The Nuts and Bolts of Running for Office

Lara Henderson

Assistant City Manager/City Clerk

July 2026

City Council

- City's policy-making legislative body.
- Five citizens that serve four-year overlapping terms, except for the Mayor that serves a two-year term.
- Responsible for the enactment of all programs, policies and services of the City.
- Acts upon all legislative matters concerning the City, approving and adopting all ordinances, resolutions, contracts and other matters requiring overall policy decisions and leadership.
- Appoints the City Manager, City Attorney and various other commissions, boards and citizen advisory committees, all of which ensure broad-based input into the affairs of the City.
- Conduct the City’s business at City Council meetings that are open to the public.

Council Norms and Procedures

CITY OF ATASCADERO

COUNCIL NORMS AND PROCEDURES (2017)

GENERAL

- Council should primarily focus on vision, mission and policy. Staff should primarily focus on implementation and keeping the Council informed.
- To take courageous action when necessary to keep the City of Atascadero a well-run, well managed innovative City.
- Council provides leadership and participates in regional, state and national programs and meetings.
- Council looks to Commissions and Committees for independent advice.
- Other community leaders are consulted in the decision making process when appropriate.
- Council will encourage citizen participation on City programs and documents.
- Serving the City of Atascadero is the City Council's top priority.
- It is expected that each Council Member will represent the City of Atascadero as a member of various boards and committees, and will be participate in meetings as feasible.
- We stress training for staff, Council, and Commission members.
- Council Members will inform the City Manager's Administrative Assistant when they will be out of town as early as possible and it will be put on the Council Calendar.
- Council Members get the same information as much as possible: citizen complaints, letters, background, etc.
- Council Members will determine which specific Commission packets they want to receive.
- Use technology to improve information flow and communications.

City Treasurer

The City Treasurer is an elected official who is voted into office by the people to serve a four-year term. The City Treasurer is responsible for ensuring that City funds are invested in a manner consistent with the City's Investment Policy and to achieve maximum safety, liquidity and yield. The Treasurer's investment activities are coordinated with the Director of Administrative Services to assure the ability of the City to meet its obligations

So You Want to Run for Office?

