



# Pre-Nomination Informational City Council Candidate Meeting

General Municipal Election  
November 9, 2022

# Thinking about running for office?

- Tonight's meeting is to provide basic steps in running for office for potential candidates
- California Government and Election Codes
- Fair Political Practices Commission

# City Government Structure - Vallejo is a Charter City

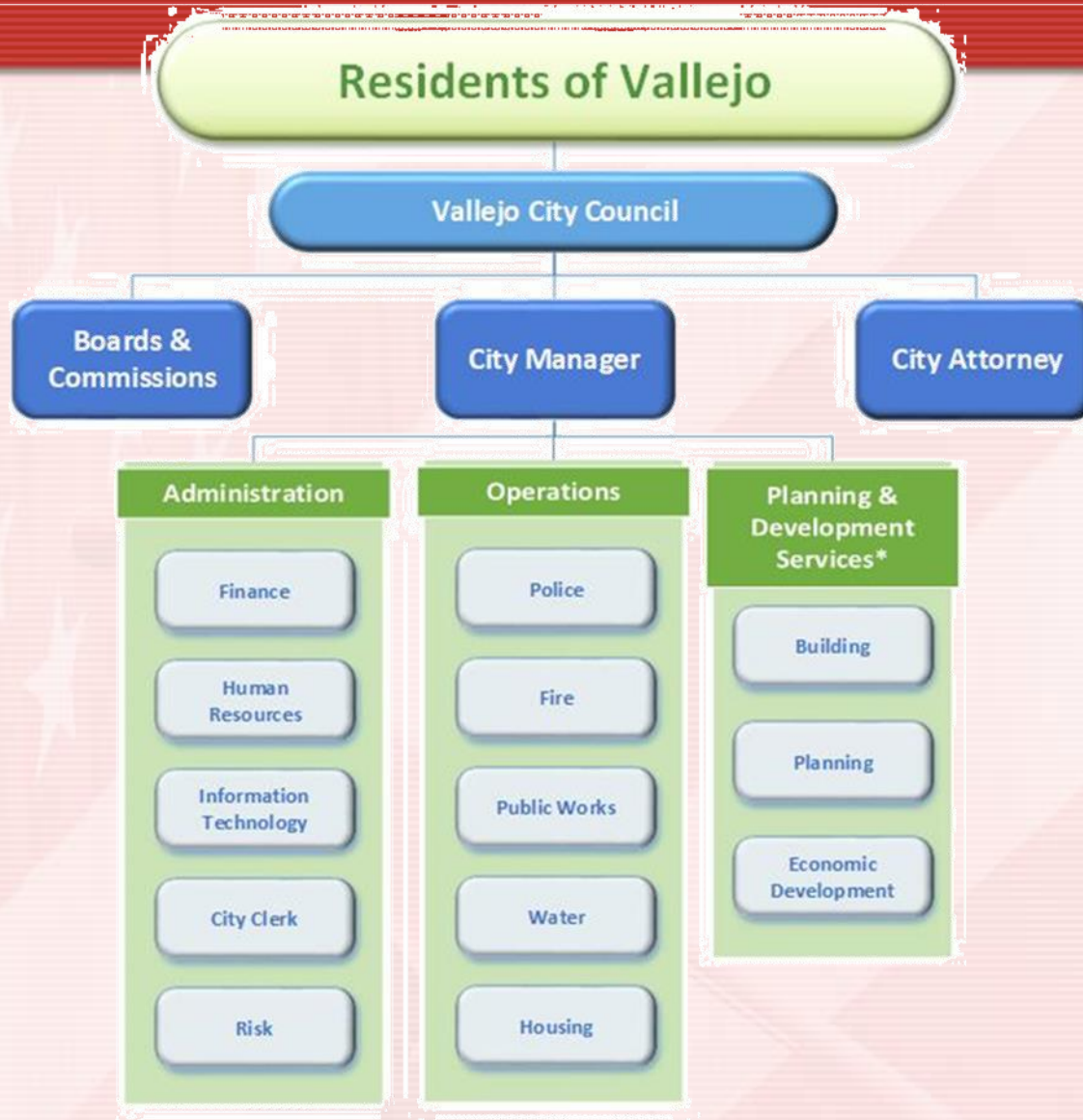
- Vallejo is a Council-Manager form of government that combines the leadership of elected officials with the managerial experience of an appointed city manager.
- All power and authority to set policy rests with the elected governing body, which includes the Mayor and Members of the City Council.
- The City Council appoints the City Manager and City Attorney as well as members of the City's Advisory Boards and Commissions.

