

KERN

Candidate Filing Overview

Presented by the
Kern County Elections Division

Notice

- ▶ This overview is intended to provide general information for candidates and committees and does not have the force and effect of law, regulation, or rule. It is distributed with the understanding that the Kern County Registrar of Voters is not rendering legal advice. This overview is not intended to substitute legal counsel for the individual, organization, or candidate using it. In the event of conflict, the law, regulation, or rule will apply.
- ▶ The Registrar of Voters recommends that prospective candidates obtain legal advice to assist in complying with the applicable California laws.

Candidate Filing Overview

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

Available Resources

- ▶ Election Calendar
- ▶ Candidate Guide
- ▶ Candidate List
- ▶ FPPC Website
- ▶ California Secretary of State

Offices up for Election

- ▶ Voter Nominated Offices

Top two candidates from the Primary Election will move forward to a runoff in the General Election.

- ▶ US Senate
- ▶ US Representative
- ▶ State Senate
- ▶ State Assembly

- ▶ Local nonpartisan offices

- ▶ County Offices

If one candidate does not receive a 50% +1 vote in the Primary Election, the top two will move forward to a runoff in the General Election.

Majority Vote (50% + 1) to Win in Primary

- ▶ **Example:** A candidate must receive more than half of all votes cast to win outright.
- ▶ **Scenario:**
 - ▶ Total votes: 10,000
 - ▶ Candidate A: 5,100 votes (*wins with 50% + 1*)
 - ▶ Candidate B: 3,000 votes
 - ▶ Candidate C: 1,900 votes
- ▶ **Result:** Candidate A is elected in the primary—no general election needed

Top-Two Primary

- ▶ **Example:** The two candidates with the most votes advance to the general election, regardless of party.
- ▶ **Scenario:** Total votes: 10,000
 - ▶ Candidate A: 4,000 votes
 - ▶ Candidate B: 3,500 votes
 - ▶ Candidate C: 2,500 votes
- ▶ **Result:** Candidate A and B move on to the general election.

Where to File Documents

County Candidates

- Auditor-Controller-County Clerk
- Assessor
- Superior Court Judge
- Supervisor
- Treasurer-Tax Collector

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.

Getting Started

- ▶ Potential Candidates should do the following:
 - ▶ Review the Candidate Guide.
 - ▶ Candidate guide can be found on KernVote.com.
 - ▶ Review the list of offices up for Election.
 - ▶ List can be found in the Candidate Guide or on our website.
 - ▶ Review qualifications for office or in the candidate guide.
- ▶ Candidate qualifications for Federal and State offices is available on the California Secretary of State's website at sos.ca.gov.

What's in the Candidate Guide?

- ▶ Filing Fee - based on annual salary of the office.
- ▶ Nomination signature requirements.
- ▶ Total in-lieu signatures required to waive the entire filing fee.
- ▶ Candidate statement cost.

Important Dates

Signatures in Lieu of Filing Fee Period

December 19th (E-165) to February 4th (E-118)

Judicial Candidates Declaration of Intent

January 26th (E-127) to February 4th (E-118)

Declaration of Candidacy & Nomination Period

February 9th (E-113) to March 6th (E-88)

Candidate Statement Period for Voter Information Guides

February 9th (E-113) to March 6th (E-88)

Statement of Write-In Candidacy and Nomination Paper Period

April 6th (E-57) to May 19th (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

Candidate Filing

- ▶ At the time of filing, the candidate must declare the office they intend to run for and, if required, pay the applicable filing fee.
- ▶ Nomination Petition- Some offices require a candidate to obtain and file nomination signatures as part of the qualification process. The number of required signatures depends on the office sought. The non-refundable filing fee is paid when the candidate requests the official nomination petition form
- ▶ Signatures In-Lieu of Filing Fee Petition (SIL) - For offices that have a filing fee, candidates have the option to obtain signatures in-lieu of the filing fee. SIL petition forms are available at no cost. Each valid signature will count toward the nomination signature requirement. Monetary credit for each valid signature will be applied toward the filing fee. The amount is based on the office sought. If the entire filing fee is not covered by SIL, the remaining balance will be collected when you file your Declaration of Candidacy form or upon requesting a Nomination Petition Form.
- ▶ What is considered a valid signature?
 - ▶ Registered voters with a residential address, city, zip code and signature comparable to the voter's signature on their registration record.

