

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ramirez 4 Banning City Council 2024		Date of This Filing 11/01/2024	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 951-349-1030	I.D. NUMBER (if applicable) N.A.	Report No. 1	RECEIVED NOV 04 2024 City of Banning City Clerk's Office	
STREET ADDRESS [REDACTED]		For Official Use Only		
CITY Banning	STATE Ca	ZIP CODE 92220	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/01/2024	Morongo Band Of Mission Indians [REDACTED] Banning, Ca. 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee