

The background features a large, stylized green seal of Kern County on the left. The seal includes the word "KERN" in a large, white, serif font, a white five-pointed star, and illustrations of wind turbines, mountains, and agricultural products like grapes and oranges. The right side of the image has a green geometric pattern of overlapping triangles. The text "Candidate Filing" is centered in a large, green, sans-serif font.

Candidate Filing

Kern County
Elections Division

Candidate Filing Overview

- ▶ Contact Information
- ▶ Getting Started
- ▶ Where to File Documents
- ▶ Important Dates to Remember
- ▶ Complete Your Candidate Filing Forms
- ▶ Campaign Filing Forms
- ▶ Voter Data Requests

Contact Information

- ▶ Kern County Elections Division
 - ▶ 1115 Truxtun Avenue, 1st Floor, Bakersfield, CA 93301
 - ▶ Office Hours: Monday - Friday 8am - 5pm
 - ▶ Phone: (661) 868-3590
 - ▶ Fax: (661) 868-3768
 - ▶ E-mail: candidatefiling@kerncounty.com
 - ▶ Website: KernVote.com

KERN COUNTY ELECTIONS
CANDIDATE INFORMATION FORM FOR THE GENERAL ELECTION
November 3, 2026

I am aware of the following:

- ☐ Qualifications for Candidacy for office
- ☐ Requirements for filing Campaign Statements
- ☐ Election Candidate Handbook was received
- ☐ This form is public information
- ☐ Last day to file Nomination Papers which is August 7, 2026 5:00 P.M.

1. What office are you filing for? (Do not use abbreviations.)

_____ District/Office/Trustee Number: _____

2. Term of office:

- ☐ Full
- ☐ Short

3. Are you an Appointed Incumbent to the office?

- ☐ Yes (Consider using **Appointed Incumbent** as your ballot designation.)
- ☐ No

4. Are you an Incumbent to the office?

- ☐ Yes (Consider using **Incumbent** as your ballot designation.)
- ☐ No

5. Your Name as you want it to appear on the ballot:

6. Residence Address:

_____ City: _____ Zip: _____

7. Mailing Address, if different from Residence Address:

_____ City: _____ Zip: _____

8. Business Address:

_____ City: _____ Zip: _____

9. Contact Information:

Campaign/Business, if different:

Phone/Mobile: _____ Phone: _____

Email Address: _____ Email Address: _____

10. Website: _____

11. Gender: (For translation purposes only)

- ☐ Male
- ☐ Female

Candidate Signature: _____ Date: _____

Getting Started

- ▶ The following forms are required to file as a Candidate:
 - ▶ Ballot Designation Worksheet
 - ▶ Candidate Statement Form
 - ▶ FPPC Forms
- ▶ The forms are available on [KernVote.com](https://www.kernvote.com).
- ▶ The following Forms must be filled out in the Elections Division:
 - ▶ Signatures in Lieu (if applicable)
 - ▶ Declaration of Candidacy
 - ▶ Qualification Statement
 - ▶ Contribution and Expenditures Limits
- ▶ At the time of filing, the candidate must declare the office they intend to run for and, if required, pay the applicable filing fee.
 - ▶ Filing fees for Nonpartisan Offices must be paid by check/money order and made payable to the Auditor-Controller-County Clerk

Where to File Documents

County Candidates

- Schools Districts
- Special Districts

File directly at the Elections Division, located at:
1115 Truxtun Avenue, 1st Floor, Bakersfield CA 93301

*Candidates may also elect to authorize someone to pick up documents on their behalf. Authorization forms can be found on our website at KernVote.com.

City Candidates

Must file with their City Clerk.

Please refer to our website at Kernvote.com or in our handbook for city contact information.

Important Dates

Declaration of Candidacy & Nomination Period

July 13th (E-113) to August 7th (E-88)

Candidate Statement Period for Voter Information Guides

July 13th (E-113) to August 7th (E-88)

Statement of Write-In Candidacy and Nomination Paper Period

September 7th (E-57) to October 20th (E-14)



All proper documents must be returned to the Kern County Elections Division by 5:00 p.m. on the deadline of the candidate's applicable filing period with a wet signature.