KERN COUNTY ELECTIONS
CANDIDATE INFORMATION FORM FOR THE PRIMARY ELECTION
June 2, 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 _____ Date _____ 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: _____

Candidate Forms

▶ The following forms are available online at Kernvote.com:

- ▶ Candidate Information Form
- ▶ Ballot Designation Worksheet
- ▶ Candidate Statement Form
- ▶ FPPC Forms

▶ The following forms must be completed in the Elections office:

- ▶ 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 cash, check/money order and made payable to the Auditor-Controller-County Clerk.
- ▶ Filing fees for Voter-Nominated Offices must be paid by check/money order payable to the Secretary of State.

Signatures in Lieu

County of Kern
 PETITION IN LIEU OF FILING FEE – For Use Only During the Signature in Lieu Filing Fee Period (December 11 - February 4, 2025)
 Nonpartisan Office – For Use in Local Elections
 June 2, 2025/Primary Election (Elections Code §§ 100, 104, 8041, 8061, 8106, 8106.5; Code of Civil Procedure § 2015.5)

Official Filing Form Filed in: _____

By: _____ Elections Official Date Issued: _____

By: _____ Elections Official Date Received: _____

By: _____ Elections Official

For Elections Officials USE ONLY

I, the undersigned signer for _____, for nomination to the _____, _____
 Name of Candidate
 office of _____ to be voted for at the [Insert Election Name] to be held on [Month Day, Year], hereby assert
 as follows:
 1 I am a resident of _____ [City/County] and am registered to vote at the
 address shown on this paper. I am not at this time a signer of any other nomination paper for the above-named office.
 My residence is correctly set forth after my signature hereto:

PRECINCT (to be entered by Elections Official)	NAME	RESIDENCE (As Registered - No P.O. BOX)	VERIFICATION (to be entered by Elections Official)
Print: 1		Residence Address ONLY:	
Signature:		City or Town:	
Print: 2		Residence Address ONLY:	
Signature:		City or Town:	
Print: 3		Residence Address ONLY:	
Signature:		City or Town:	
Print: 4		Residence Address ONLY:	
Signature:		City or Town:	
Print: 5		Residence Address ONLY:	
Signature:		City or Town:	
Print: 6		Residence Address ONLY:	
Signature:		City or Town:	
Print: 7		Residence Address ONLY:	
Signature:		City or Town:	
Print: 8		Residence Address ONLY:	
Signature:		City or Town:	

Please Complete Affidavit of Circulator on Reverse Side

NOTE: Valid signatures on this form shall be applied toward nomination signature requirements pursuant to Elections Code section 8061, if submitted by Month Day, Year.

Rev: 1/2025

PRECINCT (to be entered by Elections Official)	NAME	RESIDENCE (As Registered - No P.O. BOX)	VERIFICATION (to be entered by Elections Official)
Print: 9		Residence Address ONLY:	
Signature:		City or Town:	
Print: 10		Residence Address ONLY:	
Signature:		City or Town:	

_____ solemnly swear (or affirm) a[ll] of the following:

1. That I am 18 years of age or older.

2. That my residence address, including street and number, is _____
 (If no street or number exists, a designation of my residence adequate to readily ascertain its location is: _____)

3. That the signatures on this section of the nomination paper were obtained between _____, 20____
 and _____, 20____; that I circulated this section and I witnessed the signatures on this section of the
 nomination paper being written; and that, to the best of my information and belief, each signature is the genuine signature of the person
 whose name it purports to be.

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

Dated this ____ day of _____, 20____ X _____
 Signature of Circulator

Affidavit of Circulator (to be completed in circulator's own hand)

Notary Public or Other Officer

3 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 _____

(TO BE ENTERED BY ELECTIONS OFFICIAL AFTER VERIFICATION)
 Number of Valid Signatures on this Section:
 Date:
 By:

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 nomination paper in the person's possession that is entitled to be filed under the provisions of the Elections Code. (Elections Code § 18202.)

- Registered voters should print and sign in this section along with resident address and city. Signatures must be comparable to their signature on file to be accepted.
- A Circulator is required to be 18 years of age.
- Circulators must print name, residence address, including street and number, Month and Day in section 2.



