

#### **Registrar of Voters**

#### **Election Information for Candidates**

June 7, 2022 Statewide Direct Primary Election



www.SBCounty.gov

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## **Registrar of Voters**

#### • Executive Team

- Michael Jimenez Interim Registrar of Voters
- Audilia Lozada Chief Deputy Registrar of Voters Administration Division
- Eric Resendez Chief Deputy Registrar of Voters Operations Division
- Christina Anderson Business Systems Analyst III
- Angie Ekema– Executive Secretary
- Communications Team
  - Melissa Eickman Media Specialist
  - Teresa Coates Elections Specialist
  - Marques Lea Elections Technician
  - Shayla Moore Elections Technician

# What's New – June 7, 2022 Statewide Direct Primary Election

- Due to the delayed 2020 Census and extended deadline for the California Citizens Redistricting Commission to adopt new maps
  - The word "Incumbent" is prohibited as a Ballot Designation for the following offices:
    - United States Representative
    - Member of the State Board of Equalization
    - State Senator
    - Member of the Assembly
  - The Secretary of State's 154-Day Report of Registration only includes voter statistics by county and the cities within the county
  - Review <u>SB 594</u> for more information

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# **Key Dates & Deadlines**

| Event                               | Dates                        |
|-------------------------------------|------------------------------|
| Candidate Filing Period             | February 14 – March 11, 2022 |
| Deadline for Candidates to Withdraw | March 11, 2022               |
| Candidate Filing Extension Period   | March 12 – March 16, 2022    |
| Randomized Alphabet Drawing         | March 17, 2022               |
| Write-In Candidate Filing Period    | April 11 – May 24, 2022      |
| Election Day                        | June 7, 2022                 |

- Federal offices up for election:
  - United States Senator
  - United States Senator Partial/Unexpired Term
  - United States Representative

- Statewide offices up for election:
  - Governor
  - Lieutenant Governor
  - Secretary of State
  - Controller
  - Treasurer
  - Attorney General
  - Insurance Commissioner
  - Superintendent of Public Instruction

- State District offices up for election:
  - Member, State Board of Equalization
  - Member of the State Senate
  - Member of the State Assembly

- County offices up for election
  - San Bernardino County, Judge of The Superior Court
  - San Bernardino County, County Supervisor, District 2
  - San Bernardino County, County Supervisor, District 4
  - San Bernardino County, Assessor/Recorder
  - San Bernardino County, Auditor-Controller/Treasurer/Tax Collector
  - San Bernardino County, District Attorney
  - San Bernardino County, Sheriff/Coroner/Public Administrator
  - San Bernardino County, Superintendent of Schools

- Local offices up for election
  - Barstow Community College District, Member, Governing Board (short-term)
  - Chaffey Community College District, Member, Governing Board, Area 1
  - Chaffey Community College District, Member, Governing Board, Area 2
  - City of Loma Linda, City Council (2 seats)
  - City of San Bernardino, Mayor
  - City of San Bernardino, Member, City Council, Ward 1
  - City of San Bernardino, Member, City Council, Ward 2
  - City of San Bernardino, Member, City Council, Ward 4



• Filing Fees are due at the time candidacy documents are issued

June 7, 2022 Statewide Direct Primary Election State & Federal Candidate Filing Fees

| Office   | Filing<br>Fee | Signature<br>Value | Max<br>Signatures<br>Allowed |
|--|---------------|--------------------|------------------------------|
| State of California, Governor  | \$4,371.12    | \$0.920235789      | 4,750                        |
| State of California, Lieutenant Governor                               | \$3,278.34    | \$0.690176842      | 4,750                        |
| State of California, Secretary of State                                | \$3,278.34    | \$0.690176842      | 4,750                        |
| State of California, Controller  | \$3,496.86    | \$0.736181053      | 4,750                        |
| State of California, Treasurer   | \$3,496.86    | \$0.736181053      | 4,750                        |
| State of California, Attorney General                                  | \$3,796.82    | \$0.799330526      | 4,750                        |
| State of California, Insurance Commissioner                            | \$3,496.86    | \$0.736181053      | 4,750                        |
| State of California, Member, State Board of Equalization               | \$1,639.17    | \$0.491063511      | 3,338                        |
| United States of America, United States Senator                        | \$3,480.00    | \$0.732631579      | 4,750                        |
| United States of America, United States Senator Partial/Unexpired Term | \$3,480.00    | \$0.732631579      | 4,750                        |
| United States of America, United States Representative                 | \$1,740.00    | \$1.281296024      | 1,358                        |
| State of California, State Senator                                     | \$1,197.02    | \$0.881458         | 1,358                        |
| State of California, Member of the State Assembly                      | \$1,197.02    | \$1.762916053      | 679                          |
| State of California, Superintendent of Public Instruction              | \$3,796.82    | \$0.799330526      | 4,750                        |

#### June 7, 2022 Statewide Direct Primary Election County Candidate Filing Fees

| Office  | Filing Fee | Signature<br>Value | Max<br>Signatures<br>Allowed |
|---|------------|--------------------|------------------------------|
| San Bernardino County, County Superintendent of Schools           | \$3,059.00 | \$0.491247791      | 6,227                        |
| San Bernardino County, County Supervisor, District 2              | \$1,886.00 | \$0.6221           | 3,031                        |
| San Bernardino County, County Supervisor, District 4              | \$1,918.00 | \$0.6221           | 3,083                        |
| San Bernardino County, Assessor/Recorder                          | \$2,548.00 | \$0.491247791      | 5,187                        |
| San Bernardino County, Auditor-Controller/Treasurer/Tax Collector | \$3,146.00 | \$0.491247791      | 6,404                        |
| San Bernardino County, District Attorney                          | \$2,599.00 | \$0.491247791      | 5,291                        |
| San Bernardino County, Sheriff/Coroner/Public Administrator       | \$2,813.00 | \$0.491247791      | 5,726                        |
| San Bernardino County, Judge of The Superior Court                | \$2,238.00 | \$0.491247791      | 4,498                        |

# **Filing Fees**

- Accepted payment methods for State & Federal candidates:
  - Personal check
  - Cashier's check
  - Money order
- Accepted payment methods for Local candidates:
  - Cash
  - Personal check
  - Cashier's check
  - Money order
  - Credit card

#### **Filing Fees**

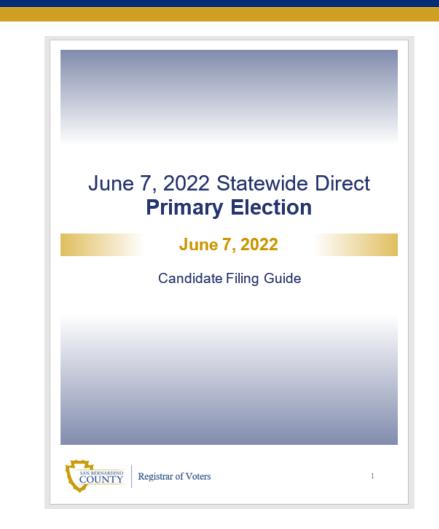
- Filing Fees can be:
  - Completely offset by the signatures you receive during the Signature In lieu of Filing Fee Period
  - Paid in full
  - Paid via a combination method
    - Submission of signatures and a pro-rated monetary amount
      - State & Federal candidates must leave a blank check payable to Secretary of State

# **Candidate Filing Period**

- Feb. 14 March 11, 2022 at 5 p.m.
- Candidates running for City offices must file with the City Clerk for the city in which they intend to run
- Registrar of Voters will ask a series of questions to complete forms
- When filing your documents, be prepared to:
  - Choose a ballot designation (optional)
  - Submit a candidate statement (optional)
  - File a Form 700 Statement of Economic Interests



- Candidate Filing Guide is available on our website
- Provides information about the candidate filing process
- Important sections for review:
  - Ballot Designations
  - Candidate Statements
  - Campaign Finance



- Candidacy documents that will be reviewed during your Candidate Filing appointment
  - Candidate Information Sheet
  - Qualifications for Office
  - Nomination Petition
    - If applicable
  - Declaration of Candidacy
  - Ballot Designation Worksheet
  - Candidate Statement Form
  - Candidate Statement Form Decline to File