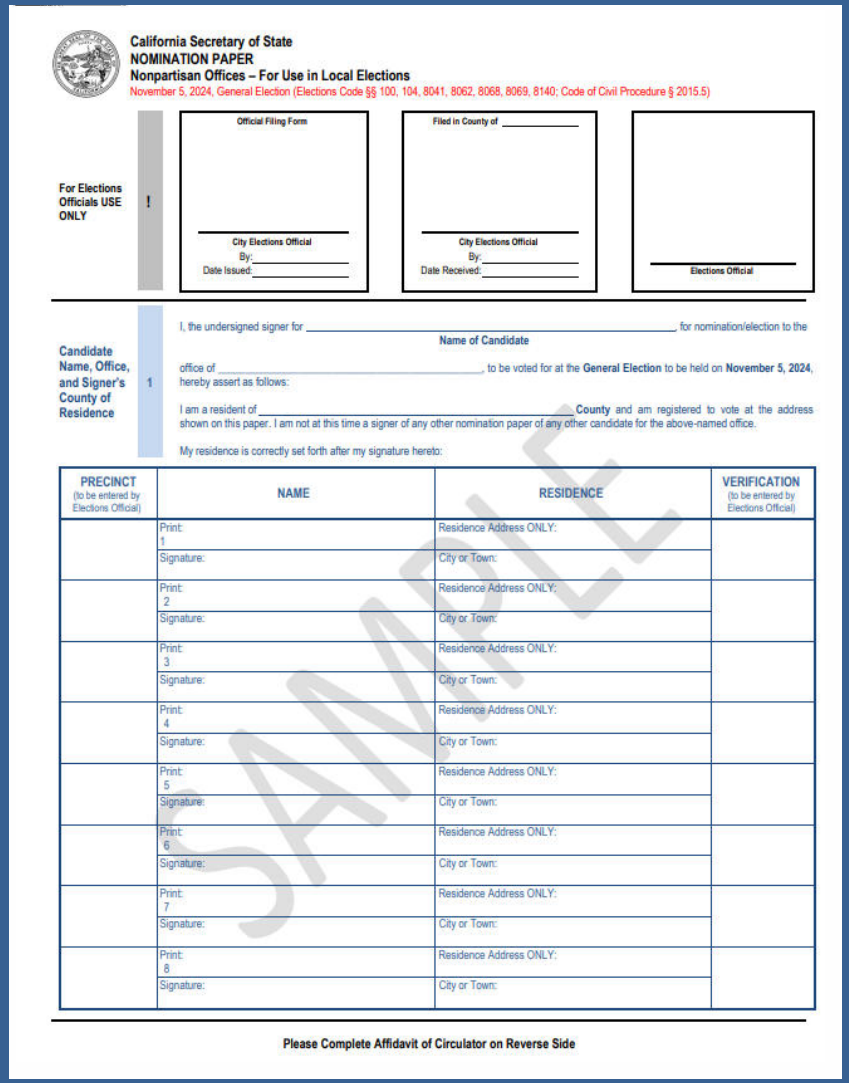
To Be Eligible…

- Resident within the City of Atascadero
- Registered Voter

Nomination Filing Period

- July 13th – August 7th
- If an incumbent does not file, extended to August 12th at 5:00 p.m.
- $25.00 filing fee

Nomination Paper



California Secretary of State
NOMINATION PAPER
Nonpartisan Offices – For Use in Local Elections
November 5, 2024, General Election (Elections Code §§ 100, 104, 8041, 8062, 8068, 8069, 8140; Code of Civil Procedure § 2015.5)

For Elections Officials USE ONLY

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

Candidate Name, Office, and Signer's County of Residence 1

I, the undersigned signer for _____ (Name of Candidate), for nomination/election to the office of _____, to be voted for at the **General Election** to be held on **November 5, 2024**, hereby assert as follows:

I am a resident of _____ **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 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	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:	

