

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER San Gorgonio Pass PAC			Date of This Filing <u>11/04/2024</u>		Date Stamp		<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED NOV 04 2024 City of Banning City Clerk's Office </div>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 909-801-9931		I.D. NUMBER (if applicable) 1473226		Report No. <u>1</u>				
STREET ADDRESS [REDACTED]					<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Banning	STATE Ca	ZIP CODE 92220		No. of Pages <u>1</u>				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Miriam Ramirez				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Banning city Council	DISTRICT NO. 2	SUPPORT Yes	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2024	signs, mailers, phone bank, digital bulletin	9,416.57
11/01/2024	Canvassing	3,333.33

Reason for Amendment _____

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AREA CODE/PHONE NUMBER 909-801-9931	I.D. NUMBER (if applicable) 1473226	Report No. 1		
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CITY Banning	STATE Ca	ZIP CODE 92220		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Alberto Sanchez

OFFICE SOUGHT OR HELD

Banning city Council

DISTRICT NO.

1

SUPPORT

Yes

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2024	signs, mailers, phone bank, digital bulletin	9,858.85
11/01/2024	Canvassing	3,333.33

Reason for Amendment _____

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CITY Banning	STATE Ca	ZIP CODE 92220		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Banning Unified School District Measure O			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER O	JURISDICTION Banning	SUPPORT yes	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/11/2024	mailers	4,111.20

Reason for Amendment _____

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AREA CODE/PHONE NUMBER 909-801-9931	I.D. NUMBER (if applicable) 1473226	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Banning	STATE Ca			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dave Happe				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Banning city Council	DISTRICT NO. 4	SUPPORT Yes	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2024	signs, mailers, phone bank, digital bulletin	9,236.45
11/01/2024	Canvassing	3,333.33

Reason for Amendment _____

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CITY Banning	STATE Ca	ZIP CODE 92220							

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Al Chavez				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD San Gorgonio Pass Watter Agency	DISTRICT NO. 1	SUPPORT Yes	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/01/2024	Digital Bulletin	3,200

Reason for Amendment _____

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CITY Banning	STATE Ca	ZIP CODE 92220		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Mario Garai				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD San Gorgonio Healthcare District	DISTRICT NO. at large	SUPPORT Yes	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/01/2024	Digital Bulletin	3,200

Reason for Amendment _____