For Elections
 Officials USE
 ONLY

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

Candidate
 Name, Office,
 and Signer's
 City/County
 Residence

I, the undersigned signer for _____, for nomination to the _____
 Name of Candidate
 office of _____, to be voted for at the [insert Election Name] to be held on [Month Day, Year], hereby assert as follows:
 I am a resident of _____ [City/County] and am registered to vote at the address shown on this paper. I am not ~~also~~ ~~is~~ a signer of any other nomination paper of any other candidate for the above-named office.
 My residence is correctly set forth after my signature hereto:

PRECINCT (to be entered by Elections Official)	NAME	RESIDENCE (As Registered - No P.O. BOX)	VERIFICATION (to be entered by Elections Official)
Print: 1	Signature:	Residence Address ONLY: City or Town:	
Print: 2	Signature:	Residence Address ONLY: City or Town:	
Print: 3	Signature:	Residence Address ONLY: City or Town:	
Print: 4	Signature:	Residence Address ONLY: City or Town:	
Print: 5	Signature:	Residence Address ONLY: City or Town:	
Print: 6	Signature:	Residence Address ONLY: City or Town:	
Print: 7	Signature:	Residence Address ONLY: City or Town:	
Print: 8	Signature:	Residence Address ONLY: City or Town:	

Please Complete Affidavit of Circulator on Reverse Side

PRECINCT (to be entered by Official)	NAME	RESIDENCE (As Registered - No P.O. BOX)	VERIFICATION (to be entered by Elections Official)
Print: 9	Signature:	Residence Address ONLY: City or Town:	
Print: 10	Signature:	Residence Address ONLY: City or Town:	

_____, solemnly swear (or affirm) of the following:
 Print Name
 1. That I am 18 years of age or older.
 2. That my residence address, including street and number, is _____
 [If no street or number exists, a designation of my residence adequate to readily ascertain its location is: _____]
 3. That the signatures on this section of the nomination paper were obtained between _____, 20____
 and _____, 20____, that I circulated this section and I witnessed the signatures on this section of the
 Month and Day
 nomination paper being written; and that, to the best of my information and belief, each signature is the genuine signature of the person
 whose name it purports to be.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Dated this ____ day of _____, 20____ X _____
 Signature of Circulator

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.
 Signature of Notary Public
 (or other officer)
 (Notary Public Seal)
 Examined and certified by me this _____ day of _____, 20____.
 Elections Official

(TO BE ENTERED BY ELECTIONS OFFICIAL AFTER VERIFICATION)
 Number of Valid Signatures on this Section:
 Date:
 By:

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 nomination paper in the person's possession that is entitled to be filed
 under the provisions of the Elections Code. (Elections Code § 18202.)

Nomination Papers

- Nomination Papers must be submitted to the County Elections Division between E-113 to E-88.
- Signatures must be from registered voters in the District.
- Any signature that does not match the signature on file in the Elections Division will be marked "Not Sufficient."
- Circulators of the Nomination Papers must:
 - Be at least 18 years old;
 - Complete Section 2 and must be signed by the person who gathered the signatures (circulator) on the petition page;
 - Print name, residence address, including street and number, Month and Day in section 2.
 - If additional copies are needed, please print both front and back of the Nomination Paper.
- The Elections Division **cannot accept** any declaration or nomination paper unless the Affidavit of Circulator is completed in its entirety.

Issued	<p>Declaration of Intent To Become A Candidate For Judicial Office (E.C. Sec. 8023)</p> <p>Contest ID: «ContestID»</p>	Filed
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I, _____, do hereby declare my intention to become a candidate for nomination for:

Office: _____

Office Number: _____

at the _____ to be held on _____.

Candidate Signature: _____

Filed in the office of the Registrar of Voters of the County of Kern this _____ day of _____.

Registrar of Voters

By: _____
County Elections Official

NOTE: For judicial offices, the declaration of intention shall be filed with the County Clerk/Registrar of Voters in which the candidate's nomination papers are required to be filed. The declaration shall be filed not more than 14 nor less than 5 days prior to the first day on which nomination papers may be presented for filing; however, if the incumbent for judicial office fails to file a declaration of intention by the end of such period, persons other than the incumbent may file declarations of intention no later than the first day for filing nomination papers. (Elections Code Sections 8023).

Declaration of Intent -Judicial (4/23) [DILJ]

Judicial Candidates Only Declaration of Intent

- ▶ Judicial candidates are required to file a Declaration of Intent during the filing period.
- ▶ Declaration of Intent filing period is E-127 to E-118.