Completing Your Candidate Filing Forms

Completing the Ballot Designation Worksheet:

- ▶ Candidates have the choice to include a ballot designation, but it is entirely optional.
- ▶ A Ballot Designation Worksheet must be submitted with documentation that substantiates your proposed designation:
 - Any section that you do not need to fill out please write “N/A” on the line provided
 - Section 1: Your information (Name, Office running for, etc.).
 - Section 2: Complete if you have legal representation or another authorized person making decisions on your behalf.
 - Section 3: Place your proposed designations. Up to 3 professions, vocations, occupations separated by a slash (/) for a single designation.
 - “Incumbent” if you were elected to your current public office and seek election to the same office.
 - “Appointed Incumbent” if you were appointed to your current elective public office and seek election to the same office.

*Remember, it is your responsibility to justify your proposed ballot designation and to provide all requested details.



California Secretary of State
BALLOT DESIGNATION WORKSHEET
 February 25, 2025, State Assembly District 32 Special Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

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

1

Candidate Information

Candidate Name: _____

Office: _____ Email: _____

Home Address: _____

Mailing Address: _____

Business Address: _____

Phone Number(s): _____

Business: _____ Home/Mobile: _____ Fax: _____

2

Attorney or Other Authorized Person Information

Attorney Name (or other person authorized to act on your behalf): _____

Address: _____

Phone Number(s): _____

Business: _____ Mobile: _____ Fax: _____

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

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

3

Proposed Ballot Designation(s)

Proposed Ballot Designation(s): _____

Alternate Ballot Designation(s) 1: _____

Alternate Ballot Designation(s) 2: _____

If your proposed ballot designation is pursuant to Elections Code § 13107(a)(3):
 The professions, vocations or occupations relied upon to support my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. Initial _____

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

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

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

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

Rev 4/2024

Ballot Designation (Continued)

- ▶ Section 4: Provide justification for your use of the Designation provided in Section 3. If you used multiple professions, vocations, or occupations in your **designation**, you must provide justification for **EACH** one.
- ▶ **Example:**
 - ▶ Designation: Lawyer/Educator
 - ▶ First box of Section 4 would be used to justify the use of “Lawyer.” (I practice law during the day)
 - ▶ The second box of Section 4 would be used to justify the use of “Educator.” (I teach law courses at BC)
- ▶ You must provide the contact information of a person who can verify the information.
- ▶ If you do not need to fill out any section of Page 2, please write “N/A” on every line of Section 4.
- ▶ You must answer Yes/No to each question and initial on the line. Please note that a “Yes” answer will most likely lead to a rejection of your ballot designation.

California Secretary of State
BALLOT DESIGNATION WORKSHEET
November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)
Page 2

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

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

Justification for use of 1 st PVO:			
Current or most recent job title:	Start Date:	End Date:	
Employer Name or Business:			
Person who can verify this information:			
Name:	Phone Number(s):	Email:	
Justification for use of 2 nd PVO:			
Current or most recent job title:	Start Date:	End Date:	
Employer Name or Business:			
Person who can verify this information:			
Name:	Phone Number(s):	Email:	
Justification for use of 3 rd PVO:			
Current or most recent job title:	Start Date:	End Date:	
Employer Name or Business:			
Person who can verify this information:			
Name:	Phone Number(s):	Email:	

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

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

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

X _____
Candidate’s Signature

Date Signed: Month/Day/Year

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at www.sos.ca.gov).
Rev 4/2024

This section must be completed


California Secretary of State
BALLOT DESIGNATION WORKSHEET
 November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)
 Page 3

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

A

Justification for use of 1st PVO:

Current or most recent job title: _____ Start Date: _____ End Date: _____

Employer Name or Business: _____

Person who can verify this information:

Name: _____ Phone Number(s): _____ Email: _____

Justification for use of 2nd PVO:

Current or most recent job title: _____ Start Date: _____ End Date: _____

Employer Name or Business: _____

Person who can verify this information:

Name: _____ Phone Number(s): _____ Email: _____

Justification for use of 3rd PVO:

Current or most recent job title: _____ Start Date: _____ End Date: _____

Employer Name or Business: _____

Person who can verify this information:

Name: _____ Phone Number(s): _____ Email: _____

B

Justification for use of 1st PVO:

Current or most recent job title: _____ Start Date: _____ End Date: _____

Employer Name or Business: _____

Person who can verify this information:

Name: _____ Phone Number(s): _____ Email: _____

Justification for use of 2nd PVO:

Current or most recent job title: _____ Start Date: _____ End Date: _____

Employer Name or Business: _____

Person who can verify this information:

Name: _____ Phone Number(s): _____ Email: _____

Justification for use of 3rd PVO:

Current or most recent job title: _____ Start Date: _____ End Date: _____

Employer Name or Business: _____

Person who can verify this information:

Name: _____ Phone Number(s): _____ Email: _____

Rev 4/2024

Ballot Designation (Continued)

If one of more Alternate Ballot Designation is provided:

- Complete sections A and B if you have entered alternate ballot designations in section 3
- Again, If you have multiple professions, vocations, occupations listed, you must provide justification and a contact person for EACH one
- If you do not have alternate ballot designations, the top of the page must be initialed
- If the proposed ballot designation is not accepted, the SOS or our office will contact you. You will have three days excluding Saturdays, Sundays and state holidays, from the date you receive notification, to provide a revised designation that complies with election regulations. E.C. 13107

Acceptable Ballot Designation Examples

Professions

- Businessman
- Attorney
- Teacher
- Police Officer
- City of Bakersfield Firefighter
- County of Kern Sheriff
- Nurse
- Accountant
- Electrician
- Veterinarian
- Photographer
- Pilot

Vocations

- Pastor
- Mother/Father
- Community Volunteer
- Dental Hygienist
- Computer Technician
- Pharmacy Technician
- First Responder
- Paralegal
- Cosmetology
- Fashion Designer
- Gamer
- Network Administrator

Occupations

- Warehouse Supervisor
- Farmer/Rancher
- Actor
- Barber
- Programmer
- Graphic Designer
- Physician
- Real Estate Agent
- Business Owner
- Dentist
- Librarian
- Retired Teacher
- Chef

Title of Office

- Incumbent
- Appointed Incumbent
- Kern Community College District Member of Trustee Area 3
- Southwest Healthcare District Director
- Bakersfield Councilmember Ward 5
- City of Arvin Mayor
- City of Tehachapi Treasurer
- City of Delano City Clerk

*Designations are merely examples and do not encompass all possible designation options

Unacceptable Ballot Designations

- ▶ What would be considered unacceptable:
 - ▶ Would suggest an evaluation of a candidate
 - ▶ Abbreviates the word “retired” or places it following any word or words that it modifies.
 - ▶ Uses “former” or “ex”
 - ▶ No title or degree
 - ▶ Would mislead the voter
 - ▶ Uses the name of a political party
 - ▶ Words referring to a racial, religious, or ethnic group
 - ▶ Refers to any activity that is prohibited by law
- Veteran
- Founder
- Activist
- Taxpayer
- Honorary Peace Officer
- Specialist
- Wife/Husband
- Concerned Citizen
- Scholar
- Patriot
- Philosopher
- Reformer
- Pioneer
- Philanthropist
- CSUB Professor
- Expert

Candidate Statements

- Filing a Candidate Statement is optional.
- Candidates for Federal, State, County office, school or special districts can submit statements electronically to candidatefiling@kerncounty.com or in office in the Elections Division.
- Candidates for City office must file their candidate statement with the City Clerk's office.
- Statement costs are available in the candidate handbook.
- The Elections Division does not proof candidate statements. It is the candidate's responsibility to proof grammar and punctuation.
- Candidate Statements are **optional**.

Candidate Endorsements

- ▶ Use of an endorsement in a candidate statement requires written authorizations from the endorser. A copy of the signed authorization must be submitted with the Candidate Statement.