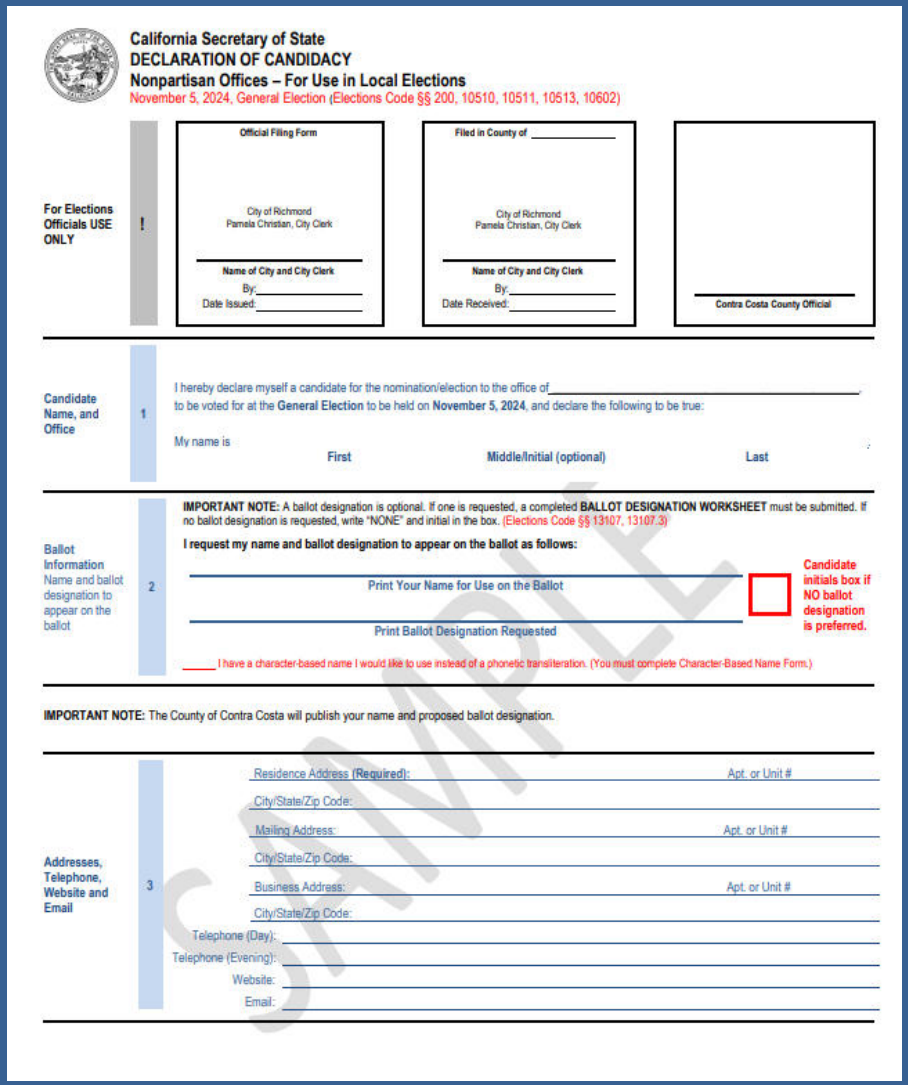
SAMPLE

Please Complete Affidavit of Circulator on Reverse Side

Nomination Papers

- Not less than 20, and no more than 30 signatures
- Must be registered voters in the City of Atascadero
- Cannot sign more than the number of open seats

Declaration of Candidacy



California Secretary of State
DECLARATION OF CANDIDACY
Nonpartisan Offices – For Use in Local Elections
November 5, 2024, General Election (Elections Code §§ 200, 10510, 10511, 10513, 10602)

For Elections Officials USE ONLY

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Official Filing Form
City of Richmond
Pamela Christian, City Clerk
Name of City and City Clerk
By:
Date Issued:

Filed in County of _____
City of Richmond
Pamela Christian, City Clerk
Name of City and City Clerk
By:
Date Received:

Contra Costa County Official

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 **General Election** to be held on **November 5, 2024**, 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.

_____ I have a character-based name I would like to use instead of a phonetic transliteration. (You must complete Character-Based Name Form.)

IMPORTANT NOTE: The County of Contra Costa will publish your name and proposed ballot designation.

Addresses, Telephone, Website and Email

3

Residence Address (**Required**): Apt. or Unit #
City/State/Zip Code:
Mailing Address: Apt. or Unit #
City/State/Zip Code:
Business Address: Apt. or Unit #
City/State/Zip Code:
Telephone (Day):
Telephone (Evening):
Website:
Email:

SAMPLE

Declaration of Candidacy

This form serves several vital legal purposes to validate an individual's run for office. With this form the candidate:

- Declares exactly how name should appear on the ballot.
- Certifies eligibility for office under penalty or perjury.
- Takes the Oath of Office

File for Council Member, Mayor or Treasurer?

- **Election Code Section 10220.5**
  - **"…A candidate shall not file nomination papers for more than one municipal office or term of office of the same municipality in the same election."**

Ballot Designations

- Word or words that will appear under the candidate's name
  - No more than 3 words
  - Must designate the profession, vocation or occupation of the candidate
  - Must not mislead the voters
  - Review with the City Clerk

Ballot Designations

John Doe

Incumbent

Jane Doe

Planning Commissioner/Painter

Ballot Order of Candidates

- Random alphabet drawing by the Secretary of State.
- Determined on August 13, 2026

Sample Candidate Statements

STATEMENT OF CANDIDATE FOR OFFICE
Jurisdiction/District

CANDIDATE NAME **AGE: 40**
Occupation: Incumbent, College Trustee Board Member, Former Member Chamber of Commerce, Businesswoman.