#### **Candidate Information Sheet**

- Registrar of Voters staff prepares the form
- Some information you provide may appear on the candidate list posted on our website
  - Other information is requested so we may contact you
- You may designate one or more authorized representatives to act on your behalf
  - Candidate must submit a letter in person or via email of who they are authorizing and the level of authorization
    - Pick up/Drop off
    - Negotiate Ballot Designation
    - Negotiate Candidate Statement
    - All Matters
- You review the form for accuracy and sign

|                      | and Sign Below                                   |                         |                            |                 |                        |                      |                          |                         |                              |                                |                              |                          |
|----------------------|--|-------------------------|----------------------------|-----------------|------------------------|----------------------|--------------------------|-------------------------|------------------------------|--------------------------------|------------------------------|--------------------------|
| nave:<br>Registr     | reviewed the informa<br>ar of Voters website     | tion below<br>and other | v for accur<br>election re | acy. I<br>dated | understan<br>materials | d that t<br>I also t | this inform<br>understan | nation wi<br>d that all | ll be used to<br>information | determine my<br>provided to th | y name as li<br>ne Registrar | sted on the<br>of Voters |
| Office :             | is subject to the Calif<br>late or Authorized Re | fornia Pub              | lic Record                 | s Act           |                        |                      | Date                     |                         |                              |                                |                              |                          |
|                      |  |                         |                            |                 |                        |                      |                          |                         |                              |                                |                              |                          |
|                      | idate Informatio<br>gistrar of Voters Offi       |                         | blish the i                | nform           | ation prov             | ided be              | elow on w                | ww.sbcoi                | ntyelection                  | 5.00m.                         |                              |                          |
| Prefix               | First Name                                       |                         | м                          | iddle 1         | Name                   |                      | La                       | st Name                 |                              |                                | Suffix                       | Birth Date               |
| Office               |  |                         |                            |                 |                        |                      |                          |                         |                              | Incumbent?                     | Party                        |                          |
| Resides              | ace Address                                      |                         |                            | _               |                        | _                    | Uzit#                    |                         | City, State                  | ZIP                            | , c.                         |                          |
| Mailing              | g Address  |                         |                            |                 |                        |                      | -                        |                         |                              |                                | , <b>c</b> .                 | Publis                   |
| Email /              | Address  |                         |                            |                 | Pg                     | blish?               | Website                  | Address                 |                              |                                |                              | Publis                   |
| Home I               | Phone 3  | ublish?                 | Cell Phot                  | e               | Pu                     | iblish?              | Busines                  | s Phone                 | 3                            | ublish? Fax                    | Number                       | Publis                   |
| Facebo               | ok   |                         | Pyblic                     | h?              | LinkedIn               |                      |                          |                         | Pahlish?                     | Twitter                        |                              | Publis                   |
| Snapc h              | hit.   |                         | Publis                     | b?              | Instagram              |                      |                          |                         | Publish?                     |                                |                              |                          |
| •                    | orized Represent                                 | - 41 (-)                |                            |                 |                        |                      |                          |                         |                              |                                |                              |                          |
|                      | ick Up/Drop Off                                  |                         | tiate Ballo                | t Desi          | ignation               |                      | Vegotiate                | Candidat                | e Statement                  | 5 🗌 All X                      | fatters                      |                          |
| Name                 |  |                         |                            | Cell P          | hone                   |                      |                          |                         | Home                         | e Phone                        |                              |                          |
| Email                |  |                         |                            | Busin           | ess Phone              |                      |                          |                         | Fax                          |                                |                              |                          |
| Home /               | Address  |                         |                            | Busin           | ess Addres             | is                   |                          |                         | Maili                        | ng Address                     |                              |                          |
|                      | ick Up/Drop Off                                  | Nego                    | tiate Ballo                | t Desi          | ignation               |                      | Vegotiate                | Candidat                | e Statement                  | s All X                        | datters                      |                          |
| Name                 |  |                         |                            | Cell P          | -                      |                      |                          |                         |                              | e Phone                        |                              |                          |
| Email Business Phone |  |                         |                            | Busine          | ess Phone              |                      |                          |                         | Fax                          |                                |                              |                          |
| Email                | Home Address Business Address                    |                         |                            |                 |                        |                      |                          |                         |                              |                                |                              |                          |

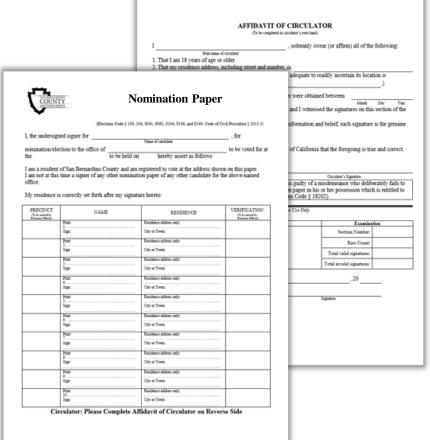
# **Qualifications for Office**

- Declares you meet the eligibility requirements for the office you are running for
- Registrar of Voters prepares the form
- You review the form for accuracy and sign

| SAN BERNARDINO<br>COUNTY | Qualifications for Office  |
|--------------------------|--|
|                          |  |
|                          |  |
|                          | y under the laws of the State of California that the foregoing is true and correct.<br>, at, California. |
| Signature of Candidate   |  |
|                          | Issued & Filed – Official Filing Form  |
|                          |  |
|                          |  |
|                          |  |

#### **Nomination Paper**

- Issued at the Registrar of Voters office or City Clerk
  - Appointments at ROV are recommended
- Nomination signatures do not reduce your filing fee
- Candidates must collect the required signatures
  - Unless satisfied during the Signature In-Lieu of Filing Fee Period
- Registered voters must list their residential address
- Nomination Papers are view only
  - The public may not receive a copy or take pictures



#### **Nomination Paper**

- Filed at the county where it was circulated
  - Affidavit of Circulator must be completed
    - Circulators must be 18 years of age or older
- Original signatures must be filed. Copies will not be accepted.
- Nomination Papers for Statewide Offices
  - Any registered voter within the state may sign a Nomination Paper regardless of their party preference
  - Must be returned to the county where the signers reside
- Nomination Papers for District Offices
  - Any registered voter for any candidate for whom they are eligible to vote may sign a Nomination Paper regardless of their party preference
  - Signatures may be collected from voters registered in other counties within the same district

# **Declaration of Candidacy**

- Required to officially become a candidate
- Registrar of Voters prepares the form
- State Candidates are required to provide their 10 year Party Preference History
- Includes critical information that will appear on the ballot
- Oath of Affirmation of Candidate will be administered upon filing
- You review the form for accuracy and sign
  - A wet signature is required

| SAN BERNARDINO<br>COUNTY   | Decl   | laration of (   | Candidacy  |              |  |
|--|--|---|--|--------------|--|
| ı,   | , do   | hereby declare myself as a ca   | andidate for election to the                                 | office of    |  |
|  |  | Full  | Term Short Term  | <b>-</b> ا   |  |
| Office   | Dut  | rict  |  |              |  |
| I am a registered voter. If elected,<br>on the official ballot of the district<br>I request my name to appear on the   | for the election to be held on.  | and serve to the best of my a   | ability. I request my name b                                 | e placed     |  |
| Fint   | м  | lidde   | Last   |              |  |
| My current residence address is:   |  |   | CA   |              |  |
| NU CAPER PERMITE ADDRESS IS.   | Street   | City  | Zig  | )            |  |
| My mailing address (if different):   |  |   | ,CA  |              |  |
|  | Street   | City  | 24   | 9            |  |
| My contact information is:   | Residence Phone  | Business Phone  | Cell Phone   |              |  |
| Essal:   |  |   |  |              |  |
| A ballot designation is op<br>I request my ballot design<br>follows:   | tion appear on the ballot under my<br>tional. If one is requested, a compi<br>ation to appear on the ballot as<br>gnation appear on the ballot under | leted Ballot Designation Work   | kriver must be submitted.                                    |              |  |
|  | OATH OF AFFIRMAT   | TION OF CANDIDATE   |  |              |  |
| do solemnly swear (or affirm) that   | I will support and defend the Cons<br>pn and domestic; that I will bear try<br>is; that I take this obligation freely;                               | stitution of the United States a<br>use faith and allegiance to the (<br>, without any mental reservati | Constitution of the United S                                 | states and t |  |
| constitution of the State of Californi   | ies upon which I am about to enter   |   |  |              |  |
| constitution of the State of Californi   |  |   | ature of Candidate   |              |  |
| Constitution of the State of Californi<br>vell and faithfully discharge the dat<br>Signature of Officer Ad<br>declare under penalty of perjury un<br>the files or substatis for filing the Du  | lministering Oath<br>der the laws of the State of Califor<br>sclaration of Candidacy knowing th  | Signa<br>mia that the foregoing is true a<br>hat it or any part of it has been                          | and correct. I am aware that                                 |              |  |
| Constitution of the State of Californi<br>well and faithfully discharge the dat<br>Signature of Officer Ad<br>declare under penalty of perjury un<br>the files or submits for filing the Du<br>pprisonment, or both, as set forth in | ministering Oath<br>der the lares of the State of Califor<br>elaration of Candidacy knowing th<br>suction 18203 of the Elections Co                  | Signu<br>mia that the foregoing is true a<br>hat it or any part of it has been<br>ode.                  | and correct. I am aware that                                 |              |  |
| Constitution of the State of Californi<br>well and faithfully discharge the dut  | hministering Oath<br>der the Jures of the State of Califor<br>electronic of Candidacy Incoving the<br>section 18203 of the Elections Co<br>          | Signu<br>mia that the foregoing is true a<br>hat it or any part of it has been<br>ode.                  | and correct. I am aware that<br>n made falsely is punishable |              |  |

