

# WELCOME



# GENERAL ELECTION CANDIDATE FILING

√ Candidates Intention Statement

√ Filing for Candidacy

## THINGS TO KNOW

Elections does not render any legal advice  
All filing documents are public information

FPPC = Fair Political Practice Commission  
Reference Pamphlet  
Frequently Asked Questions



**CANDIDATE FILING CALENDAR**  
**GENERAL ELECTION**  
**November 5, 2024**

**LOCAL CANDIDATES**

July 15 – August 9, 2024

Declaration of Candidacy and Nomination Papers

- Candidate Intention Statement (501)
- Code of Fair Campaign Practices (Optional)
- Ballot Designation (Optional)
- Candidate Statement of Qualification (Optional)
- Statement of Economic Interest (Form 700)
- Nomination Petition (Signatures of at least 5 Landowners in the district)

NOTE: Resource Conservation Districts

*(The above documents will be available on the Elections website beginning June 2024)*

**NOTE:** You may complete above forms but **DO NOT** date or sign

August 10 – 19, 2024

Public Exam of Candidate Statements

August 9, 2024

Last day to Withdraw Declaration of Candidacy

August 12, 2024

Last day to Withdraw Candidate Statement

August 14, 2024

Extension of Nomination Period – All Candidates except Incumbent

August 15, 2024

Last Day to Withdraw Candidate Statement – Extension

September 9 – October 22, 2024

Nomination Period for Write-Ins

Visit [www.fppc.ca.gov](http://www.fppc.ca.gov) for Campaign Filing Deadlines

**APPOINTMENTS FOR THE FILING PERIOD ARE RECOMMENDED**

For scheduling visit [www.eldoradocounty.ca.gov/county-government/elections](http://www.eldoradocounty.ca.gov/county-government/elections)

For questions please contact:

Kim Smith

Candidate/Campaign Filing Officer

[Kim.smith@edcgov.us](mailto:Kim.smith@edcgov.us)

530-621-7490



# CANDIDATE INTENTION STATEMENT FORM 501

## WHO FILES:

A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee that do not raise or spend \$2,000 or more in a calendar year.

## WHEN TO FILE:

File the Form 501 before you solicit or receive a contribution or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered.

## WHERE TO FILE:

Local Candidate file with the Elections Department or City Clerk.

### Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Date Stamp

CALIFORNIA  
FORM 501

For Official Use Only

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER ( ) ( ) ( )	FAX NUMBER (optional) ( ) ( ) ( )	E-MAIL (optional)
STREET ADDRESS Street address is required	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election)			

#### 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices - complete Part 2.)

(Year of Election) Primary/general election (Year of Election) Special/runoff election

(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 \_\_\_\_\_ (month, day, year) Signature \_\_\_\_\_ (Candidate)

FPPC Form 501 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov



# NOMINATION SIGNATURES

**Recourse Conservation Districts are required to collect 5 signatures of land owners in the district prior to filing the Declaration of Candidacy**

- Nomination petitions are issued at the Elections Department
- Elections Official must verify that voter is a registered land owner prior to the Declaration of Candidacy

Official Filing Form <b>Bill O'Neill</b> Registrar of Voters <hr/> County Elections Official By: _____ Date Issued: _____
--

Filed in County of <u>El Dorado</u> <b>Bill O'Neill</b> Registrar of Voters <hr/> County Elections Official By: _____ Date Received: _____
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## Nomination Paper

Resource Conservation District  
PRC 9358

I, the undersigned signer for \_\_\_\_\_, for the nomination  
Name of Candidate  
 to the office of **El Dorado Resource Conservation District**, to be voted for at the **Presidential General Election** to be held on **November 5, 2024**, hereby assert as follows:

Nomination of candidates shall be in writing and signed by at least five landowners of the district.  
 Nominations shall be filed with the county elections official of the principal county.

PRECINCT <small>(To be entered by Elections Official)</small>	NAME	RESIDENCE	VERIFICATION <small>(To be entered by Elections Official)</small>
	Print 1. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 2. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 3. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 4. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 5. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 6. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 7. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 8. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 9. _____ Sign _____	Residence Address ONLY _____ City or Town _____	
	Print 10. _____ Sign _____	Residence Address ONLY _____ City or Town _____	



# FILING DECLARATION OF CANDIDACY

## **APPOINTMENTS ARE HIGHLY RECOMMENDED**

Visit the Elections website [www.eldoradocounty.ca.gov/county-government/elections](http://www.eldoradocounty.ca.gov/county-government/elections) to schedule an appointment on the self-serve calendar.