Declaration of Candidacy

This form will be issued in our office when filing or with the candidates authorized representative

Section 2: Name to appear on the ballot along with ballot designation

- Ballot designation requested
- If a candidate chooses not to have a ballot designation, they must initial the red box on the right of page 1 of this form
- Initial on the red line if you have a character-based name
- Section 3: Candidate to select at least one contact to be made public. **This information will be published on the Notice to Candidates running in the election on the SOS website and online in the Certified List of Candidates at Kernvote.com**

County of Kern
DECLARATION OF CANDIDACY
Nonpartisan Office – For Use in Local Elections
June 2, 2026/Primary Election (Elections Code §§ 20, 200, 8002.5, 8020, 8020.5, 8040, 8121, 13105)

Official Filing Form
Filed in: _____
Elections Official
By: _____
Date Issued: _____

For Elections Officials USE ONLY

Candidate Name and Office
1 I hereby declare myself a candidate for the nomination/election to the office of _____ to be voted for at the [Insert Election Name] to be held on [Month Day, Year], and declare the following to be true:
My name is _____
First Middle/Initial (optional) Last

Ballot Information Name and ballot designation to appear on the ballot
2 IMPORTANT NOTE: A ballot designation is optional. If one is requested, a completed BALLOT DESIGNATION WORKSHEET must be submitted. If no ballot designation is requested, write "NONE" and initial in the box. (Elections Code §§ 13107, 13107.3)
I request my name and ballot designation to appear on the ballot as follows:
Print Your Name for Use on the Ballot _____
Print Ballot Designation Requested _____
_____. (If applicable in your City/County) I have a character-based name I would like to use instead of a phonetic transcription. (You must complete Character-Based Name Form.)

[This IMPORTANT NOTE can be modified to meet your local election requirements] IMPORTANT NOTE: The [City/County of Name] will publish your name and proposed ballot designation. You may also have a mailing address, residential address, email and/or phone number published on the election official's website.

ONLY CHECK ONE BOX. Please check the appropriate box to indicate which address you wish to be used for publishing purposes.

Addresses, Telephone, Internet Website and Email
3 Publish ☐ Mailing Address: _____ Apt. or Unit # _____
City/State/Zip Code: _____
Publish ☐ Residence Address (Required): _____ Apt. or Unit # _____
City/State/Zip Code: _____
Publish ☐ Business Address: _____ Apt. or Unit # _____
City/State/Zip Code: _____
Publish ☐ Telephone (Business): _____
Publish ☐ Telephone (Evening): _____
Publish ☐ Internet Website: _____
Publish ☐ Email: _____

Candidate initials box if NO ballot designation is preferred.

IMPORTANT: Reverse Side of Page Must Be Completed

Rev: 1/2025

Declaration of Candidacy (Continued)

- Section 4: If the candidate is an incumbent of any public office it needs to be listed here. All candidates need to sign the Qualifications section
- Section 5: Oath of Office to be administered and signature of candidate must be completed
- Section 6: Elections Official to complete the Jurat

Qualifications	4	I meet the statutory and constitutional qualifications for this office (including, but not limited to, citizenship and residency). I am at present an incumbent of the following public office (if any): I have not been convicted of a felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes. If nominated/elected, I will accept the nomination/election and not withdraw, except as permitted by state law. X Signature of Candidate
Oath of Office	5	I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. X Signature of Candidate
Notary Public or Other Officer	6	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of _____ Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. (Notary Public Seal) _____ Signature of Notary Public (or other officer) Examined and certified by me this _____ day of _____, 20____ Elections Official _____

Rev: 1/2025

WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any declaration of candidacy in the person's possession that is entitled to be filed under the provisions of the Elections Code. (Elections Code § 18202.)