# City Council

- Every November in even-number years, the City's General Election is held. Councilmembers are elected by-district and the Mayor at-large. Councilmembers and the Mayor serve a four-year term. Members of the Council are subject to term limits.
- Acts upon all legislative matters concerning the City, approving and adopting ordinances, resolutions, contracts and other matters requiring policy decisions.
- Conducts the City's business at City Council meetings that are open to the public.
- Represents the city on state, regional and local boards.



# Citywide Organizational Chart



# City Council

## **Salary and Benefits**

- Mayor \$22,800 annually
- Councilmembers \$14,700 annually
- Optional benefits

# City Council

## **It goes beyond regular Council meetings...**

- Closed Sessions
- Special Meetings
- Workshops and Study Sessions
- Academy Graduations
- Council Goal Setting
- Special Joint Meetings
  - Boards and Commissions
- Civic Events and Celebrations
- Training

# City Council provides leadership and represents the City on a variety of city, local, regional, state and national boards

## 2022 CITY COUNCIL ASSIGNMENTS – to name a few

### **In Addition to CITY BOARDS AND SUBCOMMITTEES**

City Schools Task Force  
Fighting Back Partnership  
Central Core Restoration Corp (CCRC)  
Inter-Agency Committee  
Association of Bay Area Governments General Assembly (ABAG)  
League of California Cities General Assembly  
League of California Cities – North Bay Division  
Solano State Parks Committee  
Solano 360 Implementation Committee  
MCE Clean Energy Board  
Tripartite Advisory Board  
Solano County Transportation Authority  
Solano County Transit (SOLTRANS) Board  
  
Solano County Water Agency Board  
Solano Water Authority Board  
Vallejo-Napa Solid Waste Management  
Multi-Jurisdictional Homeless 2x2 Subcommittee

### **DELEGATES/ALTERNATES**

Dew/Loera-Diaz  
Verder-Aliga  
Dew/Brown Alt.  
Mayor/Arriola/Diaz  
Miessner/Mayor Alt.  
Mayor/Dew  
Dew/Mayor Alt.  
Mayor  
Mayor/Dew  
Miessner/Dew Alt.  
Miessner  
Mayor/Dew Alt.  
Mayor & Arriola/Dew Alt.  
Mayor/Loera-Diaz Alt.  
Mayor/Loera-Diaz Alt.  
Mayor/Brown Alt.  
Miessner & Verder-Aliga



# Qualifications

Any person is eligible provided they:

- Are a registered voter of the City of Vallejo at the time nominations paper are issued in District 2, 4 or 5.
- Reside in the City and District 2, 4 or 5 during their term of office.
- Do not accept incompatible public office or public employment during their term.

# Nomination Process

- Appointments to Take Out & File Nomination Papers are required!
- Tuesday, July 5 – soonest City Clerk will begin to schedule appointments.
- Please allow up to 45 minutes for both taking out and filing nomination papers.
- Candidates may bring Campaign Manager

# Nomination Process

## Offices to be voted on

- District 2, 4 and 5 Councilmembers: four-year term

## Nomination Period

- Monday, July 18
- Closes Friday, August 12 at 5 p.m.
- If an incumbent does not file, period for that office extends to 5 p.m., Wednesday, August 17.

# Nomination Process

## How much does it cost?

- \$100 filing fee
- Cost for Candidate Statement of Qualifications – optional. Choice of printing in English, Spanish or Tagalog or all.
- Each candidate is responsible for their share of expense for printing, typesetting and translating their Candidate Statement.

# Nomination Process

## Candidate's Statement of Qualification Cost:

| District | English  | Spanish  | Tagalog  |
|----------|----------|----------|----------|
| 2        | \$206.42 | \$256.42 | \$256.42 |
| 4        | \$206.57 | \$256.57 | \$256.57 |
| 5        | \$206.42 | \$256.42 | \$256.42 |



# Nomination Paper

**NOMINATION PAPER**  
FOR CITYWIDE OFFICE  
Any voter signing this Nomination Paper for a citywide office **MUST** be a resident and a registered voter of the city.