Judicial Candidates Only Declaration of Intent



- ▶ If an incumbent judge does not file during this period, anyone other than the incumbent may file during the extension period.
- ▶ Declaration of Intent Extension E-117 to E-113
 - ▶ Period for any person, other than the incumbent, to file Declaration of Intent, if the incumbent failed to file a Declaration of Intent by the filing deadline.

Judicial Candidates Only

- ▶ **Non-Incumbents** - Must provide a printout from the State Bar of California showing continuous 10-year history or proof of having served as a judge of a court of record in California.

Declaration of Intent

- ▶ Judicial candidates are exempt from listing their residence address on official candidacy forms.
- ▶ The elections official will add “Verified by Kern County Registrar of Voters” in the residence field. The candidate, however, may request their residence address to be listed in the residence field.
- ▶ A mailing address must be provided when a residence address is not listed.
- ▶ A residence address may need to be listed on “Internal Use Only” forms.

Ballot Designation


- ▶ A ballot designation appears directly below the candidate's name on the ballot and should be your current profession, vocation, or occupation.
- ▶ You may use one of the following options:
 - ▶ **Incumbent:** If you are running for the same elective office you currently hold, you may use Incumbent as your ballot designation. The designation Incumbent cannot be combined with any other words.
 - ▶ **Appointed Incumbent:** If you are running for the same elective office to which you were appointed to fill a vacancy, you may use Appointed Incumbent. The designation Appointed Incumbent cannot be combined with any other words.
 - ▶ **Elective Office:** The title of your elective office you hold at the time of filing nomination documents.
 - ▶ **3 word Profession/Vocation/Occupation (PVO):** No more than three words designating your current principal profession(s), vocation(s), or occupation(s) or your principal profession, vocation, or occupation within the preceding calendar year. If using more than one PVO, separate each designation with a slash mark.
 - ▶ **Community Volunteer:** A person whose substantial involvement of time and effort performing service for or on behalf of a governmental agency, educational or charitable institution, educational or religious organization as defined by Internal Revenue Code section 501(c)(3) without profiting monetarily. The activity or service is the sole, primary, main or leading professional, vocational, or occupational endeavor. This designation cannot be used with any other designation and the candidate cannot be engaged concurrently in another principal profession, vocation, or occupation.
 - ▶ **Judicial Office:** Please see EC 13107 regarding ballot designations for judicial offices.

COUNTY	
SUPERVISOR - 1st District - Vote for One	
<input type="radio"/>	Domingo Zepeda Rancher
<input type="radio"/>	Brandy Kozy Business Owner
<input type="radio"/>	Maria Cachu Information Technology
<input type="radio"/>	Write-In

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;

*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.**

Candidate Information 1

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

Attorney or Other Authorized Person Information 2

Attorney Name (or other person authorized to act on your behalf): _____
Address: _____
Phone Number(s): _____ Mobile: _____ Fax: _____
Business: _____

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

(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.

Proposed Ballot Designation(s) 3

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

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

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

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

(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.

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Ballot Designation

- ▶ 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.
 - ▶ Justification would be “I practice law during the day.”
- ▶ The second box of Section 4 would be used to justify the use of Educator.
 - ▶ Justification would be “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 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: _____

Justification for use of Proposed Ballot Designation(s) If you are proposing alternate ballot designations, please provide justification for use of those designations. Page 2

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

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

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

X _____

Candidate’s Signature _____ Date Signed: Month/Day/Year _____

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

Rev 4/2024

This section must be completed



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

Justification for Alternate Ballot Designation(s) 1	A	Justification for use of 1 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: _____			
Justification for Alternate Ballot Designation(s) 2	B	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: _____			

Ballot Designation

If one of more Alternate Ballot Designation is provided:

- Complete sections A and B if you have entered alternate ballot designations in section 3;
- 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 candidate's proposed ballot designation is not accepted, the SOS or our office will contact the candidate. The candidate will have three days excluding Saturdays, Sundays and state holidays, from the date they receive notification, to provide a revised designation that complies with Election Code 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

Office Holders

- 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

*The designations above are merely examples and do not encompass all possible designation options.

