

Officeholder and Candidate  
Campaign Statement –  
Short Form

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Coula Ringgold

CITY

951-544-5873

AREA CODE/DAYTIME PHONE NUMBER

Date of election if applicable:  
(Month, Day, Year)

11/5/2024

Amendment (Explain Below)

RECEIVED

AUG 14 2024

City of Banning  
City Clerk's Office

CALIFORNIA  
FORM

470

For Official Use Only

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY Treasurer

JURISDICTION (LOCATION)

Banning

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

8/14/2024

Executed on

DATE

By

Coula Ringgold

SIGNATURE OF OFFICEHOLDER OR CANDIDATE