

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only
2022 JUL 29 P 2:21	RECEIVED
MERCED COUNTY REGISTRAR OF VOTERS	AUG 22 2022
STATE CA	CITY OF LOS BANOS
ZIP CODE 93635	

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
LLANÉZ, PAUL C.			
STREET ADDRESS	CITY	STATE	ZIP CODE
	LOS BANOS	CA	93635
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE
MAYOR DE LOS BANOS			PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
☐ State (Complete Part 2.)			☒ PRIMARY / GENERAL
☒ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	☐ 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 7/29/2022
(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)
LLANER PAUL CONRAD ALONZO

2022 JUL 29 P 2:23

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF LOS BANOS
Division, Board, Department, District, if applicable

MAYOR
Your Position

MERCED COUNTY
REGISTRAR OF VOTERS
BY: RM
DEPUTY

► 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, 2021, through December 31, 2021.
- or- The period covered is _____, through December 31, 2021.
- ☐ Assuming Office: Date assumed _____
- ☐ Leaving Office: Date Left _____ (Check one circle.)
- ☐ The period covered is January 1, 2021, through the date of leaving office.
- or- ☐ The period covered is _____, through the date of leaving office.
- ☒ Candidate: Date of Election 11/8/22 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

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 7/29/2022
(month, day, year)

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

Print

Clear

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. BUSINESS ENTITY OR TRUST
KNOWLEDGE SAVES LIVES INC.
Name
3321 E ST. SUITE C MERCED CA 95340
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/21 ACQUIRED _____/_____/21 DISPOSED

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION CEO / 40% STAKEHOLDER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below
SALARIED EMPLOYEE (W-2)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

LOS BANOS CA 93635
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
REAL PROPERTY
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/21 ACQUIRED _____/_____/21 DISPOSED

NATURE OF INTEREST
☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST
Name _____
Address (Business Address Acceptable) _____
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/21 ACQUIRED _____/_____/21 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/21 ACQUIRED _____/_____/21 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

Print

Clear