Unacceptable Ballot Designation

▶ Ballot designations would be unacceptable if:

- ▶ It would suggest an evaluation of a candidate.
- ▶ Abbreviate the word retired or places it following any word or words that it modifies.
 - ▶ Ret. Police Officer
 - ▶ Police Officer, Retired
- ▶ Uses “former” or “ex”
- ▶ Uses a title or degree
- ▶ Would mislead the voter
 - ▶ Honest Businessman
 - ▶ Best Teacher
- ▶ Uses the name of a political party
- ▶ It uses words referring to a racial, religious, or ethnic group
- ▶ Refers to any activity that is prohibited by law

▶ Examples of Unacceptable Ballot Designations

- ▶ Veteran
- ▶ Founder
- ▶ Activist
- ▶ Taxpayer
- ▶ Honorary Peace Officer
- ▶ Specialist
- ▶ Wife/Husband
- ▶ Concerned Citizen
- ▶ Scholar
- ▶ Patriot
- ▶ Philosopher
- ▶ Reformer
- ▶ Pioneer
- ▶ Philanthropist
- ▶ 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

- ▶ The deposit must be collected at the time the Declaration of Candidacy is filed.
- ▶ Candidate statements must meet the formatting guidelines to be included in the County Voter Information Guide.
- ▶ The statement must be in standard paragraph, no bullets, numbering, or lists.
- ▶ The statement must not exceed the word limit. Please see the Word Counting Guide to determine word count.
- ▶ Once submitted, the statement cannot be revised unless requested by the Registrar of Voters.
- ▶ Email to candidatefiling@kerncounty.com in the subject line please put in the following format: Candidate statement - Last name, First name.

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.



Candidate Endorsements Examples

- ▶ “I am endorsed by County Supervisor John Doe, Senator Jane Smith, and the League of Women Voters.”
 - ▶ We would require an email, facsimile, or copy of the letter of endorsement from Supervisor John Doe, Senator Jane Smith, and the League of Women Voters to allow these endorsements to be printed in the Voter Information Guide.
- ▶ “I am endorsed by police, firefighters, nurses, and teachers throughout Kern County.”
 - ▶ We would not require verification of the endorsement because the statement does not identify a specific individual or organization.

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 List of Candidates at Kernvote.com.**
- **Public information subject to change.**

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: _____
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 _____
 Candidate initials box if NO ballot designation is preferred.

[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: _____

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.

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): _____

Qualifications 4 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

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.)

Rev: 1/2025

Candidate Intention Statement

Check One: Initial Amendment (Explain) [redacted]
Date Stamp [redacted]
CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:
NAME OF CANDIDATE (Last, First Middle Initial) [redacted]
DAYTIME TELEPHONE NUMBER [redacted]
FAX NUMBER (optional) [redacted]
EMAIL (optional) [redacted]
STREET ADDRESS [redacted]
CITY [redacted] STATE [redacted] ZIP CODE [redacted]
OFFICE SOUGHT (POSITION TITLE) [redacted]
AGENCY NAME [redacted]
DISTRICT NUMBER, if applicable [redacted]
NON-PARTISAN OFFICE [redacted]
OFFICE JURISDICTION [redacted]
PARTY PREFERENCE [redacted]
[redacted] PRIMARY / GENERAL
[redacted] SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:
(CaPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)
[redacted]
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 [redacted] and I accept the voluntary expenditure ceiling for the general or special run-off election.
[redacted]
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 [redacted] Signature [redacted]
FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA FORM 700 STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT
NAME OF FILER (Last, First, Middle Initial) Smith, John
1. Office, Agency, or Court
Agency Name (Do not use acronyms) [redacted]
Office Title [redacted]
Division, Board, Department, District, if applicable [redacted]
Year Position [redacted]
Title of the Position [redacted]
2. Jurisdiction of Office (Check at least one box)
State [redacted]
Multi-County [redacted]
City of [redacted]
3. Type of Statement (Check at least one box)
Annual: The period covered is January 1, 2019, through December 31, 2019.
Assuming Office: Date assumed [redacted]
Candidate: Date of Election MM/DD/YYYY [redacted]
4. Schedule Summary (must complete)
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 Pledges - 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: 12345 Riverdale Way, Sacramento, CA 95834
DAYTIME TELEPHONE NUMBER: (916) 555-5555
EMAIL ADDRESS: johnsmith123vote4me@yahoo.com
I have used all 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 MM/DD/YYYY Signature [redacted]

