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AUG 16 2024

Candidate Intention Statement

Check One: ☒ Initial☐ Amendment (Explain) _____

CITY OF LOS BANOS

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JUN 04 2024

CALIFORNIA
FORM 501

For Official Use Only

CITY OF LOS BANOS

3:46 pm On

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

LLAMAS, REFUGIO M

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

CITY

LOS BANOS

STATE

CA

ZIP CODE

93835

OFFICE SOUGHT (POSITION TITLE)

MAYOR

AGENCY NAME

CITY OF LOS BANOS

DISTRICT NUMBER, if applicable

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)☒ City☐ County☐ Multi-County:

MERCED

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL☐ SPECIAL / RUNOFF

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 05 24 2024
(month, day, year)

Signature

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JUL 23 2024

MERCED COUNTY
REGISTRAR OF VOTERS

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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JUL 23 2024

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MERCED COUNTY
REGISTRAR OF VOTERS

Please type or print in ink.

NAME OF FILER (LAST)

LLAMAS

(FIRST)

REFUGIO

(MIDDLE)

MORALES

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF LOS BANOS MAYOR

Division, Board, Department, District, if applicable

Your Position

CANDIDATE

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

Agency:

Position:

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 LOS BANOS

☐ 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.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☒ Candidate: Date of Election 11/05/2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 01

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

Los Banos

Ca

93635

DAYTIME TELEPHONE NUMBER

@y

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

Signature

(Initials)