Education and Qualifications: My goal is to continue to be your advocate on the College Board of Trustees.
With your support, I am committed to:
-Ensure responsible spending of taxpayers' dollars
-Maintain accessible and affordable education for all students
-Provide needed resources for classrooms
-Expand vocational training
-Maintain high academic standards
-Promote collaboration with other governmental agencies and private businesses
Currently, as your trustee, my experience includes:
-On the Local Level:
President
Vice-President
Chair, Audit Committee
Representative: County School Board Association
Planning and Budget Committee
Accreditation Steering Committee
District's Interest-based Bargaining Team
Student Housing Task Force
-On the State Level:
Member: CA Community College Trustees' Board of Directors
Commission on Educational Policy
Commission on the Future of CA Community Colleges
Advocate: CA Legislative Conferences
Participant: Community College Leadership Seminar
-On the National Level:
Delegate: Association of Community College Trustees
League for Innovation
Advocate: National Legislative Seminar
I take seriously the trust placed in me and will continue to work hard to be your voice on the College Board of Trustees.

Your vote for Candidate Name will be appreciated.

SAMPLE STATEMENT OF QUALIFICATIONS

Be aware that the number of carriage returns you use in the "Education and Qualifications" section of your statement will affect the layout of your text.

In past elections, this statement required reducing the font size from as well as reducing the line spacing to allow the candidate's text to fit into the prescribed template.

(INCORRECT FORMAT)

NOTE: In order to ensure that submitted text will fit in the limited quarter-page space, the following may occur: 1) Lists and enumerations will be wrapped as a single paragraph; 2) Multiple single sentence paragraphs will be wrapped; 3) Indented text will be run together as a sentence. The elections official is not responsible for the correct typesetting of statements that must be reconfigured to comply with these guidelines.

It is recommended that candidate statements contain no more than twenty-two (22) lines and carriage returns.

Note: Although "Occupation" is not restricted by ballot designation limitations and can be more descriptive, "Occupations" exceeding one line will be shortened.

STATEMENT OF CANDIDATE FOR OFFICE
Jurisdiction/District

CANDIDATE NAME **AGE: 40**
Occupation: Incumbent, College Trustee Board Member

Education and Qualifications: My goal is to continue to be your advocate on the College Board of Trustees.

With your support, I am committed to: ensure responsible spending of taxpayers' dollars, maintain accessible and affordable education for all students, provide needed resources for classrooms, expand vocational training, maintain high academic standards, and promote collaboration with other governmental agencies and private businesses.

Currently, as your trustee, my experience includes:

On the Local Level: President, Vice-President, Chair, Audit Committee; Representative: County School Board Association, Planning and Budget Committee, Accreditation Steering Committee, District's Interest-based Bargaining Team, Student Housing Task Force

On the State Level: Member: CA Community College Trustees' Board of Directors; Commission on Educational Policy; Commission on the Future of CA Community Colleges; Advocate: CA Legislative Conferences; Participant: Community College Leadership Seminar

On the National Level: Delegate: Association of Community College Trustees, League for Innovation; Advocate: National Legislative Seminar

I take seriously the trust placed in me and will continue to work hard to be your voice on the College Board of Trustees. Your vote for Candidate Name will be appreciated.

REVISED STATEMENT OF QUALIFICATIONS

Statements of Qualifications submitted in the manner above will now be reformatted to reflect the block paragraph format with uniform size and spacing originally requested.

In this example, "Occupation" was reduced to one line, dashes were removed, lists were wrapped as a single paragraph, titles and indented text were wrapped as a single paragraph.

(CORRECT FORMAT)

Candidates utilizing the guidelines and suggestions will make their candidate statements uniform, fair, and legible.

Candidate Statement

- Optional
- Maximum number of words – 200
- Estimated cost for printing
  - English $250.00
  - English and Spanish $600.00

Campaign Sign Requirements

- **Signs in the right-of-way**
  - **Maximum size is 6 square feet**
  - **Maximum height of 5 feet**
- **Signs not in the right-of-way**
  - **Maximum size is 32 square feet**
- **Time Period**
  - **Suggested removal at 90 days.**