**OFFICIAL FILING FORM**

City Clerk or Deputy City Clerk  
Date

We, the undersigned voters, hereby nominate \_\_\_\_\_  
for the office of \_\_\_\_\_  
for the City of **VALLEJO**  
to be voted for at the **GENERAL MUNICIPAL ELECTION**  
to be held on Tuesday, **NOVEMBER 8, 2022**

|    | Sign Name<br>_____<br>Print Name | Residence Address<br>_____<br>_____<br>_____<br>City and State | For Office/Date |
|----|----------------------------------|----------------------------------------------------------------|-----------------|
| 1  |                                  |                                                                |                 |
| 2  |                                  |                                                                |                 |
| 3  |                                  |                                                                |                 |
| 4  |                                  |                                                                |                 |
| 5  |                                  |                                                                |                 |
| 6  |                                  |                                                                |                 |
| 7  |                                  |                                                                |                 |
| 8  |                                  |                                                                |                 |
| 9  |                                  |                                                                |                 |
| 10 |                                  |                                                                |                 |

Public access to this document shall be limited to viewing the document only. The public may not copy or distribute copies of documents that contain signatures of voters. (B.C. Section 1 F(4))  
A candidate shall not file nomination papers for more than one municipal office or term of office for the same municipality in the same election. (B.C. 10230.3)

Revised Law 20-00 (2014) Revised 10/20/15  
MC Elections

Pg. 1

- Not less than 20, nor more than 30 signatures
- Must be voters registered in City of Vallejo District 2, 4 or 5.

# Ballot Designations

Word or words that will appear under the candidate's name on the ballot

- No more than three words
- Must designate the current *primary* profession, vocation or occupation of the candidate
- Must not mislead the voters
- Review guidelines in Candidates Handbook

# Ballot Designations

Adam Kelley  
Businessman



Ray Clay  
Educator/Non-Profit Director



Betty Bond  
Police Officer/Activist



Grace Smith  
Community Volunteer/Attorney



(Ballot Designation Worksheet is provided with Nomination Papers  
and required to be filed)

# Ballot Order of Candidates

- Random Alphabet Drawing by the Secretary of State
- Determined on August 18, 2022

# Candidates Statements

**FOR MEMBER OF THE CITY COUNCIL**  
**JOHN SMITH** Age: 45  
**Occupation:** Businessman

I have been a 30 year resident of this City and thoroughly enjoy living here. I would like to increase citizen education and police resources to stop the gang and graffiti activity that are overtaking our city.

I would like to implement environmental standards for cleaner water and air quality.

I respectfully ask for your support and thank those of you who cast your vote for me. A vote for me is a vote for a better City Council.

/s/ John Smith

- Optional
- Maximum 200 words
- Candidate pays cost approx. costs for printing & translation



# Campaign Sign Requirements



- Private property - permission required
- Not allowed on City property or right-of-way
- Placement 90 days prior to election (August 10)
- Remove 30 days after election

# Code of Fair Campaign Practices

- Voluntary document
- 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.

# California Fair Political Practices Commission (FPPC)

## Mission Statement

To promote the integrity of representative state and local government in California through fair, impartial interpretation and enforcement of political campaign, lobbying, and conflict of interest laws.

# FPPC Website – fppc.ca.gov



The screenshot shows the homepage of the California Fair Political Practices Commission (FPPC). The header is dark blue with the FPPC logo on the left, which is a circular seal with 'FPPC' in the center and 'FAIR POLITICAL PRACTICES COMMISSION' and 'STATE OF CALIFORNIA' around the perimeter. To the right of the logo, the text 'CALIFORNIA Fair Political Practices Commission' is displayed. A search bar with a magnifying glass icon is in the top right corner. Below the header is a navigation bar with links: 'About FPPC', 'The Law', 'Learn', 'Advice', 'Enforcement', 'Transparency Portal', and 'Media Center'. The main content area features a large image of hands holding a ballot with the word 'VOTE' and an American flag design. Overlaid on the left of this image is the word 'Engage' in large white text, followed by a paragraph: 'The FPPC promotes civic engagement by ensuring the fairness and integrity of California's political process.' In the bottom right corner of the image area, there are four small square buttons labeled '1', '2', '3', and a pause icon.