#### **Ballot Designation Worksheet**

• If you choose to have a ballot designation, the Registrar of Voters will prepare the form

| SAN BERNARDINO<br>COUNTY<br>Ballo  | ot Designation Workshe   | eet  | There are specific laws and regulations that govern whether or not a balled dasignation is acceptable or unacceptable for printing on the<br>ballot. These rules are outlined in California Electron Code sections [13107, 31107.5 and California Administrative Code<br>sections [13107.5017] This have and englations on ballot designations are coupled, and may be challenging to navigate Please refer to<br>the Candidate Fring Code for surface with surgiring three laws and regulations.<br>Supporting Domenticity Lawford Proceeded Electronic Distances and regulations.   |
|--|--|--|---|
| Name of candidate:   |  |  | California Administrative Code \$20717(c) dictates that the candidate shall have the burden of establishing that the proposed ballot  |
| First<br>Office sought:  | Middle Last  |  | designation is accurate and complies with all provisions of Elections Code and California Administrative Code.  |
| Current residence address:   | Office Name  | Office Term  | California Administrative Code §20717(a) dictates that time is of the essence regarding all matters pertaining to the review of ballot<br>designations submitted by candidates. Failure to promptly submit requested supporting documentation will preclude consideration of such<br>materials in and the renderine of a final design on the candidate's uncoursed ballot designation.  |
| Street   | City   | Zip  | The Registrar of Voters requires candidates to provide documentation to support their principal profession(s), vocation(s), or occupation   |
| Mailing address (if different):<br>Street / PO BOX   | City   | Zip  | (s). Candidate are encouraged to provide supporting documentation at the time they file the Ballot Designation Worksheet. If a candidate is<br>not able to provide documentation at the time of films, the Resistar of Voters allows candidate to provide supporting documentation  |
| Contact information:   | City   | 24   | within three business days from filing the Ballot Designation Worksheet. If a candidate fails to provide supporting documentation, the  |
| Residence Phone  | Business Phone Cell Phone  |  | Registrar of Voters may not approve the candidate's designation for printing on the ballot.   |
| E-mail:  |  |  | In the space below, please describe your principal profession(s), vocation(s), or occupation(s). Also, please submit substantial documentation that demonstrates that your profession(s), vocation(s), or occupation(s) meet the definition for principal. In the space   |
| Authorized Contact:  |  |  | below, please itemize the documentation you are submitting.   |
| Name<br>Contact information:   | Authorization Level  |  |   |
| Contact information:<br>Home Phone   | Business Phone   |  |   |
| E-mail:  |  |  |   |
|  |  | ad to the following:   |   |
| <ul> <li>A ballot designation represents a candidate's</li> <li>A ballot designation may not be more than the</li> <li>An elected official may use "Incumbent" or h<br/>to the three word limit</li> <li>An appointed official may use "Appointed In<br/>ballot designation. Official threat en to subject</li> </ul>  | aree words<br>his/her full official title as the ballot designation. Offic:<br>scumbent" or his/her full official title, accompanied wit   | cial elected titles are not subject                                    | I understand flast my ballet designation will be translated and printed in Spanish. When translating my ballet designation in Spanish, I<br>request that the Elections Office (check only one option holes):<br>→ □ Translate my statement using finance of a gravman.  |
| A ballet designation represents a cambidate's     A ballet designation may not be more than th     An also designation may not be more than th     An also designation may use "fnormborn" or to     to the three word limit     An appointed efficial may use "Appointed In     ballet designation. Official titles are not subje     A ballet designation is limited to approximate  | true principal profession, vocation or occupation<br>aree words<br>his/her full official title as the ballot designation. Offic:<br>acumbent" or his/her full official title, accompanied wit<br>act to the three word limit   | cial elected titles are not subject                                    | request that the Election Office (check only one grains helow):<br>→ □ Translate my statement using finals enough and procome, or<br>→ □ Translate my statement using male nooms and pronouns.  |
| A ballot designation represents a candidate's     A ballot designation may not have the nore than th     An alected official may use "incumberl" or ho the three word limit     An appointed efficial may use "Appointed In     ballot designation. Official title as not study.     A ballot designation is limited to approximate Proposed Ballot Designation:   | true principal profession, vocation or occupation<br>aree words<br>his/her full official title as the ballot designation. Offic:<br>acumbent" or his/her full official title, accompanied wit<br>act to the three word limit   | cial elected titles are not subject                                    | request that the Elections Office (check only one option below):<br>→ □ Translate my statement using female nouns and pronouns, or  |
| A ballot designation represents a candidate'     A ballot designation may not have the more than th     An alected official may use "incumber" or to the three word limit     An appointed official may use "Appointed In     back designation of halm have a new study     A halm designation is limited to apportant Proposed Ballot Designation:     Ist alternative:    2nd alternative:   | true principal profession, vocation or occupation<br>aree words<br>his/her full official title as the ballot designation. Offic:<br>acumbent" or his/her full official title, accompanied wit<br>act to the three word limit   | ial elected titles are not subject<br>the the word "appointed," as the | request that the Election Office (order only one grains helow):  → □ Translate my statement using finals acoust and processor, or  → □ Translate my statement using male acousts and processor.  To the best of my boroledge and blieft, the above-requested ball of elegization(1) represent my true principal prefersion(2), vocation(1), or occusted(2). Furthermer: understand that the Election Office will are a cost are balled designation that volates any naise outlined  |
| A ballot designation represents a candidate'     A ballot designation may not have the more than th     An alected official may use "incumber" or to the three word limit     An appointed official may use "Appointed In     back designation of halm have a new study     A halm designation is limited to apportant Proposed Ballot Designation:     Ist alternative:    2nd alternative:   | two principal profession, vocation or occupation<br>ins her full official title as the balled designation. Office<br>commonstant or in his reliable designation. Office<br>commonstant or in his reliable designation of the<br>efforts as shown work limit.<br>any 48 characters including spaces and punctuation   | ial elected titles are not subject<br>the the word "appointed," as the | request that the Election Office (order only one grains helow): → □ Translate my statement using finals cours and pronouns, or → □ Translate my statement using male nouns and pronouns. To the best of my knowledge and blief, the above-requested ballof designation(4) represent my true principal profession(4), vocation(5), or occupation(5), Furthermore, Understand that the Election Office will not a cospt any ballof designation that violates any rules outlined in either the Cal. Admin. Code §20710-20719, or the Cal. Elec. Code §13107.   |
| A ballot designation represents a candidate's     A ballot designation may not have the more than th     An alected official may use "facumbate" or ho     to the first word limit     An appointed official may use "Appointed In     ballot designation is limited to approximate     Proposed Ballot Designation:     lat alsemative:  2nd alsemative:  Occupation juntifying Ballot Designation:   | two principal profession, vocation or occupation<br>ins her full official title as the balled designation. Office<br>commonstant or in his reliable designation. Office<br>commonstant or in his reliable designation of the<br>efforts as shown work limit.<br>any 48 characters including spaces and punctuation   | ial elected titles are not subject<br>the the word "appointed," as the | request that the Election Office (check only one grains helow): → □ Translate my stratement using finals acoust and groscome, or → □ Translate my stratement using finals acoust and groscome, or > □ To the best of my knowledge and blaif, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s), or occupation(s), Furthermore, understand that the Election Office will not accept any ballot designation that violates any rules outlined in either the Cal Admin. Code §20710-20719, or the Cal Elec. Code §13107. Executed on at San Bernardino, California   |
| A ballot designation represents a candidate'     A ballot designation may not have the more than th     An alocted official may use "facumbed" or     to the three word limit     An appointed official may use "Appointed In     A appointed official may use "Appointed In     A ballot designation is limited to apportant     Proposed Ballot Designation:     Ist alternative:     Occupation justifying Ballot Designation:     Employer name or business:     Do Tride:   | two principal profession, vocation or occupation<br>ins her full official title as the balled designation. Office<br>commonstant or in his reliable designation. Office<br>commonstant or in his reliable designation of the<br>efforts as shown work limit.<br>any 48 characters including spaces and punctuation   | ial elected titles are not subject<br>that he word "appointed," as the | request that the Election Office (check only one genon helew):<br>→ □ Translate my statement using finals cours and gronouns, or<br>→ □ Translate my statement using finals cours and gronouns.<br>To due best of my knowledge and blief, the abcors-requested ballot designation(s) represent my true principal profession(s), vocation(s),<br>or occupation(s), Furthermerc, understand that the Election Office will not accept any ballot designation that violates any rules outlined<br>in either the Cal. Admin. Code §20710-20719, or the Cal. Elec. Code §13107.<br>Executed onat San Bernardino, California.  |
| A ballot designation represents a candidate'     A ballot designation may not have the more than th     An elected official range was "incombers" or to     to fast deve out innat     ballot designation. Official titles are not may     A ballot designation. Official titles are not may     A ballot designation. Official titles are not may     A ballot designation. If the are not may     Decempation justifying Ballot Designation:     Employer name or busines:     Job Title:     Dates in position: Frenz:     Preno(s) who can verify this information: | true principal profession, vecesion or occupation<br>in her Tall official tries as the ballet designation. Office<br>summary of the field official tries are ballet as accompanied with<br>set to the first word limit<br>set to the first word limit<br>set of the first word limit<br>set of the first word limit<br>of the set of the set of the set of the set of the<br>set of the set of the set of the set of the set of the<br>set of the set of the set of the set of the set of the<br>set of the set of the set of the set of the set of the<br>set of the set of the set of the set of the set of the<br>set of the set of the<br>set of the set of the<br>set of the set of the<br>set of the set of the<br>set of the set of the<br>set of the set of the | ial elected titles are not subject<br>that he word "appointed," as the | request that the Election Office (check only one grains heles): → □ Translate my statement using famile arous and pronouns, or → □ Translate my statement using famile arous and pronouns, or → □ Translate my statement using famile arous and pronouns, or → □ Translate my statement using famile arous and pronouns. To the best of my knowledge and blaif, the abover-requested ball of elesignation(s) represent my trace principal profession(s), vocation(s), or occupation(s) for themestre, using defined that the Electron Office will be a copy any ballot designation that violates any rules outlined in either the Cal Admin. Code §20710-2019, or the Cal Elec. Code §13107. Executed on at San Bernardino, California  |
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| A ballot designation represents a candidate'     A ballot designation may not lacombarly of     A ballot designation may not lacombarly of     to the fine word limit     ballot designation. Official titles are not uplay     A ballot designation. Official titles are not uplay     A ballot designation. Official titles are not uplay     A ballot Designation:     In alternative:     and alternative:     Ded alternative:     Ded alternative:     Ded alternative:     Dot an word Ballot Designation:     Employer name or busines:     Job Title     Dates in possibility: From:     Dates in possibility:  | true principal profession, vecesion or occupation<br>in her Tal Official tries as the ballet designation. Offic<br>executions of a triangle of the triangle of the triangle<br>ext to the true word limit<br>why 48 characters including spaces and punctuation<br>why 48 characters including spaces and punctuation<br>in the true of the triangle of the triangle of the triangle<br>in the true of the true of the true of the true of the true<br>provide of the true of the true of the true of the true<br>provide of the true of the true of the true of the true<br>provide of the true of the true of the true of the true of the true<br>in true of the true<br>provide of the true of the                | ial elected titles are not subject<br>that he word "appointed," as the | request that the Election Office (check only one grains heles): →  □ Translate my stratement using fmails cours and processes, or →  □ Translate my stratement using fmails cours and processes. To the best of my knowledge and blaif, the above-requested ball of deviation (f), represent my true principal profession((), vocation((), vocation(() |