Contact the elections office 530-621-7490 or email [kim.smith@edcgov.us](mailto:kim.smith@edcgov.us) for questions

Documents can be downloaded from the elections webpage.

**DO NOT date or sign prior to appointment**

See Candidate Filing Period Calendar for important upcoming dates



# Candidate Checklist – November 5, 2024 UDEL

## Candidates keep for your records.

Listed below is a description of the various mandatory and optional forms to be filed for candidates running for seats in the November 5, 2024 Election. It is the obligation of the candidate, incumbents, and challengers, to ensure that filing requirements and deadlines have been met. The County Election Officials urges all candidates to file the required documents as early as possible to avoid a last-minute rush, confusion or misunderstanding. Additionally, the Elections Officials recommends that the candidate file all documents personally.

Document	Applies to	Filing Period	Filed
Candidate Checklist	All Candidates – incumbents and challengers	July 15 – Aug. 9 (E-113 to E-88)	
Candidate Intention Statement – Form 501	File Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered.	Prior to soliciting	
Candidate Public Information Worksheet	All Candidates – incumbents and challengers	July 15 – Aug. 9 (E-113 to E-88)	
Short Form 470	Officeholders and candidates who: <ul style="list-style-type: none"><li>do not have a controlled committee;</li><li>do not anticipate receiving contributions totaling \$2,000 or more during the calendar year;</li><li>and do not anticipate spending \$1,000 or more during the calendar year.</li></ul>	July 15 – Aug. 9 (E-113 to E-88)	
Form 470 Supplement	Officeholder or candidate who: <ul style="list-style-type: none"><li>for an election year and later receives contributions totaling \$2,000 or more or makes expenditures totaling \$1,000 or more during the same calendar year</li></ul>	Due within 48 hours	
Nomination Documents for Candidates	All Candidates – incumbents and challengers	July 15 – Aug. 9 (E-113 to E-88)	
Candidate's Statement of Qualifications	Optional for all candidates. Must be submitted electronically  Candidates for county offices in runoffs and nominees for State Senate or state Assembly who have accepted the Prop. 34 campaign expenditure limits	For November election nominees by 5pm on Aug. 9	
Ballot Designation Worksheet	Optional for all candidates.  Three words or less that appear underneath candidates name on ballot <ul style="list-style-type: none"><li>vocation, occupation or profession</li></ul>	July 15 – Aug. 9 (E-113 to E-88)	
Statement of Economic Interest – Form 700	All Candidates – incumbents and challengers	July 15 – Aug. 9 (E-113 to E-88)	

Continued



## Candidate Checklist – Continued

Document	Applies to	Filing Period	Filed
Code of Fair Campaign Practices	Optional for all Candidates	July 15 – Aug. 9 (E-113 to E-88)	
Nomination Document Extension	If the incumbent does not file by 5pm on the last day of the nomination period, any eligible person, other than the incumbent, shall have until 5pm on August 14 <sup>th</sup> to file Declaration of Candidacy, Candidate Statement and Statement of Economic Interest.  The nomination extension does not apply where no incumbent to be elected	Aug. 14 (E-87 to E-83)	

## Controlled Committee Filing Schedule – November 5, 2024

Document	Applies to	Filing Period	Filed
Statement of Organization Recipient Committee – Form 410	Officeholder, candidate, organizations, groups, or other entities that raise contributions from others totaling \$2,500 or more in a calendar year to spend on California elections	Refer to the FPPC Filing Schedule for November 5, 2024	
Form 497	File if a contribution of \$1,000 or more in the aggregate is received from a single source. See filing schedule for more details	Due within 48 hours	
First Pre-Election Campaign Disclosure Statement – Form 460	Filing period for 1 <sup>st</sup> pre-election campaign statement covers transactions July 1 through Sept 21. Statements must be sent by personal delivery or first class mail.	Sept 26 (E-40)	
Second Pre-Election Campaign Disclosure Statement – Form 460	Filing period for 2 <sup>nd</sup> pre-election campaign statement covers transactions Sept 22 through October 19. Statements must be sent by personal delivery or guaranteed overnight delivery.	Oct 24 (E-12)	
Semi-Annual Campaign Disclosure Statement – Form 460	Statement covers transactions October 20 through December 31. Statements must be sent by personal delivery or first class mail.	Jan 31	

