

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

RECEIVED

Date Initials: [Redacted] Received  
by [Redacted] on [Redacted]

AUG 06 2024

City of Banning  
City Clerk's Office

miriam

Please type or print in ink.

NAME OF FILER (LAST)

Ramirez

(FIRST)

Eva

(MIDDLE)

miriam

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Banning

Division, Board, Department, District, if applicable

City Council Candidate

Your Position

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

Agency: Banning

Position: Council

## 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 CA 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 \_\_\_\_\_ The period covered is \_\_\_\_\_, through the date of leaving office. Candidate: Date of Election 11/5/24 and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary (required)

## Schedules attached

► Total number of pages including this cover page: \_\_\_\_\_

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)

STREET

CITY

STATE

ZIP CODE

270 Charles St

Banning

CA 92220

DAYTIME TELEPHONE NUMBER

(951) 349-1030

EMAIL ADDRESS

ramirez.miriam 73116@gmail.com

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

7/30/24

(month, day, year)

Signature

MR [Signature]

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