**Back to Table of Contents** 

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#### **Ballot Designation Worksheet**

- Candidates for the following office may not use the word "Incumbent" as a ballot designation:
  - United States Representative
  - Member of the State Board of Equalization
  - State Senator
  - Member of the Assembly
- Supporting documentation is required
- You will review the form for accuracy and sign

#### **Candidate Statement Form**

- Statement of the candidate's qualifications to be printed in the State or County Voter Information Guide
- Candidates running for the following offices may elect to have a Candidate Statement printed in the *State Voter Information Guide*:
  - United States Senate
  - Governor, Lieutenant Governor
  - Attorney General
  - Insurance Commissioner
  - Controller
  - Secretary of State
  - Treasurer
  - Superintendent of Public Instruction
  - Board of Equalization

| Name of Candidate as  | s it will appear on ballot Of  | fice sought   |      |       |      |  |
|---|--|---------------|------|-------|------|--|
| Mailing Address   |  |               | City | State | Zip  | -  |
| Residence Phone   | Business Phone   |               |      |       |      |  |
|   |  | CANDIDATE NAM | E:   |       | Age: | For Office Use Only  |
| <ul> <li>I have read th affirm that my Volers policy.</li> <li>I have been in a grant that my Volers policy.</li> <li>I have been in a grant that my Volers policy.</li> <li>I have been in Elections Offin a grant that for that been a largend that in the close of the statement in S</li> <li>I have been in the close of the statement in S</li> </ul> | nformed that I may withdraw<br>ne candidate filing (nominatio<br>that my candidate statement<br>Spanish, I request that the Re<br>anslate my statement using f<br>anslate my statement using r |               |      |       |      | Word Count:<br>I affirm that I want my candidate statement,<br>as it appears on this form, printed in the<br>Vote Information Guide.<br>Signature of Candidate |
| By Mail or In P     San B     By Email & Ph     Scan y     Call th To receive assistance and attach the electro   | ernardino County Registrar c   |               |      |       |      |  |

#### **Candidate Statement Form**

- Candidates running for the following offices may elect to have a Candidate Statement printed in the *County Voter Information Guide*:
  - United States Representative
    - Cannot exceed 250 words
  - State Senator
    - Must accept the voluntary expenditure limits set forth in Government Code section 85400
    - Cannot exceed 250 words
  - Member of the State Assembly
    - Must accept the voluntary expenditure limits set forth in Government Code section 85400
    - Cannot exceed 250 words
  - Other county, city, school district, and special district offices
    - Cannot exceed 200 words

#### **Candidate Statement Form**

- If your Candidate Statement includes endorsements, provide letter from the endorsee
- Estimated candidate statement cost is paid at time of filing
  - Estimated cost will be available later
- Registrar of Voters will prepare the form
  - An electronic copy of your candidate statement is appreciated!
- You review the form for accuracy and sign

#### **Candidate Statement Form - Decline to File**

- This form is filed if you <u>do not</u> want to file a candidate statement
- You may rescind this form and file a candidate statement up until 5 p.m. on Mar. 11, 2022

| SAN BERNARDINO<br>COUNTY                      | Candidate Stater<br>Decline to |           |
|---|--------------------------------|-----------|
| Name of Candidate as it will appear on ballot | Office sought                  |           |
| Mailing Address                               | City                           | State Zip |
| I DO NOT ELECT TO FILE A C                    |                                |           |
| Signature of Candidate                        | Date                           |           |
|   |                                |           |
|   |                                |           |
|   |                                |           |
|   |                                |           |
|   |                                |           |

#### **Income Tax documentation**

- Income Tax Return Disclosure and Acknowledgement Form
  - Only applies to Candidates running for the Office of Governor
  - Form provides consent for SOS to publicly release a candidate's redacted tax returns
  - Form must be completed by candidate and filed with their income tax returns
  - Filed with SOS
    - The Registrar of Voters will not accept this
- Income Tax Returns
  - Filed with Income Tax Return Disclosure and Acknowledgement Form
  - Filed with SOS
    - The Registrar of Voters will not accept this