**NOTE:** This fact sheet is informational only and contains only highlights of selected provisions of the law. It does not carry the weight of the law. For further information, consult the Political Reform Act and its corresponding regulation, advice letters, and opinions. [www.fppc.ca.gov](http://www.fppc.ca.gov) 1-800-275-3772



# COUNTY OF EL DORADO

## REGISTRAR OF VOTERS

Bill O'Neill



3883 Ponderosa Road, Shingle Springs, CA 95682  
PO Box 678001  
Placerville CA 95667  
[www.eldoradocounty.ca.gov/elections/](http://www.eldoradocounty.ca.gov/elections/)  
Phone: 530.621.7480 Fax: 530.677-1014  
Linda Webster - Assistant Registrar of Voters

TO: Candidates for the November 5, 2024 Election  
RE: Candidate Filing

Prior to issuing documents an election official shall verify the eligibility of the candidate for the office sought.

Any documents that require an oath by the candidate must be executed in the presence of a notary, in the office of the election official during available business hours and by appointment.

### Receipt of Candidate Documents and Filing Deadlines:

In order to be a qualified candidate for the office in which you are seeking, the completed documents with original signatures must be received by the elections official by the close of the nomination period for the office sought. The dates can be found on the candidate calendars.

The filing calendar is available at [www.eldoradocounty.ca.gov/elections/](http://www.eldoradocounty.ca.gov/elections/) for scheduling an appointment.

I, \_\_\_\_\_, am filing for a seat with the \_\_\_\_\_  
Print Name District

and my address is \_\_\_\_\_ in El Dorado County.  
Address

I acknowledge that all completed documents with original signatures must be received by the elections official by the close of the nomination period for the office sought.

\_\_\_\_\_, 2024 and \_\_\_\_\_  
Signature Date Email address





# CANDIDATE PUBLIC INFORMATION WORKSHEET

## County of El Dorado PERMISSION TO POST PERSONAL INFORMATION ON ELECTION DEPARTMENT'S WEBSITE

(Government Code §8254.21)

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Candidates Name (How you request to have it appear on Nomination Documents)

\_\_\_\_\_  
Office Sought (Including district, division, or trustee area number if applicable)

**PLEASE COMPLETE THIS FORM FULLY.** Check mark the boxes for the contact information you would like us to release to the public. Candidates must release at least one address (with the exception of judges) and one phone number to the public.

I give permission to post information on the website.

I do not give permission to post information on the website.

(Permission to the El Dorado County Elections Department to post the information listed below on the Department's website at [www.edcgov.us/Elections](http://www.edcgov.us/Elections) for the Consolidated General Election to be held on November 5, 2024).

\_\_\_\_\_  
Residence Street Address (required) City Zip

\_\_\_\_\_  
Mailing Address City Zip

\_\_\_\_\_  
Campaign Address City Zip

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Daytime Telephone Number Evening Telephone Number Campaign Telephone Number

\_\_\_\_\_  \_\_\_\_\_  
Fax Telephone Number Cell Telephone Number

\_\_\_\_\_  \_\_\_\_\_  
Email Address Website Address

\_\_\_\_\_  
Candidates Signature

\_\_\_\_\_  
Date



# Campaign Statement – Short Form 470

## Candidates without a qualified campaign Committee

### Officeholder and Candidate Campaign Statement - Short Form

Date of election (if applicable): (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 \_\_\_\_\_.

#### 2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER \_\_\_\_\_ OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

#### 3. Office Sought or Held

OFFICE SOUGHT OR HELD \_\_\_\_\_

JURISDICTION (E.G., \_\_\_\_\_) DISTRICT NUMBER (IF APPLICABLE) \_\_\_\_\_

#### 4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	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 \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER OR CANDIDATE





California Secretary of State  
BALLOT DESIGNATION WORKSHEET

November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

This entire form **must be completed**, or it will not be accepted, and you will not be entitled to a ballot designation. **DO NOT LEAVE ANY RESPONSE SPACES BLANK.** If information requested is not applicable, please write "N/A" in the space provided, otherwise the information **MUST** be provided. **UPON FILING, THIS WORKSHEET WILL BE A PUBLIC DOCUMENT.**

