

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One:

☒ Initial☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

Leyva, Tommy

STREET ADDRESS

CITY

STATE

ZIP CODE

Los Banos

Calif

98635

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

City Council

1

PARTY PREFERENCE:

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

Aug 5 - 2024
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Leyva Tommy

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Los Banos

Candidate

Division, Board, Department, District, if applicable

Your Position

City Council - Dist 1

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.

☐ 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

Calif. 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 Aug 5 - 2024
(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)