Code of Fair Campaign Practices

- **Voluntary State 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.**

Candidate's Public Records Requests

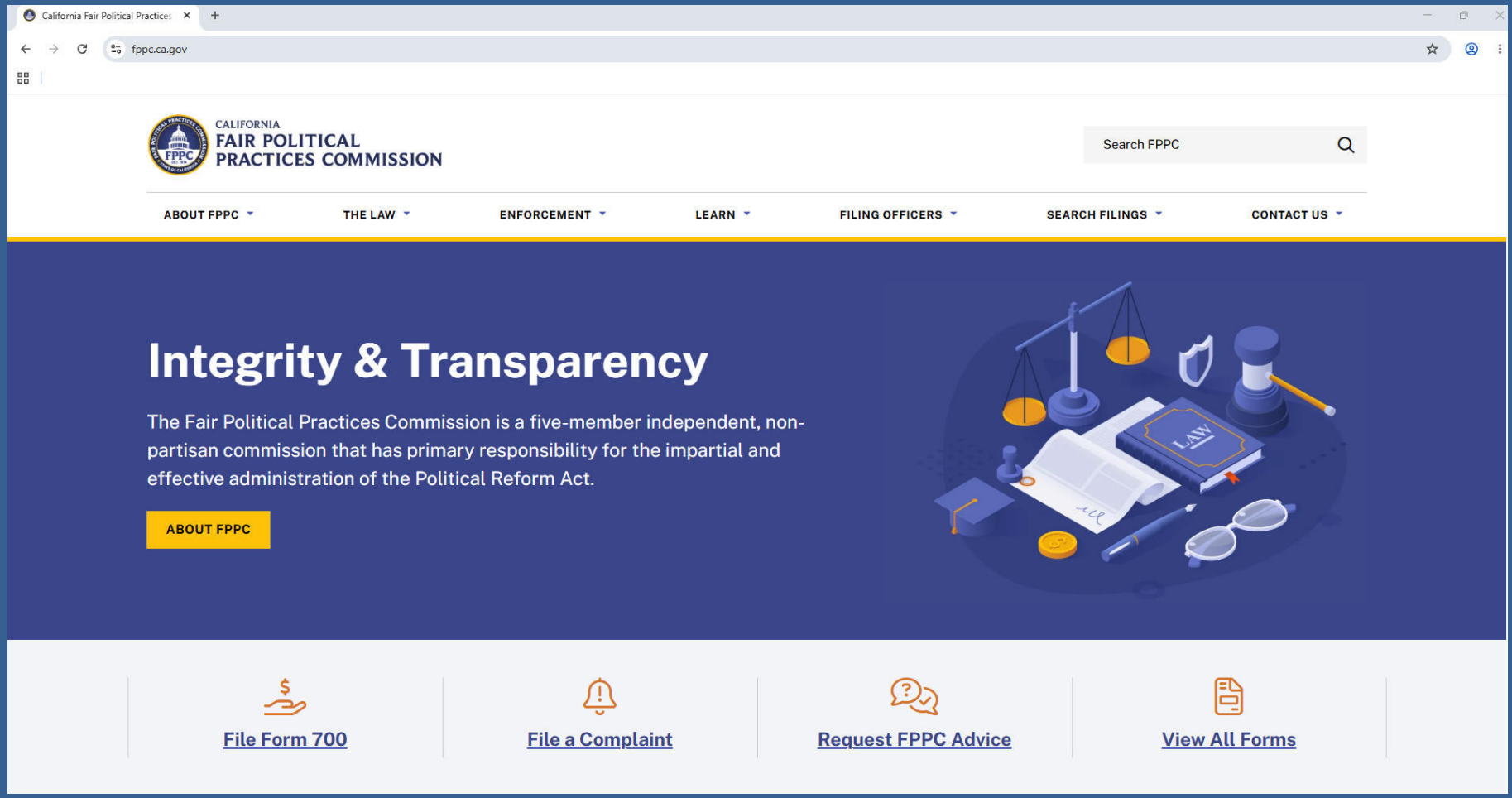
- All candidates treated the same
- Charge for copies
- Records requests shared with all candidates
- Coordinate through the City Clerk's/City Manager's office.