Candidate Information	1	Candidate Name:		
		Office:	Email:	
		Home Address:		
		Mailing Address:		
		Business Address:		
		Phone Number(s) Business:	Home/Mobile:	Fax:

Attorney or Other Authorized Person Information	2	Attorney Name (or other person authorized to act on your behalf):		
		Address:		
		Phone Number(s)	Mobile:	Fax:
		Business:		

You may select as your ballot designation one of the following designations:

- Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three or more separated by a slash ("/")].
- The full title of the public office you currently occupy and to which you were elected.
- "Appointed [full title of public office]" if you currently serve by appointment in an elected public office and are seeking election to the same office or to some other office.
- "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office.
- "Appointed Incumbent" if you were appointed to your current elected public office and seek election to the same office.

Proposed Ballot Designation(s)	3	Proposed Ballot Designation(s):		
		Alternate Ballot Designation(s) 1:		
		Alternate Ballot Designation(s) 2:		

**If your proposed ballot designation is pursuant to Elections Code § 13107(a)(3):**

The professions, vocations or occupations relied upon to support my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. Initial \_\_\_\_\_

Translation of Proposed Designation: Gender specific translations will default to the masculine form for uniformity in translation unless you specify otherwise: ( ) Masculine ( ) Feminine

In the spaces provided on the next page(s):

- Describe why you believe you are entitled to use the proposed ballot designation.
- If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- Attach any documents or exhibits that you believe support your proposed ballot designation. (Note: It is not necessary to provide copies of Certificates of Election if you are currently a seated member for a voter-nominated office).
- If using the title of an elective office, attach a copy of your certificate of election or appointment.
- Any supporting documents will not be returned to you. **Do not submit originals.**

It is your responsibility to justify your proposed ballot designation and to provide all requested details.





If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.

If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.

Justification for use of Proposed Ballot Designation(s) if you are proposing alternate ballot designations, please provide justification for use of those on Page 3.	4	Justification for use of 1 <sup>st</sup> PVO:  Current or most recent job title: _____ Start Date: _____ End Date: _____ Employer Name or Business: _____ Person who can verify this information: Name: _____ Phone Number(s): _____ Email: _____
	Justification for use of 2 <sup>nd</sup> PVO:  Current or most recent job title: _____ Start Date: _____ End Date: _____ Employer Name or Business: _____ Person who can verify this information: Name: _____ Phone Number(s): _____ Email: _____	
	Justification for use of 3 <sup>rd</sup> PVO:  Current or most recent job title: _____ Start Date: _____ End Date: _____ Employer Name or Business: _____ Person who can verify this information: Name: _____ Phone Number(s): _____ Email: _____	

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

- |  |  |               |
|--|--|---------------|
| 1) Use only a portion of the title of your current elected office?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 2) Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 3) Use more than three total words for your principal professions, vocations, or occupations?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 6) Abbreviate the word "retired"?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 8) Use a word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 10) Use the name of a political party or political body?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 11) Refer to a racial, religious, or ethnic group?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |
| 12) Refer to any activity prohibited by law?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Initial _____ |

If the answer to any of these questions is "yes," your proposed ballot designation is likely to be rejected.

X		
	Candidate's Signature	Date Signed: Month/Day/Year

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at [www.sos.ca.gov](http://www.sos.ca.gov)).



COMPLETE THIS PAGE ONLY IF one or more Alternate Ballot Designation(s) are provided. If this page is not applicable, please initial: \_\_\_\_\_

Justification for Alternate Ballot Designation(s) 1	A	Justification for use of 1 <sup>st</sup> PVD:	
		Current or most recent job title:	Start Date: End Date:
		Employer Name or Business:	
		Person who can verify this information:	
		Name:	Phone Number(s): Email:
		Justification for use of 2 <sup>nd</sup> PVD:	
		Current or most recent job title:	Start Date: End Date:
		Employer Name or Business:	
		Person who can verify this information:	
		Name:	Phone Number(s): Email:
		Justification for use of 3 <sup>rd</sup> PVD:	
		Current or most recent job title:	Start Date: End Date:
Employer Name or Business:			
Person who can verify this information:			
Name:	Phone Number(s): Email:		