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) _____ DAY/TIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) _____ AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE _____

OFFICE JURISDICTION _____ PARTY PREFERENCE _____

☐ State (Complete Part 2) ☐ City ☐ County ☐ Multi-County _____ (Name of Multi-County Jurisdiction) _____

☐ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box.)
☐ I accept the voluntary expenditure ceiling for the election stated above.
☐ I do not accept the voluntary expenditure ceiling for the election stated above.
Amendment: _____
☐ I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)
☐ On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on ____/____/____ Signature _____ (Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received _____
Filing Office Use Only

Please type or print in ink.

NAME OF FILER (Last, First, Middle) _____

Smith John (Initials) _____

1. Office, Agency, or Court
Agency Name (Do not use acronyms) _____
Office Title _____
Division, Board, Department, District, if applicable _____ Your Position _____
Title of the Position _____

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency _____ Position _____

2. Jurisdiction of Office (check at least one box)
☐ State ☐ Judge, Retired Judge, Probate Judge, or Court Commissioner (Statewide Jurisdiction) (SELECT FOR SUPERIOR COURT JUDGE)
☐ Multi-County ☒ County of Sacramento
☐ City of _____ ☐ Other _____

3. Type of Statement (check at least one box)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019. (Check one circle)
or: The period covered is ____/____/____ through ____/____/____
☐ Leaving Office: Date Left ____/____/____
☐ Assuming Office: Date assumed ____/____/____
☒ Candidate: Date of Election ____/____/____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5
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
I have read of reasonable diligence in preparing this statement. I have reviewed the 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 _____
FPPC Form 700 - Cover Page (2/2018)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov Page 1

Officeholder and Candidate
Campaign Statement - Short Form

DATE STAMP: _____

CALIFORNIA FORM 470
For Official Use Only

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

☐ Amendment (Explain Below) _____

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 ____/____/____ By _____
DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Filing Forms

Where To File Forms

School and Special District Candidates

Paper Filings:
Kern County Elections Division
1115 Truxtun Ave, 1st Floor,
Bakersfield, CA 93301

City Candidates

City Clerk's Office

* For campaign filing forms please visit FPPC.ca.gov

Fair Political Practices Commission

Forms

- 700- Elected/appointed officials and candidates running for offices that are designated in a conflict of interest. This form must be submitted to our office by the filing deadline with a wet signature
- 470 - Candidates who do not have a controlled committee and do not anticipate spending/receiving \$2,000
- 501 - Candidates for state or local office must file for each election including incumbents seeking reelection
- 410 - Any officeholder, candidate or organizations that raise contributions totaling \$2,000 or more in a calendar year
- 460 - Required for all recipient committees, including candidates, officeholders and their controlled committees who have raised or spent \$2,000 or more in a calendar year
- 497 - State and local committees who are making/receiving contributions where the combined total is \$1,000 or more 90 days before an election, or contributing \$5,000 or more to support/oppose the qualification of a local ballot measure

AB 571: Campaign Contribution Limits

Establishes a contribution limit for city and county elections, equal to the state legislative limit, and is regulated and enforced by the FPPC.

Visit www.fppc.ca.gov to view the FPPC's AB 571 Fact Sheet, Contribution Limits and the State's 2021 Contribution Limit Chart.

As of 1/1/2021, Campaign contribution limits have changed with enactment of AB 571.

Voter Information

- ▶ The Registrar of Voters offers a wide range of products and services for candidates including, voting history, district/precinct maps and street index.
- ▶ To purchase voter registration information, follow the link: [Application for products and services](#).
- ▶ It will be necessary for you to do the following:
 - ▶ Complete the Application
 - ▶ Pay the fee for the items ordered
 - ▶ Show proper identification
- ▶ Information obtained will be used **ONLY** for Election, Scholarly, Journalistic, Political or Governmental purposes as defined by Elections Code Section 2194.
- ▶ You must further agree NOT to sell, lease, loan, or deliver possession of the registration information, a copy thereof, or any portion thereof, in any form or format, to any person, organization or agency without FIRST received written authorization from the Secretary of State to release such registration information.



If you have any questions,
contact us at:

- ▶ Phone: (661) 868-3590
- ▶ E-mail: candidatefiling@kerncounty.com
- ▶ Website: KernVote.com