NUMBER, if applicable.

2

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2024
(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.)

(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)