Justification for Alternate Ballot Designation(s) 2	B	Justification for use of 1 <sup>st</sup> PVD:	
		Current or most recent job title:	Start Date: End Date:
		Employer Name or Business:	
		Person who can verify this information:	
		Name:	Phone Number(s): Email:
		Justification for use of 2 <sup>nd</sup> PVD:	
		Current or most recent job title:	Start Date: End Date:
		Employer Name or Business:	
		Person who can verify this information:	
		Name:	Phone Number(s): Email:
		Justification for use of 3 <sup>rd</sup> PVD:	
		Current or most recent job title:	Start Date: End Date:
Employer Name or Business:			
Person who can verify this information:			
Name:	Phone Number(s): Email:		



OFFICE USE ONLY

 English  Spanish

Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

**CANDIDATE STATEMENT OF QUALIFICATIONS***(Elections Code § 13307, 13308)*

Candidate for the office of \_\_\_\_\_

*(title of office sought)*

of the \_\_\_\_\_

*(name of local agency, city, county or district)*

at the \_\_\_\_\_

**General Election**

to be held \_\_\_\_\_


**November 5, 2024**

**Notice to the candidate:** This statement may include your age, occupation and a brief description of not more than 200 words of your education and qualifications. This form must be in upper and lower case type as well as be double-spaced. It is important that you check your statement carefully before filing as spelling, punctuation and grammar will not be corrected. Please refer to the "Candidate's Guide for the County of El Dorado" for further detailed instructions.

**STATEMENTS MUST BE SUBMITTED ELECTRONICALLY**

initial	Copy of supporting documentation for endorsements named/included in statement.
initial	I do not wish to have a statement printed in the vote on ballot.
initial	I wish to have my statement translated and printed in Spanish in addition to English, with the understanding that I will pay the actual cost incurred.
initial	I agree to pay, upon billing, any additional cost involved in the printing and handling of the submitted statement if actual costs exceed the deposit and understand that a refund will be made if the deposit exceeds the cost. I certify under penalty of perjury that the candidate statement submitted is true and correct to the best of my knowledge and belief.
initial	If running unopposed, I do not want a statement of qualifications printed in the sample ballot.
Signature _____	
Date _____	Place of Signing _____ County of El Dorado

**I submit the following statement:**

Name: _____	Age: _____	 (optional)
Occupation: _____	<i>(Optional - Not Limited to 3 words or Less)</i>	



# CODE OF FAIR CAMPAIGN PRACTICES

(Elections Code § 20440)

There are basic principles of decency, honesty, and fair play which every candidate for public office in the State of California has a moral obligation to observe and uphold in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

**THEREFORE:**

- (1) I SHALL CONDUCT my campaign openly and publicly, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponents or political parties that merit this criticism.
- (2) I SHALL NOT USE OR PERMIT the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.
- (3) I SHALL NOT USE OR PERMIT any appeal to negative prejudice based on another person's actual or perceived race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sexual orientation, sex, including gender identity, or any other characteristic set forth in Section 12940 of the Government Code, or association with another person, or on any of the actual or perceived characteristics set forth in Section 12940 of the Government Code.
- (4) I SHALL NOT USE OR PERMIT any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections, or that hinders or prevents the full and free expression of the will of the voters including acts intended to hinder or prevent any eligible person from registering to vote, enrolling to vote, or voting.
- (5) I SHALL NOT coerce election help or campaign contributions for myself or for any other candidate from my employees.
- (6) I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE support deriving from any individual or group that resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I condemn. I shall accept responsibility to take firm action against any subordinate who violates any provision of this code or the laws governing elections.
- (7) I SHALL DEFEND AND UPHOLD the right of every qualified American voter to full and equal participation in the electoral process.

I, the undersigned, candidate for election to public office in the State of California or treasurer or chairperson of a committee making any independent expenditures, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

Print Name	Signature
Date	Office





**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)

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

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 \_\_\_\_\_

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.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► 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)

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 \_\_\_\_\_  
(month, day, year)

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



## DECLARATION OF CANDIDACY

Generated and administered during the appointment after all of the filing documents have been reviewed, signed and dated.

## EL DORADO COUNTY POLITICAL SIGN ORDINANCE

- √ DOT Statement of Responsibility for Temporary Political Signs application
- √ South Lake Tahoe has an application and fee
- √ Fair Political Practices Commission Political Advertising Disclaimers



THANK YOU  
AND  
GOOD LUCK

