Candidate Intention Statement

Check One: [X] Initial [ ] Amendment (Explain)

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MERCED COUNTY
REGISTRAR OF VOTERS

CALIFORNIA FORM **501**
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Lewis, Deborah F

DAYTIME TELEPHONE NUMBER: ( )

FAX NUMBER (optional): ( )

EMAIL (optional):

CITY: Los Banos

STATE: CA

ZIP CODE: 93635

OFFICE SOUGHT (POSITION TITLE): City Council

AGENCY NAME: Los Banos

DISTRICT NUMBER, if applicable: 4

[X] NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

[ ] State (Complete Part 2.)

[X] City [ ] County [ ] Multi-County: _____ (Name of Multi-County Jurisdiction)

2024 (Year of Election)

(Check one box, if applicable.)

[X] 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)

[X] **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 July 23, 2023 (month, day, year)

Signature (Candidate)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
Date Initial Filing Received
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July 24, 2024
ME... ...NTY
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Please type or print in ink.

NAME OF FILER (LAST) Lewis, (FIRST) Deborah (MIDDLE) F

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Los Banos

Division, Board, Department, District, if applicable: City Council - District 4

Your Position: Council member

► 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.
  -or-
  The period covered is ___/___/______, through December 31, 2023.
- ☐ **Assuming Office:** Date assumed ___/___/______
- ☒ **Candidate:** Date of Election 11/5/2024 and office sought, if different than Part 1: ______
- ☐ **Leaving Office:** Date Left ___/___/______
  (Check one circle.)
  - ☐ The period covered is January 1, 2023, through the date of leaving office.
  -or-
  - ☐ The period covered is ___/___/______, through the date of leaving office.

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

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

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
520 J STREET	Los Banos	CA	93635

DAYTIME TELEPHONE NUMBER: (209) 827-7000

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 7/23/24 *(month, day, year)*