**Engage**

The FPPC promotes civic engagement by ensuring the fairness and integrity of California's political process.

1 2 3 ||



# FPPC Form 501

## 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 CITY STATE ZIP CODE  
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. ☐ NON-PARTISAN  
PARTY:  
OFFICE JURISDICTION  
☐ State (Complete Part 2.)  
☐ City ☐ County ☐ 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 do not 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 \_\_\_\_\_, Signature \_\_\_\_\_  
(month, day, year) (Candidate)

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



# FPPC Form 410

| <b>Statement of Organization Recipient Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | Date Stamp                                                                                                                                                                      | <b>CALIFORNIA FORM 410</b><br><small>For Official Use Only</small>                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Statement Type</b><br><input type="checkbox"/> <b>Initial</b><br><small>Not yet qualified <input type="checkbox"/> or</small><br><br>_____/_____/_____<br><small>Date qualified as committee</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | <input type="checkbox"/> <b>Amendment</b><br><small>List I.D. number:</small><br># _____<br><br>_____/_____/_____<br><small>Date qualified as committee (if applicable)</small> | <input type="checkbox"/> <b>Termination – See Part 5</b><br><small>List I.D. number:</small><br># _____<br><br>_____/_____/_____<br><small>Date of Termination</small> |
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| <small>NAME OF COMMITTEE</small><br><br>_____<br><br><small>STREET ADDRESS (NO P.O. BOX)</small><br><br>_____<br><br><small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP CODE</small> _____ <small>AREA CODE/PHONE</small> _____<br><br><small>MAILING ADDRESS (IF DIFFERENT)</small><br><br>_____<br><br><small>FAX / E-MAIL ADDRESS</small><br><br>_____<br><br><small>COUNTY OF DOMICILE</small> _____ <small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small> _____                                                                                                                                                                                                                                                                                                 |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| <b>2. Treasurer and Other Principal Officers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| <small>NAME OF TREASURER</small><br><br>_____<br><br><small>STREET ADDRESS (NO P.O. BOX)</small><br><br>_____<br><br><small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP CODE</small> _____ <small>AREA CODE/PHONE</small> _____<br><br><small>NAME OF ASSISTANT TREASURER, IF ANY</small><br><br>_____<br><br><small>STREET ADDRESS (NO P.O. BOX)</small><br><br>_____<br><br><small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP CODE</small> _____ <small>AREA CODE/PHONE</small> _____<br><br><small>NAME OF PRINCIPAL OFFICER(S)</small><br><br>_____<br><br><small>STREET ADDRESS (NO P.O. BOX)</small><br><br>_____<br><br><small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP CODE</small> _____ <small>AREA CODE/PHONE</small> _____ |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| <i>Attach additional information on appropriately labeled continuation sheets.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| <b>3. Verification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                        |
| Executed on _____<br><small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | By _____<br><small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>                                |                                                                                                                                                                                 |                                                                                                                                                                        |
| Executed on _____<br><small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | By _____<br><small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small> |                                                                                                                                                                                 |                                                                                                                                                                        |
| Executed on _____<br><small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | By _____<br><small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small> |                                                                                                                                                                                 |                                                                                                                                                                        |
| Executed on _____<br><small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | By _____<br><small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small> |                                                                                                                                                                                 |                                                                                                                                                                        |

# FPPC Form 470

## Officeholder and Candidate Campaign Statement - Short Form

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

☐ Amendment (Explain Below)

Date Stamp

**CALIFORNIA  
FORM 470**

For Official Use Only

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 (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

### 4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER

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

# FPPC Form 460

## Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

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

Date Stamp

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

### 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                            |                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 6)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>                                                                |

### 2. Type of Statement:

- |                                                                                                     |                                                  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                                      | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement                                                      | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |                                                  |
| <input type="checkbox"/> Amendment (Explain below)<br>_____<br>_____                                |                                                  |

### 3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

# CONTRIBUTION LIMITS – City Candidates

## Fair Political Practices Commission (FPPC)

- Applies to all Council Candidates
- Per Contributor, per Election
- Enforced by the FPPC