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



California Fair Political Practices Commission

1-866-ASK-FPPC

(1-866-275-3772)

FPPC Form 501

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☐ Initial ☐ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) | DAYTIME 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 | PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☐ PRIMARY / GENERAL

☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) ☐ 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 _____ (month, day, year) Signature _____ (Candidate)

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

FPPC Form 410

Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☐ **Amendment**
Date qualification threshold met
____/____/____

☐ **Termination – See Part 5**
Date of termination
____/____/____

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

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)

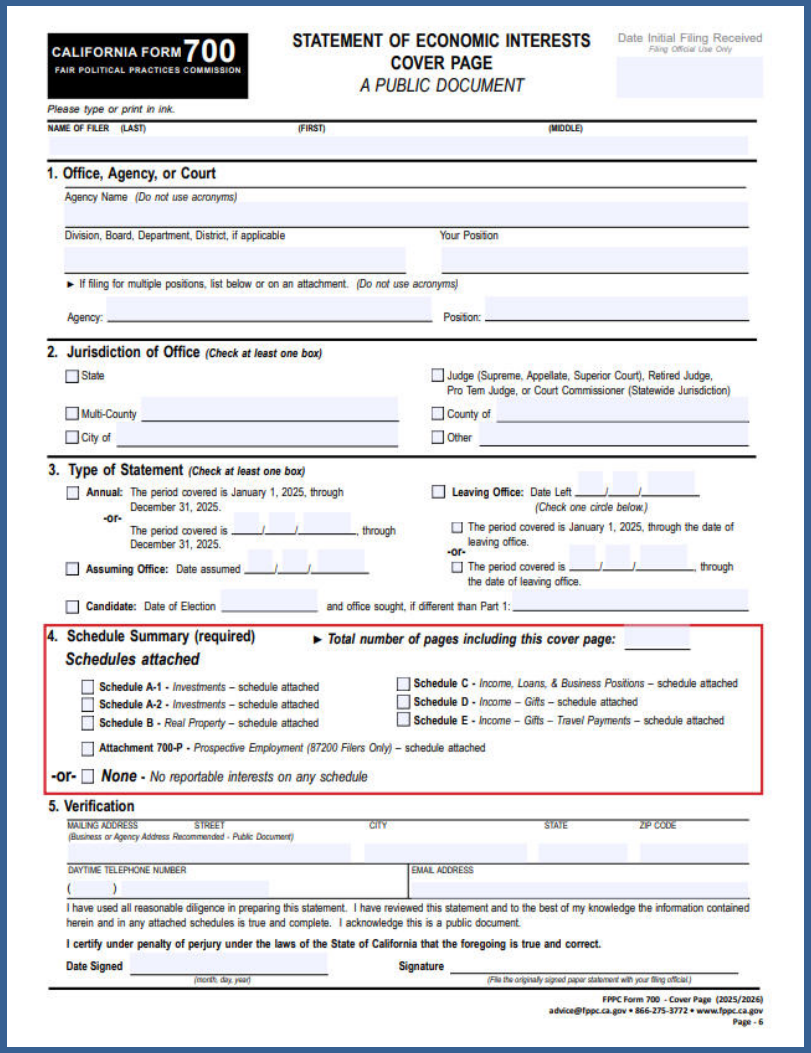
Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov **(866/275-3772)**
www.fppc.ca.gov

Statement of Economic Interests Form 700



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable | Your Position

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

Agency: Position:

2. Jurisdiction of Office ***(Check at least one box)***

☐ State
☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County
☐ County of
☐ City of
☐ Other

3. Type of Statement ***(Check at least one box)***

☐ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
-or-
The period covered is ____/____/____, through December 31, 2025.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)
☐ The period covered is January 1, 2025, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required) ► ***Total number of pages including this cover page:***

Schedules attached

☐ **Schedule A-1 -** *Investments* – schedule attached
☐ **Schedule 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
☐ **Attachment 700-P -** *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☐ ***None -*** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS

( )

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed *(month, day, year)* **Signature** *(File the originally signed paper statement with your filing official.)*

