

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)



CALIFORNIA
FORM **501**
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Lawrence Lucy M. DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____
STREET ADDRESS _____ CITY Los Banos STATE CA ZIP CODE 93635
OFFICE SOUGHT (POSITION TITLE) City Treasurer AGENCY NAME City of Los Banos DISTRICT NUMBER, if applicable. _____ ☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION _____ (Check one box, if applicable.)
☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____
2024 (Year of Election) ☒ 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

August 6, 2024
(month, day, year)

Signature

[Signature]
(Candidate)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED

Date Initial Filing Received
Filing Official Use Only

AUG 06 2024

MERCED COUNTY

REGISTRAR OF VOTERS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LAWRENCE Lucy Maria

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Los Banos

Division, Board, Department, District, if applicable

City Treasurer

Your Position

► 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 11-5-2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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

EMAIL ADDRESS

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 August 6, 2024
(month, day, year)

Signature