# **Code of Fair Campaign Practices**

- Optional
- Not applicable for Federal candidates

| Š              | California Secretary of State<br>COUNTY<br>(Elections Code § 20440)   | CTICES  |  |  |  |  |
|----------------|---|---|--|--|--|--|
| Califo<br>camp | re are kasic principles of decency, honesty, and fair play which ev<br>fornia has a moral obligation to observe and uphold in order that<br>paigns, our offizens may exercise their constitutional right to a free an<br>ke fully and clearly expressed on the issues.  | after vigorously contested but fairly conducted   |  |  |  |  |
|                | THEREFORE:  |   |  |  |  |  |
| (1)            | I SHALL CONDUCT my campaign openly and publicly, discussing<br>and policies with sincerity and frankness, and criticizing withou<br>opponents or political parties that ment this criticism.  |   |  |  |  |  |
| (2)            | I SHALL NOT USE OR PERMIT the use of character defama<br>scurrilous attacks on any candidate or his or her personal or family   |   |  |  |  |  |
| (3)            | I SHALL NOT USE OR PERMIT any appeal to negative prejudice to<br>religious creed, color, national origin, ancestry, physical disabiliti<br>status, age, sexual orientation, sex, including gender identity, or an<br>of the Government Code, or association with another person who h<br>set forth in Section 12940 of the Government Code.                                       | ty, mental disability, medical condition, marital<br>ty other characteristic set forth in Section 12940 |  |  |  |  |
| (4)            | I SHALL NOT USE OR PERMIT any dishonest or unethical pr<br>American system of free elections, or that hampers or prevents the<br>including acts intended to hinder or prevent any eligible person from  | full and free expression of the will of the voters  |  |  |  |  |
| (5)            | I SHALL NOT coerce election help or campaign contributions fi<br>employees.   | or myself or for any other candidate from my  |  |  |  |  |
| (6)            | I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE support deriving from any individual or group that resorts,<br>on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I condemn. I<br>shall accept responsibility to take firm action against any suboralinate who violates any provision of this code or the<br>laws governing elections. |   |  |  |  |  |
| (7)            | I SHALL DEFEND AND UPHOLD the right of every qualified Ame<br>electoral process.  | rican voter to full and equal participation in the  |  |  |  |  |
| comr           | <ul> <li>undersigned, candidate for election to public office in the State<br/>mittee making any independent expenditures, hereby voluntarily end<br/>anduct my campaign in accordance with the above principles and prac</li> </ul>  | orse, subscribe to, and solemnly pledge myself  |  |  |  |  |
|                | Print Name  | Signature   |  |  |  |  |
|                | Date  |   |  |  |  |  |
|                | Date  | Office  |  |  |  |  |

#### **Statement of Responsibility for Temporary Political Signs**

- Candidates that place temporary political signs are required to complete this form and submit it to the Department of Transportation if:
  - The sign is facing/adjacent to the highway
- Political signs cannot:
  - Be within the right-of-way of any highway
  - Be within 660 feet of the edge of and visible from the right-of-way of a classified "Landscaped freeway"
- This form is <u>not required</u> for signs facing a neighborhood street

| TATE OF CALIFORNIA - DEPARTMENT<br>TATEMENT OF RESPONS<br>OR TEMPORARY POLITIC<br>DA-0027 (NEW 12/2018) | BIBILITY  |                           |
|---|---|---------------------------|
| lection Date:June   | November Other.   |                           |
| andidate's Name:  |   |                           |
| office sought or Proposition Number:  |   |                           |
| county where sign(s) will be placed:  |   |                           |
| lumber of signs to be placed:   |   |                           |
| RESPONSIBLE PARTY   |   |                           |
| Name:   | STATE OF GALIFORNIA CALIFORNIA STATE TRANSPORTATION AGENCY  | Gavin Newsom, Governor    |
| Address:  | DEPARTMENT OF TRANSPORTATION  | 1                         |
| Address.  | DIVISION OF TRAFFIC OPERATIONS  | (C.29)                    |
|   | OUTDOOR ADVERTISING PROGRAM<br>P.O. BOX 942874, MS-36   | Making Conservation       |
| Phone Number (Includ  | SACRAMENTO, CA 94274-0001<br>PHONE (916) 654-6473   | a California Way of Life. |
| En  | FAX (916) 651-9359  |                           |
| he undersigned hereby accept  | TTY 711<br>www.dot.ca.gov   |                           |
| No undersigned hereby accep<br>Idvertising Act for the above ca   | Dear Candidate or Committee Member:   |                           |
| t is understood and agreed that<br>en (10) days after the election,                                     | A   |                           |
|   | As a candidate or campaign worker for either office or a ballot measure, this reminder a<br>governing campaign signs should be helpful to you.                                      | bout State law            |
|   | Section 5405.3 of the State Outdoor Advertising Act exempts the placing of Temporary<br>from normal outdoor advertising display requirements.                                       | Political Signs           |
| Signature of Responsible Party  | A Temporary Political Sign meets the following criteria:  |                           |
| Mail Statement of Responsib   | A. Encourages a particular vote in a scheduled election.  |                           |
| Department of Transportation<br>Division of Traffic Operations<br>Dutdoor Advertising Program           | B. Is placed no sooner than 90 days prior to the scheduled election and is removed  | within 10 days after      |
| 2.0. Box 942874, MS-36<br>Sacramento, CA 94274-0001   | that election.<br>C. Is no larger than 32 square feet.  |                           |
| Email: ODA@dot.ca.gov   | D. Has had a Statement of Responsibility filed with the Department certifying a pers<br>responsible for removing the sign (Attached).   | on who will be            |
|   | A completed Statement of Responsibility must be submitted to:   |                           |
|   | Division of Traffic Operations  |                           |
|   | Outdoor Advertising Program<br>P.O. Box 942874, MS-36   |                           |
|   | Sacramento, CA 94274-0001   |                           |
| ADA Notice For individuals y<br>Management Ur   | Temporary Political Signs shall not be placed within the right-of-way of any highway, an  | d he visible within       |
| wanagement of   | 660 feet from the edge of the right-of-way of a classified "Landscaped freeway".  |                           |
|   | State law directs the Department of Transportation to remove unauthorized Temporary   |                           |
|   | bill the responsible party for their removal. We are calling these provisions to your atten<br>embarrassment or inconvenience to you and your supporters. Please share this informa |                           |
|   | assisting in your campaign.   |                           |
|   | Should you have any questions, comments or need additional information, please call (   | 916) 654-6473.            |
|   |   |                           |
|   | Enclosure   |                           |
|   | ODA-0027  |                           |
|   |   |                           |

#### **Mass Mailing Government Code § 84305**

• Before you send any mass mailings, read and follow requirements in this code

#### MASS MAILING (Government Code §84305)<sup>1</sup>

(a) (1) Except as provided in subdivision (b), a candidate, candidate controlled committee established for an elective office for the controlling candidate, or political party committee shall not send a mass mailing unless the mane, street address, and city of the candidate or committee are shown on the outside of each piece of mail in the mass mailing and on at least one of the inserts included within each piece of mail of the mailing in no less than 6-point type that is in a color or print that contrasts with the background so as to be easily legible. A post office box may be stated in lieu of a street address if the candidate's, candidate controlled committee established for an elective office for the controlling candidate's, or political party committee's address is a matter of public record with the Secretary of State.

(2) Except as provided in subdivision (b), a committee, other than a candidate controlled committee established for an elective office for the controlling candidate or a political party committee, shall not send a mass mailing that is not required to include a disclosure pursuant to Section 84502 unless the name, street address, and city of the committee is shown on the outside of each piece of mail in the mass mailing and on at least one of the inserts included within each piece of mail of the mailing in no less than 6-point type that is in a color or print that commands with the background so as to be easily legible. A post office box may be stated in lieu of a street address if the committee's address is a matter of public record with the Secretary of State.

(b) If the sender of the mass mailing is a single candidate or committee, the name, street address, and city of the candidate or committee need only be shown on the outside of each piece of mail.

(c) (1) A candidate, candidate controlled committee established for an elective office for the controlling candidate, or political party committee shall not send a mass electronic mailing unless the name of the candidate or committee is shown in the electronic mailing preceded by the words "Paid for by" in at least the same size font as a majority of the text in the electronic mailing.

(2) A committee, other than a candidate controlled committee established for an elective office for the controlling candidate or a political party committee, shall not send a mass electronic mailing that is not required to include a disclosure pursuant to Section 24502 or 84504.3 unless the name of the committee is shown in the electronic mailing preceded by the words "Paid for by" in at least the same size font as a majority of the text in the electronic mailing.

(d) If the sender of a mass mailing is a controlled committee, the name of the person controlling the committee shall be included in addition to the information required by subdivision (a).