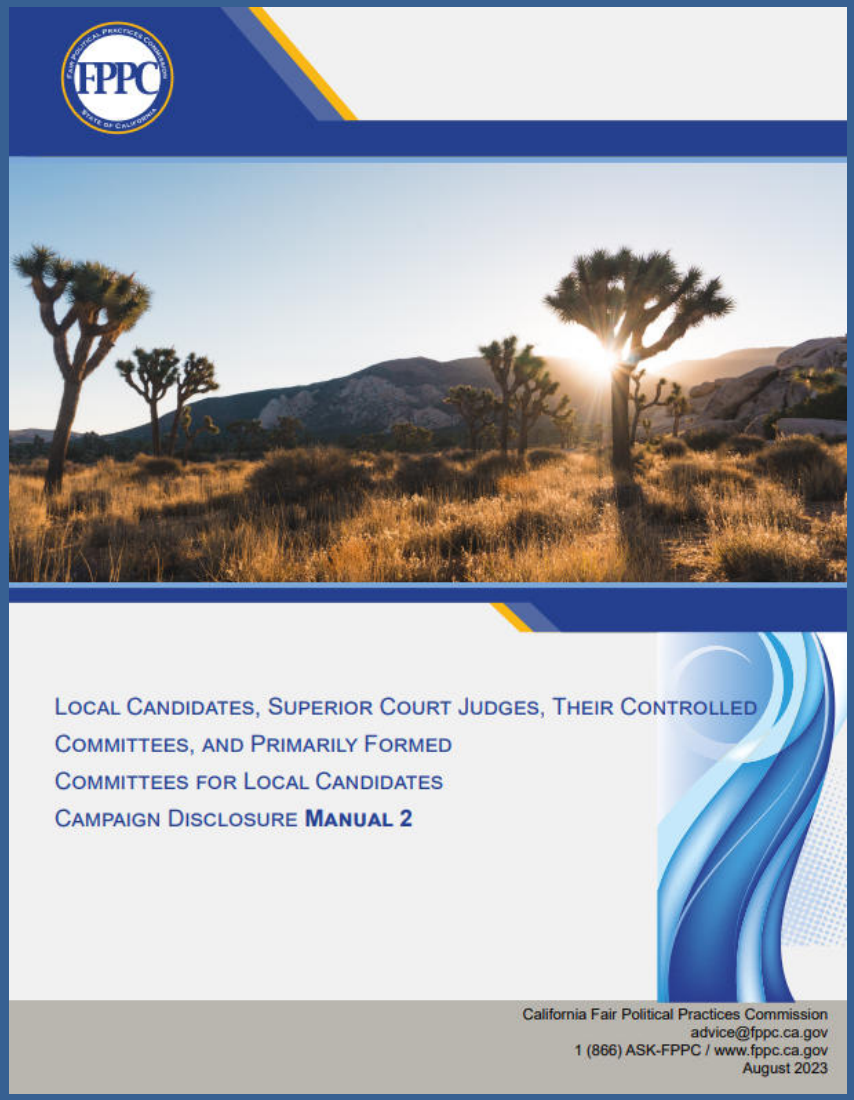
FPPC Form 700 - Cover Page (2025/2026)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 6

***Must be file electronically with the FPPC**

Purpose of the Form 700

- To inform the public of financial interests held by all elected, and some appointed, officials.
- To discourage officials from making decisions for financial gain.
- To protect officials from being falsely accused.

Campaign Disclosure Manual



Department Head Workshop

- Candidates meet with Department Heads
- Held in September
- Each Department Head gives a summary of their department's responsibilities
- Question and Answer period

Candidate Forum

- **Late September, hosted by the Atascadero Chamber of Commerce.**
  - **before the Vote by Mail ballots are sent out**
- **The Forum will give the public an opportunity to get to know the City Council candidates and hear their positions on issues that will be facing the City Council in the future.**

Question for you…

Are you feeling overwhelmed and intimidated about campaign forms and rules?

You should:

A. Throw in the towel.
B. Take it out on your treasurer.
C. Take a vacation.
D. Call 1-866-ASK-FPPC.

Answer!!

Call the FPPC

1-866-ASK-FPPC

(1-866-275-3772)

City Council Election Goals

- Build the relationship between the Council and the Community
- Create an environment for the election of positive community leaders
- Improve community relationships

QUESTIONS?

Thank you for attending
and
Good Luck!

For more information,

Please contact the City Clerk's Office at

(805) 470-3400

cityclerk@atascadero.org