**2021-2022 Contribution Limits for City and County Candidates in Cities and Counties That Have Not Enacted Limits**

| Person (individual, business entity, committee/PAC) | Small Contributor Committee | Political Party |
|-----------------------------------------------------|-----------------------------|-----------------|
| \$4,900                                             | \$4,900                     | \$4,900         |

# FPPC Form 460 – Filing Schedule

- Semi-Annual Statement – July 31, 2012  
\* – 6/30/22
- Contribution Reports – Within 24 Hours  
8/10/22 – 11/8/22 Contributions/Independent  
Expenditures over \$1,000
- 1<sup>st</sup> Pre-Election Statement – September 29, 2022  
7/1/22 – 9/24/22
- 2<sup>nd</sup> Pre-Election Statement – Oct 27, 2022  
9/25/22 – 10/22/22
- Semi-Annual Statement – Jan 31, 2023  
10/23/22 – 12/31/22



# Committees – Post-Election

- Committees must continue to file until terminated
- Unsuccessful Candidates – restrictions on “surplus” funds
  - Can use to pay back loans to yourself
  - Contribute to local non-profits
  - Refer to FPPC Regulations
- Under new rules must terminate between campaigns

# Committees

**KEEP GOOD RECORDS!**



# Statement of Economic Interests Form 700

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received \_\_\_\_\_  
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 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, 2017, through December 31, 2017.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2017.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2017, through the date of leaving office.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete)** ► Total number of pages including this cover page: \_\_\_\_\_  
**Schedules attached**  
☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - 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 \_\_\_\_\_ E-MAIL 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 \_\_\_\_\_ Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

- To inform the public of financial interests held by public officials
- To discourage officials from making decisions for financial gain
- To protect the officials from being falsely accused

# FPPC Candidate/Treasurer Training

→ ↻ 🏠 🔒 fppc.ca.gov/learn/campaign-rules/candidate-toolkit-getting-started.html

Apps 🔄 CivicClerk 🌐 Employee Intranet 📄 CivicPlus 8

**CALIFORNIA**  
**Fair Political Practices Commission**

Search 🔍

About FPPCThe LawLearnAdviceEnforcementTransparency PortalMedia Center

Home | Learn | Campaign Rules | Candidate Toolkit

## Candidate Toolkit

Congratulations on your decision to run for office! Whether you are running for your local school board or a seat in the California Assembly, there are campaign laws and regulations you must follow. The purpose of this toolkit is to help you understand the rules that ensure transparency and accountability in California elections. Click on the links below to find out what your responsibilities are before, during, and after the election. Good luck on your campaign!

- [Getting Started](#)
- [Campaign Reports](#)
- [Campaign Communications](#)
- [After the Election](#)