(e) For purposes of this section, the following terms have the following meaning:

(1) "Mass electronic mailing" means sending more than two hundred substantially similar pieces of electronic mail within a calendar month.

(2) "Sender" means the candidate, candidate controlled committee established for an elective office for the controlling candidate, or political party committee who pays for the largest portion of expenditures attributable to the designing, printing, and posting of the mailing which are reportable pursuant to Sections 84200 to 84217, inclusive.

(3) To "pay for" a share of the cost of a mass mailing means to make, to promise to make, or to incur an obligation to make, any payment: (A) to any person for the design, printing, postage, materials, or other costs of the mailing, including salaries, fees, or commissions, or (B) as a fee or other consideration for an endorsement or, in the case of a ballot measure, support or opposition, in the mailing.

(f) This section does not apply to a mass mailing or mass electronic mailing that is paid for by an independent expenditure.

<sup>1</sup> The complete text of Government Code §84305 is required by law to be issued to each candidate at the time that candidate files the Declaration of Candidacy.

#### **Fair Political Practices Commission (FPPC)**

• Candidates are required to file all required FPPC financial disclosure forms

| Candidate's who raise and spend<br>less than \$2,000                                 | Candidates who spend more than<br>\$2,000  |
|--|--|
| Candidate Intention (Form 501)   | Candidate Intention (Form 501)   |
| Officeholder/Candidate (Form 470)<br>Campaign Statement-Short Form                   | Statement of Organization (Form 410)   |
| Form 700 – File no later than the final filing date for the Declaration of Candidacy | Recipient Committee Campaign (Form 460)<br>Statement                               |
|  | Late Contribution Report (Form 497)  |
|  | Form 700 File no later than the final filing date for the Declaration of Candidacy |

- Candidates running for Federal offices do not file state campaign disclosure statements, but are required to file certain federal campaign statements.
  - Visit the Federal Election Commission website (www.fec.gov) for more information about their requirements.

#### **Form 501 – Candidate Intention Statement**

- Form must be completed <u>prior</u> to accepting any contributions or making any campaign expenditures
- Form 501 is filed with the Registrar of Voters

|   |   |   | FORM <b>JUI</b>   |
|---|---|---|---|
|   | Who Files:<br>A candidate for state or local office must file this<br>form for each electron, including reelection to the<br>same office. Exception: Candidates for county certral<br>committee that do not raise or gene d 3,000 or more<br>in a calendar year are not required to file a Form 50.1.<br>Whon to <b>Chile</b> :<br>File the Form 50.1 kefore you solicit or reserve any<br>contributions or before you make expenditures from<br>personal funds on behalf of your candidasy. This form<br>is considered filed the date it is postmarked or hand<br>delivered.<br>Ensure campaign deadlines are met. Go to<br>www.fipic.ca.gov for most campaign disclosure filing<br>schedules or bedex with your local filing officer. | How to Complete:<br>All candidates: Complete Parts 1 and 3.<br>Candidates: Complete Parts 1 and 3.<br>Candidates for elective state office: Complete Parts 1,<br>2, and 3.<br>Exception: Candidates for an election to the California<br>Public imployees: Retirement Board, ubgst, and Judical<br>candidates do not complete Part 2.<br><b>Part 1.</b> Candidate Information<br>= Enter your name and street address.<br>= Enter the title of the office sought, agenon name,<br>and district number 1 any (eg., CAP Concil<br>Member, City of Smallown, Dist. 5).<br>= Enter your political party preference of seeking | Between the date of filing an initial Form 501 for<br>an election and the deadline for filing nomination<br>papers for that election, you may emed your<br>statement of acceptance or rejection of the<br>voluntary expenditure celling nome than two<br>times as long as the limit has not been exceeded.<br>If you reject the voluntary expenditure celling in<br>the primary or special election but do not exceed<br>the celling during that election, you may amend the<br>Form 501 to accept the expenditure celling for the<br>general or special election and reserve all of<br>the benefits accompanying the acceptance of the<br>be field within 4 days following the primary or<br>special election. |
|   | Where to Filer  | a partisan office. For a list of qualified political  | Personal Funds Notification:<br>licable, the date you   |
| Candidate Inte  | Initial Amendment   | Date Stamp CALIFORNIA<br>FORM<br>For Official U   | 501<br>so Ony<br>under penalty of perjury.  |
| 1. Candidate Info   | X, Frist Mode Initial) DAVTIME TELEPHONE NUA<br>()<br>CITY  | NBER FAX NUMBER (optional)<br>STATE 20P CODE<br>DISTRICT NUMBER, # applicable (NON-PARTIGAN OFFICE  | by the Fair Political Practices<br>detailed information on<br>irements and the Information<br>t the FPOC Campaign<br>ur type of committee.  |
| OFFICE JURISDICTION   | 12)   | PARTY PREFERENCE:<br>(Check one box, if applica<br>PRIMARY / GENERAL  | FPPC Form 501 (August/2018<br>vice@fppc.ca.gov (866/275-3772  |
| (CalPERS and CalSTRS or<br>(Check one box)<br>I accept the vo<br>I do not accep<br>Amendment<br>I did not | Expenditure Limit Statement:<br>initiate, judges judget consistence, and consistence for load offices do not compare Part<br>unitary expenditure coiling for the election stated above.<br>the voluntary expenditure ceiling for the election stated above.<br>socceed the expenditure ceiling in the primary or special election held of<br>al or special num-off election.  |   | www.dppc.ca.go  |
| (Mark Fapplicable)  | , I contributed personal funds in excess of the expenditure cei   | ling for the election stated above.   | _   |
|   |   |   |   |

#### **Form 700 – Statement of Economic Interests**

- Form 700 reports a candidate's personal assets and income
- Bring the completed form to our office no later than 5 p.m. on March 11, 2021
  - If you filed a Form 700 within 60 days before filing the Declaration of Candidacy, a copy is requested.
- This document is public information
  - You may use your business address on this form.

| 2020-2021<br>Statement<br>Economic<br>Form 70   | (FRST)                               | ENT OF ECONOMIC INTERESTS<br>COVER PAGE<br>A PUBLIC DOCUMENT  |
|---|--------------------------------------|---|
| Economic CALIFORNIA FORM 7<br>Ton Fallman FARmets com<br>Please type or print In Ink.<br>WHE OF FILER (LAST)<br>1. Office, Agency, or Cou<br>Agency Name (Do not use ar | (FRST)                               | COVER PAGE Page Office<br>A PUBLIC DOCUMENT   |
| Economic CALIFORNIA FORM 7<br>Ton Fallman FARmets com<br>Please type or print In Ink.<br>WHE OF FILER (LAST)<br>1. Office, Agency, or Cou<br>Agency Name (Do not use ar | (FRST)                               | COVER PAGE Page Office<br>A PUBLIC DOCUMENT   |
| Please type or print in Ink.<br>Water of the ILATI<br>1. Office, Agency, or Cou<br>Agency Name (Do not use ac   | (FIRST)<br>rt                        | COVER PAGE<br>A PUBLIC DOCUMENT   |
| Name of Fluer (LAST)  1. Office, Agency, or Cou Agency Name (Do not use ac  | (FIRST)                              |   |
| Name of Fluer (LAST)  1. Office, Agency, or Cou Agency Name (Do not use ac  | rt                                   | (MDOLE)   |
| Agency Name (Do not use acr   |                                      |   |
| Agency Name (Do not use acr   |                                      |   |
|   | onyms)                               |   |
| Form 70   |                                      |   |
|   | strict, if applicable                | Your Position   |
|   |                                      |   |
|   | list below or on an attachment. (I   | Do not use acronyms)  |
| A Public Document   |                                      | Position:   |
| Table of Contents 2. Jurisdiction of Office   | (Check at least one hav)             |   |
| Quick Start Guide   | Cneck at least one box)              | Judge, Retired Judge, Pro Tem Judge, or Court Commi   |
| Who'r Where'r How'r When'r.   |                                      | (Statewide Jurisdiction)  |
| Cover Page and Schedules  |                                      | County of   |
| Cover Page City of  |                                      | Other   |
| Schedule A-1 (Investmen 3. Type of Statement (ch  | eck at least one box)                |   |
| Schedule A-2 (Business I  | ed is January 1, 2020, through       | Leaving Office: Date Left/  |
| Schedule B (Real Proper December 31, 20<br>Schedule C (Income)  |                                      | (Check one circle.)   |
| Schedule D (Gifts)  | ed is/,<br>20.                       | leaving office  |
| Schedule E (Travel Paym Assuming Office: Date a   |                                      | •or-  |
| Restrictions and Prohibitions.  |                                      | the date of leaving office.   |
| Q & A Candidate: Date of Electi   | on and offic                         | ce sought, if different than Part 1:  |
| 4. Schedule Summary (n  | nust complete) 🕨 Total i             | number of pages including this cover page:  |
| Schedules attached  |                                      |   |
| Schedule A-1 - Investm  |                                      | Schedule C - Income, Loans, & Business Positions – schedule   |
| Schedule A-2 - Investm  |                                      | Schedule D - Income – Gifts – schedule attached           Schedule E - Income – Gifts – Travel Payments – schedule at |
| Schedule B - Real Proj  | perty - schedule attached            | Gonedule E • mcome – onts – maver Payments – schedule at  |
| California Fair Pol -or- None - No reports  | able interests on any schedu         | le  |
| 1102 Q Street, Suite 3000 5. Verification   |                                      |   |
| (Rusiness or America Address Recomme  | REET<br>Inded - Public Document)     | CITY STATE ZIP CODE   |
| Toll-free advice line: 1 (86  |                                      |   |
| Telephone: (916) 322-566 DAYTME TELEPHONE NUMBER  |                                      | EMAIL ADDRESS   |
| ( )<br>I have used all reasonable den   | ance in menaring this statement. I I | have reviewed this statement and to the best of my knowledge the information  |
|   |                                      | nowledge this is a public document.   |
| I certify under penalty of perj   | ury under the laws of the State of   | of California that the foregoing is true and correct.   |
| Date Signed   |                                      | Signature   |