Officeholder and Candidate Campaign Statement - Short Form
CALIFORNIA FORM 470
Date Stamp [redacted]
Date of election if applicable (Month, Day, Year) [redacted]
Amendment (Explain Below) [redacted]
1. Statement Covers Calendar Year 20 [redacted]
2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE [redacted]
STREET ADDRESS [redacted]
CITY [redacted] STATE [redacted] ZIP CODE [redacted]
AREA CODE/DAYTIME PHONE NUMBER [redacted]
OPTIONAL: FAX / E-MAIL ADDRESS [redacted]
3. Office Sought or Held
OFFICE SOUGHT OR HELD [redacted]
JURISDICTION (LOCATION) [redacted]
DISTRICT NUMBER (IF APPLICABLE) [redacted]
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 [redacted] DATE By [redacted] 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

Fair Political Practices Commission

Forms

- 700- Required for all state and local candidates. This form must be submitted to our office by the filing deadline with a wet signature
- 501 - Candidates for state or local office must file for each election including incumbents seeking reelection.
- 470 - Candidates who do not have a controlled committee and do not anticipate spending/receiving \$2,000.

Fair Political Practices Commission

Campaign Committees

- ▶ 410 - Any officeholder, candidate, or organizations that spend or raise contributions totaling \$2,000 or more in a calendar year.
- ▶ Original 410 and filing fee are filed with the California Secretary of State.
- ▶ A copy of the 410 must be provided to the Elections Office.

Statement of Organization Recipient Committee		Date Stamp	CALIFORNIA FORM 410 <small>For Official Use Only</small>
Statement Type			
<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met		<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable)			
NAME OF COMMITTEE		NAME OF TREASURER	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
CITY STATE ZIP CODE AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)	
		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE	
3. Verification			
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 _____ DATE	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on _____ DATE	By _____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on _____ DATE	By _____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on _____ DATE	By _____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
FPPC Form 410 (October/2023) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Fair Political Practices Commission

460 and 497

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.

Follow the FPPC Filing Schedule

Post Election - Terminate the committee or continue to file the 460 semi-annually and the 497, as necessary.

Recipient Committee Campaign Statement Cover Page

COVER PAGE CALIFORNIA FORM 460

Date Stamp: _____ Page _____ of _____
For Official Use Only

Statement covers period from _____ through _____
Date of election if applicable: (Month, Day, Year) _____

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate, Controlled Committee
 State Candidate Election Committee (Also complete Part 2)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primary Formed Ballot Measure Committee
 Controlled
 Sponsored (Also complete Part 2)
 Primary Formed Candidate/Officeholder Committee (Also complete Part 2)

2. Type of Statement:

Preliminary Statement
 Semi-annual Statement
 Termination Statement (Also file a Form 410 Termination)
 Amendment (Explain below) _____
 Quarterly Statement
 Special Odd-Year Report

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 _____ By _____ Signature of Treasurer or Assistant Treasurer _____

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor _____

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent _____

Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent _____

FPPC Form 460 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866) 275-3772
 www.fppc.ca.gov

CLEAR FORM PRINT FORM

497 Contribution Report

Amounts may be rounded to whole dollars.

COVER PAGE CALIFORNIA FORM 497

Date of This Filing _____ Date Stamp _____
 Report No. _____
 Amendment to Report No. _____
 No. of Pages _____

NAME OF FILER _____
 AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL (IF SELF-EMPLOYED, ENTER TYPE OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate _____%

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

FPPC Form 497 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866) 275-3772
 www.fppc.ca.gov

CLEAR FORM PRINT FORM

Kern County Campaign Finance Reform Ordinance Chapter 2.130

Establishes contribution limits and voluntary expenditure ceilings for candidates and for the controlled committees of candidates.

Refer to Chapter 2.130 of the Kern County Municipal Code for more information.

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.

Where To File Forms

County Candidates

Electronic Filings:
<https://netfile.com>

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

City Candidates

City Clerk's Office

State Candidates

Secretary of State
Political Reform Division
1500 11th St, Room 495
Sacramento, CA 95814

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

Voter Information

- ▶ The Registrar of Voters offers a wide range of products and services for candidates including, voting history, GIS Maps, street indexes, and Vote by Mail Voter lists.
- ▶ 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.
- ▶ Allow two (2) working days for all requests.
- ▶ Information obtained must 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:

KERN
COUNTY
ELECTIONS DIVISION

- ▶ 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
- ▶ Phone: (661) 868-3590
- ▶ Fax: (661) 868-3768
- ▶ E-mail: candidatefiling@kerncounty.com
- ▶ Website: KernVote.com