## Other Resources

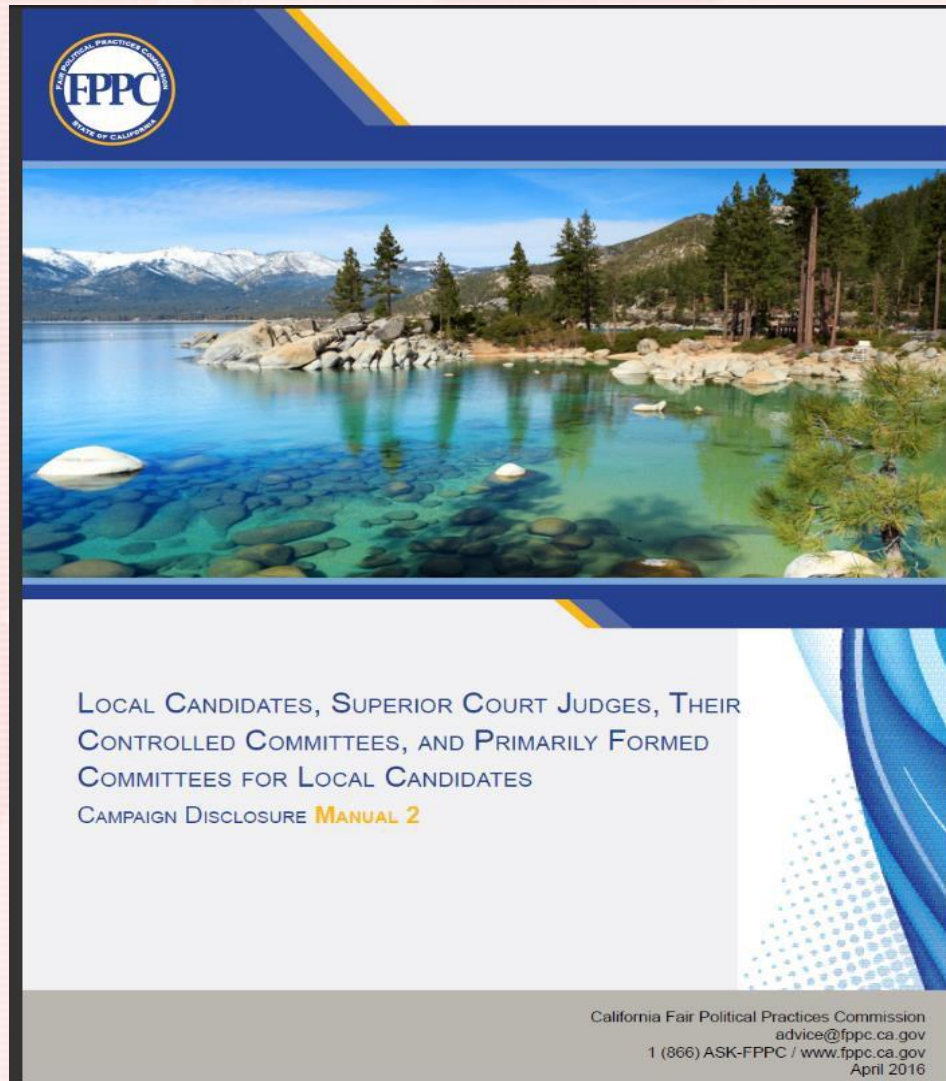
- [Campaign Rules](#)
-  [Campaign Disclosure Manual 1 for STATE Candidates](#)
-  [Campaign Disclosure Manual 2 for LOCAL Candidates, including Judges.](#)
- [Training & Outreach](#)
- [On-Demand Video for Candidates and Treasurers](#)
-  [Campaign Activity FAQs](#)

## Candidate Toolkit

- ▶ [When and Where to File Campaign Statements](#)
- ▶ [State Contribution Limits and Voluntary Expenditure Ceilings](#)
- ▶ [Campaign Forms](#)
- ▶ [Campaign Disclosure Manuals](#)
- ▶ [Campaign Advertising - Requirements & Restrictions](#)
- ▶ [Candidate Toolkit](#)
- ▶ [Getting Started](#)
- ▶ [Statement of Economic Interests for Candidates](#)
- ▶ [Campaign Reports](#)
- ▶ [Campaign Communications](#)



# Campaign Disclosure Manual





# Questions about campaign forms and rules?

Call the FPPC  
1-866-ASK-FPPC  
(1-866-275-3772)  
or email  
[advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)

# Candidate Request for Information

- All candidates treated the same
- All information requested shared with all candidates
- Coordinate through the City Manager's Office

# Mass Mailing Requirements

- Any mass mailing must include:
  - Name
  - Street Address
  - City
  - Committee ID number
  - Name of treasurer or printer
  - The words “paid for by”
- Minimum 6-point type
- Color that contrasts with background to be easily legible

# Electioneering

- No “electioneering” or other election-related conduct within 100 feet of a polling place (Elections Code 18370)
  - Badges
  - Buttons
  - Clothing
  - Hats
  - Signs
  - Pens/Pencils
  - Bumper stickers / car magnets

# What you can do now

- Attend City Council and Planning Commission meetings
- Watch Council meetings
  - Local Channel 28
  - City website
    - Live videostream
    - Zoom Webinar
- Verify you are registered voter in the City of Vallejo in either District 2, 4 or 5.



# What you can do now

Visit the City Clerk's webpage for the following:

- Current agenda is generally posted 7 days prior to the Council meeting
- Public Records On-Line
  - Agenda Packets
  - Minutes
- Municipal Code/City Charter

# Key Dates

- Sept. 20-Oct. 10 – ROV mails vote by-mail ballots.
- Oct 24 – 15-day close of voter registration
- Nov 8 – Election Day
- Dec 8 – Last day to declare results

# Questions?



[Cityofvallejo.net](http://Cityofvallejo.net)

# For more information

**DAWN G. ABRAHAMSON, MMC**

*City Clerk*



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