#### Form 410 – Statement of Organization Recipient Committee

- This form is required if you plan to spend or receive \$2,000 or more in campaign contributions
  - Filing fee and candidate statement cost is not included if you pay with personal funds and do not intend reimbursement from your campaign
- File the <u>original</u> with the Secretary of State to open your committee
  - There is a \$50 annual fee paid to the Secretary of State for open committees
- File a <u>copy</u> with the Registrar of Voters
- Secretary of State will issue your committee ID number

|  |  |                          |                                       |                          | _                     |   | _                     |                       | _           | ٦.                    |   |
|--|--|--------------------------|---------------------------------------|--------------------------|-----------------------|---|-----------------------|-----------------------|-------------|-----------------------|---|
| Statement of Organizat<br>Recipient Committee  | lion   |                          |                                       |                          |                       |   | FO                    | ornia 410             |             | L                     |   |
| COMMITTEE NAME   |  |                          |                                       |                          |                       |   | Page 2<br>I.D. NUMBER |                       |             |                       |   |
|  |  |                          |                                       |                          |                       |   |                       |                       |             |                       |   |
| <ul> <li>All committees must list the final</li> </ul>   | ncial institution where t  | he campaign bank         | account is located                    | L                        |                       |   |                       |                       |             |                       |   |
| NAME OF FINANCIAL INSTITUTION  |  |                          | AREA CODE/PHONE                       |                          | BANK ACCOUN           | T NUMBER                                    |                       |                       | _           |                       |   |
| ADDRESS  |  |                          | CITY .                                |                          | 57475                 | 20 0005                                     |                       |                       | _           |                       |   |
| 4. Type of Committee Com<br>Controlled Committee   | plete the applicable se  | ections.                 |                                       |                          |                       |   |                       |                       |             |                       |   |
| <ul> <li>List the name of each controlli<br/>district number, if any, and the</li> </ul>       |  | date, or state mea       | sure proponent                        | . If candidate or offic  | sholder co            | entrolled, also list the el                 | lective offi          | ce sought or held, an | d           |                       |   |
| <ul> <li>List the political party with wh</li> <li>If this committee acts jointly w</li> </ul> |  |                          |                                       |                          |                       |   |                       |                       |             |                       |   |
| NAME OF CANDIDATE  | nan anotaer controlled   | s committee, list t      |                                       | OFFICE SOUGHT ON HELD    |                       |   | ARTY                  |                       | _           | 1                     |   |
| NAME OF CANDIDAT   |  |                          |                                       |                          |                       |   |                       |                       |             |                       |   |
| _  | Statement of C<br>Recipient Com  |                          |                                       |                          |                       |   | Γ                     | Date Stemp            | C           | ALIFOR                |   |
| Primarily Formed Commi   | Statement Type   | Initial Not yet qualifie |                                       | Amendment                | C                     | Termination – See                           | Part 5                |                       |             |                       | fficiel Use Only  |
| CANGIOATE(S) NAME  |  | O Date qualificat        | on threshold met                      | Date qualification threa | nold met              | Date of termination                         | ,                     |                       |             |                       |   |
|  |  | /                        | /<br>1.D. Numbe                       | //_                      | _                     |   |                       |                       |             |                       |   |
|  | 1. Committee In  | itormation               | (if applicable)                       |                          |                       | 2. Treasure                                 |                       | ther Principal Off    | ncers       |                       |   |
|  | NAME OF COMMITTEE  |                          |                                       |                          |                       |   |                       |                       |             |                       |   |
|  |  |                          |                                       |                          |                       | STREET ADDRESS (ND                          | RO. 90K)              |                       |             |                       |   |
|  | STREET ADDRESS (NO P.O   | 900)                     |                                       |                          |                       | CITY CITY                                   |                       | 514                   | n 20        | 006                   | AREA CODE/PHONE   |
| _  | DTY  |                          | STATE DP C                            | DOE AREA COD             | (PHONE                | NAME OF ASSISTANT                           | TREASURER, IF         | ANY                   |             |                       |   |
|  | FULL MAILING ADDRESS   | (18 0(88680)(7)          |                                       |                          |                       | STREET ADDRESS (ND                          | P.O. 8010             |                       |             |                       |   |
|  | E-MAIL ADDRESS (REQUIR   | RED) / FAX (OPTIONAL)    |                                       |                          |                       | DTY   |                       | 51×                   | ri 200      | 0006                  | AREA CODE/PHONE   |
|  | COUNTY OF DOMICILE   | 11                       | RISCICTION WHERE CON                  | AMITTEE IS ACTIVE        |                       | NAME OF PRINCIPAL O                         |                       |                       |             |                       |   |
|  |  |                          |                                       |                          |                       | STREET ADDRESS (ND                          | RO. 2010              |                       |             |                       |   |
|  | Attach additional  | information on a         | opropriately lab                      | eled continuation she    | ets.                  | DTY   |                       | 574                   | TK 210      | 000                   | AREA CODE/PHONE   |
| _  | <ol> <li>Verification         I have used all repeality of perjuit     </li> </ol> | ry under the laws        | of the State of                       | California that the for  | the best<br>egoing is | of my knowledge the in<br>true and correct. | nformatio             | n contained herein is | s true and  | complete.             | I certify under   |
|  | Executed on  |                          |                                       |                          |                       | NTURE OF TREASURER OF ASSISTAN              |                       |                       |             | _                     |   |
|  | Executed on  | DATE                     | = By                                  |                          |                       | LUNG OFFICEHOLDER, CANDIDATE,               |                       |                       |             | _                     |   |
|  | Executed on  | DATE                     | = = = = = = = = = = = = = = = = = = = |                          |                       | LUING OFFICEHOLDER, CANDIDATE,              |                       |                       |             |                       |   |
|  |  | DATE                     |                                       | SSKR                     |                       | nint  | E, OR STATE MEA       |                       | C Advice: s | FPPC Fi<br>dvice@fppc | orm 410 (August/2018)<br>ca.gov (866/275-3772)<br>www.fppc.ca.gov |
|  |  |                          |                                       |                          |                       |   |                       |                       |             |                       |   |

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#### **Form 470 – Officeholder and Candidate Campaign Statement**

