

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

RECEIVED

Date Stamp

JUL 29 2024

MERCED COUNTY
REGISTRAR OF VOTERS

CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Loebig Travis J. DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) JLg

STREET ADDRESS _____ CITY LOS BANOS STATE CA ZIP CODE 93635

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME CITY OF LOS BANOS DISTRICT NUMBER, if applicable. 4 ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 2024 ☒ 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 July 29, 2024 Signature _____
(month, day, year) (date)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
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JUL 29 2024

Please type or print in ink.

NAME OF FILER (LAST) Loebig (FIRST) Travis (MIDDLE) James
**MERCED COUNTY
REGISTRAR OF VOTERS**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Los Banos District 4 Candidate Council member
Division, Board, Department, District, if applicable 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.
-or- The period covered is ____/____/____, through December 31, 2023.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **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.
☒ **Candidate:** Date of Election Nov. 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 7/29/2024
(month, day, year)

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