

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

Nov. 5th 2024

☐ Amendment (Explain Below)

RECEIVED

JUL 29 2024

MERCED COUNTY
REGISTRAR OF VOTERS

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Travis James Loebig

STREET ADDRESS

CITY

Los Banos

STATE

CA

ZIP CODE

93635

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council Member

JURISDICTION (LOCATION)

City of Los Banos

DISTRICT NUMBER
(IF APPLICABLE)

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4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

NA

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. 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

DATE

By

OFFICEHOLDER OR CANDIDATE