- Candidates who do not have a controlled committee, and do not plan on spending or receiving campaign contributions of \$2,000 or more, must complete this form.
- Form 470 is filed with the Registrar of Voters, if applicable

|  | an if applicable: Amendment (              | Date Store  | CALIFORNIA<br>FORM 470                    | Officeholder and Candidate Campaign State<br>Short Form - AND - Form 470 Supplement  | ment —  | CALIFORNIA<br>FORM 470   |
|--|--|---|---|--|---|--|
| Statement Covers Calendar Vear 20 Officientelder or Candidate Information Name of ornernouses or casocour Preprivation Stream Access Office Access Stream Ac | 3.<br>1040 29 0001<br>10401 FMULEMELEOMEST |   | alf of your candidacy.<br>Meet of Tesouga | Who Uses Form 470:<br>From 470 is for use by officeholders and<br>candidates who<br>• • • • • • • • • • • • • • • • • • •  | When to File:<br>Ensure campaign deadlines are met. Go to<br>www.lpcp.cg.op.or<br>Company.company.company.company.company.com<br>company.company.company.company.company.com<br>first campaign statement required for the calendar<br>year, no additional campaign statements need<br>to be filed for that calendar year as long as to cale<br>obtained to the calendar year as long as to cale<br>the company.com the calendar year as long as to cale<br>obtained to the calendar year as long as to cale<br>in most cases, ally 31 is the filing deadline for the<br>first campaign statement required to be filed ty<br>offic-tolders and candidates not being video upon.<br>The Form 470 is field in concettion with an election<br>of it is filed with the dectaration of candidacy, or<br>an election, covering the year of the election it.<br>after filing Form 470, receipts or expenditures<br>reach \$2,000 norms, set the attached Form 470<br>Supplement for important reporting requirements.<br>Where to File:<br>State Elections: | Additional Copies:<br>A copy of the Form Aly must also be filed with<br>Capitres and considers time stress<br>capitres and considers time stress<br>a copy of the Form 470 with the relevant Capitres<br>or capitres of the Come Alo with the relevant Capitres<br>or capitres and candidates for local multi-<br>cacity agreeces the an original wat one copy<br>and the come and an anticative stress of the camera<br>target number of registered voters in the distre-<br>tion one copy with the candidates county of<br>dominie.<br>Elected county discriminations and one copy<br>dominie.<br>Elected county discrimination and candidates for ch-<br>other and the county discrimination of the county<br>the elections official for that county.<br>Casito and the county discrimination of the county<br>of other time and the county official the county<br>of cases.<br>Next: A local agency may impose additional<br>regurements:<br>Amendments: If you are fing an one-ediment to accounting and<br>the elections official for fing an one-ediment to accounting<br>the elections official the fing an one-ediment to account<br>the elections official the fing an one-ediment to account<br>the elections official the stress official the relevant<br>of the stress of the stress official the stress of the stress<br>Amendments: If you are fing an one-ediment to account of the stress<br>and and one copy with the calculation of the stress of the stress<br>and and the stress of |
| Verification<br>Takiare under penally of perjury that to the best of my knowle   |  |   |   | make personal expenditures of less than \$1,000<br>or more in non-election years.<br>Period Covered:<br>The period covered is always the calendar year<br>(January 1 through December 31). | and members of caRPERS and CaRSTRS, judges<br>and judical candidates must file the original and<br>one copy with:<br>Secretary of State<br>Political Reform Division<br>1500 11th Street, Room 495<br>Sacramento, CA 6511.4   | of the amendment. Be sure to enter the calendar<br>year covered by the statement you are amending<br>and the date of election, if applicable.<br>This form was prepared by the Fair Political<br>Practices Commission (FPPC). For detailed<br>information or campaign reporting requirements and   |
|  |  | aws of the State of California that the foregoing |   | or more in non-election years.<br>Period Covered:<br>The period covered is always the calendar year  | and judicial candidates must file the original and<br>one copy with:<br>Secretary of State<br>Political Reform Division   | of the amendment. Be sure to enter the calendar<br>year covered by the statement you are amending<br>and the date of election, if applicable.<br>This form was prepared by the Fair Political<br>Practices Commission (FPPC). For detailed   |

- Training
  - FPPC provides free online webinars and seminars for candidates, treasurers, and committees
- Information and Resources
  - FPPC Website: <u>www.fppc.ca.gov</u>
  - Toll-free advice line: (866) ASK-FPPC
  - Email: <u>advice@fppc.ca.gov</u>



# **Candidate Filing Receipt**

- Shows you:
  - Documents that have been issued to you
  - Documents that have been filed by you
  - Candidate Statement cost
- Registrar of Voters staff prepares the form
- You review the form for accuracy and sign

|         | ate Nar     | me: Voter ID:   |
|---------|-------------|---|
| Office: |             |   |
|         |             | lidacy Documents issued and filed   |
| lssued  | Filed       | Candidacy Documents   |
|         | N/A         | Candidate Filing Guide  |
|         | N/A         | Qualifications for Office   |
|         |             | Nomination Petition   |
|         |             | Declaration of Candidacy  |
|         |             | Ballot Designation Worksheet  |
|         |             | Candidate Statement Form - Elect to File  |
|         |             | Candidate Statement Form - Decline to File  |
|         | <b>NI/A</b> | Code of Fair Campaign Practices (optional)  |
|         | N/A         | Statement of Responsibility for Temporary Political Signs   |
|         | N/A         | Mass Mailings (Government Code § 84305)   |
|         |             | Form 501 - Candidate Intention Statement (optional at the time of filing)<br>Form 700 - Statement of Economic Interests   |
|         |             | Form 410 – Statement of Organization (optional at the time of filing)   |
|         |             | Form 470 – Officeholder and Candidate Campaign Statement (optional at the time of filing)   |
| oviou   | Cand        | idate Statement cost and payment information  |
|         |             | ndidate Statement is an estimate of actual costs which may vary from one election to another, and may be significant  |
|         |             | the estimate, depending on the actual number of candidates filing a statement.  |
| Cost \$ |             | Receipt / Credit Card Authorization #:  |
|         |             |   |
|         |             | n the acknowledgement below   |
|         |             | y knowledge, I meet the eligibility requirements for the office I seek. At my request, the documents as indicated abc<br>I to me to be completed, and I am aware that they must be properly executed and delivered to the Registrar of Voters |
|         |             | p.m. on December 6, 2019.   |
| Candida | te Signa    | ture Date   |
|         |             |   |
|         |             |   |

#### Items to be Returned upon Filing

- Nomination Paper(s)
  - If applicable
- Declaration of Candidacy
  - Wet signature required
- Ballot Designation Worksheet & proof
  - Optional
- Electronic version of your Candidate Statement
  - Optional
- Form 501 Candidate Intention Statement
- Form 700 Statement of Economic Interests
- Form 410 Statement of Organization
  - If applicable
- Form 470 Officeholder and Candidate Campaign Statement
  - If applicable
- Code of Fair Campaign Practices
  - Optional

#### **Write-In Candidate Filing Period**

- April 11 to May 24, 2022 at 5 p.m.
- State & Federal Candidates
  - No Filing Fee
  - No income tax disclosure requirement
  - Ballot Designations and Candidate Statements are not allowed
  - Required documents are:
    - Statement of Write-In Candidacy
    - Write-In Nomination Papers for signatures
- Local Candidates
  - Ballot Designations and Candidate Statements are not allowed
  - Required documents are:
    - Declaration of Write-In Candidacy
    - Write-In Nomination Papers for signatures

#### **Services Available**

- Election Information
  - June 7, 2022 Statewide Direct Primary Election
- Historical statistics
  - <u>Voter Turnout Statistics</u>
- Maps electronic and paper copies
  - <u>Automated Report and Map Request</u>
- Voter registration reports
  - <u>Application for Pre-Election Recurring Vote-by-mail file</u>
  - <u>Application for Voter Registration Information</u>
    - Multi-purpose voter file (.txt)
    - PDF voter list
    - Walking list
    - Recurring vote-by-mail file
- Pricing
  - <u>Reports, Maps and Services Price List</u>

#### **Election Night Results Posting**

- Election results
  - Emailed to the media and candidates on the distribution list
  - Updated to Registrar of Voters website
- Tuesday, June 7, 2022
  - The first unofficial results will be posted by 8:30 p.m.
  - Results updated every two hours thereafter until election night counting of all polls ballots are complete

#### Contacts

#### • Registrar of Voters

- Address 777 E. Rialto Ave San Bernardino, CA
- Email <u>Communications@rov.sbcounty.gov</u>
- Phone 909-387-8300
- Fax 909-387-2022
- Website <u>www.SBCountyElections.com</u>

#### • Fair Political Practices Commission (FPPC)

- FPPC Advice: <a href="mailto:advice@fppc.ca.gov">advice@fppc.ca.gov</a>
- Toll-free advice line: 866-275-3772
- Phone: 916-322-5660
- Website: <u>www.fppc.ca.gov</u>

#### Contacts

#### • Federal Election Commission (FEC)

- Email your questions to: <u>info@fec.gov</u>
- Toll-free general inquiries line: 800-424-9530
- Phone: 202-694-1100
- Website: <u>https://www.fec.gov/</u>

# **Thank You!**

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