



# PRE-NOMINATION CANDIDATE INFORMATION MEETING

CITY OF SAN RAMON

MUNICIPAL ELECTION NOVEMBER 8, 2022

# QUESTIONS FOR CANDIDATES

1. Do you know which office you are running for?
2. What does the City Council do?
3. Why are you interested in running?
4. How do you become a candidate?

## AVAILABLE OFFICES FOR THE NOVEMBER 8, 2022 ELECTION

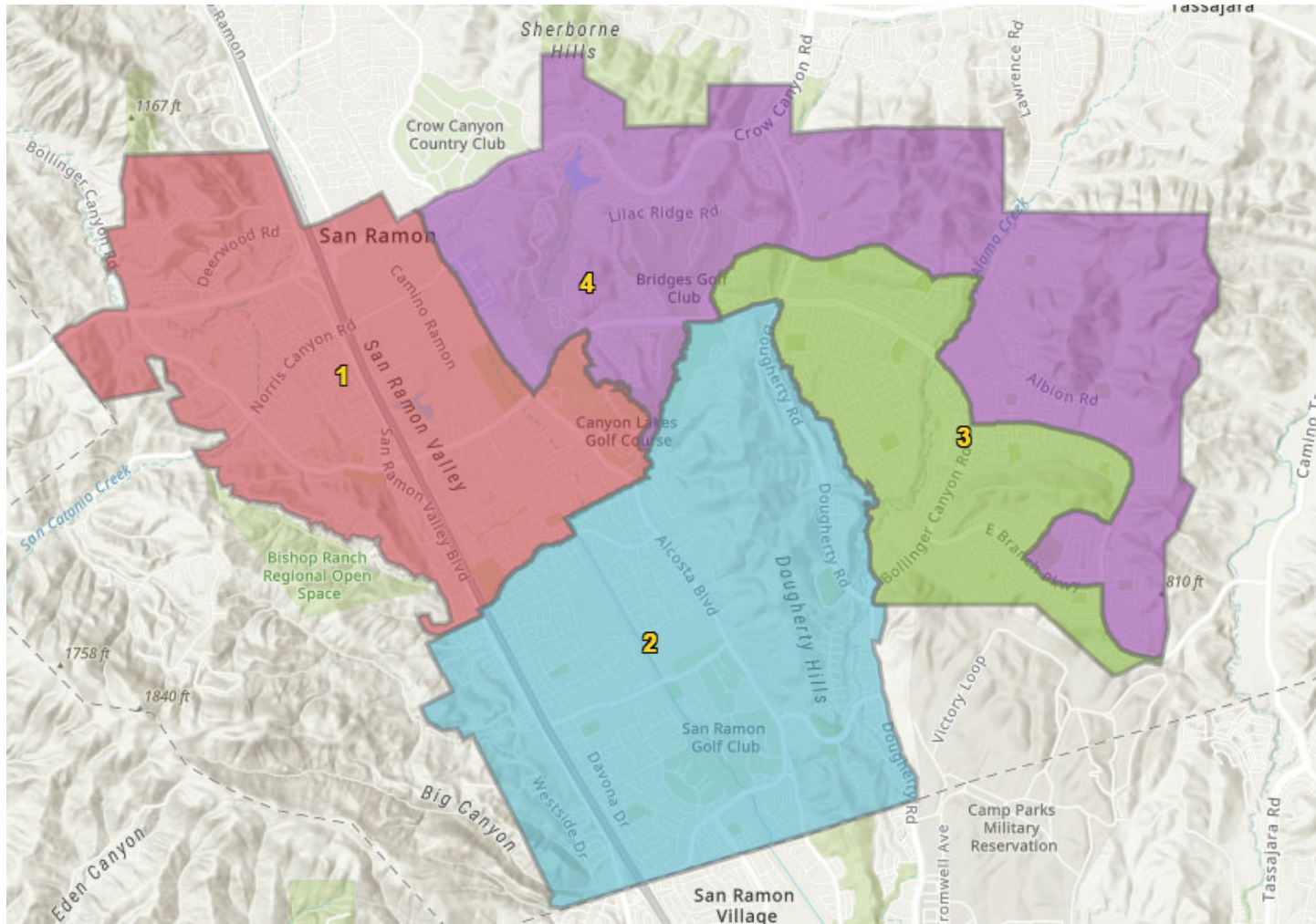
The City has been divided into 4 districts and only the voters in a district decide who will represent that district.

Voters will elect Councilmembers for District 2 and 4 at the November 8, 2022 General Municipal Election, in addition to the Mayoral seat.

- One (1) Mayoral Seat – 2 year term
- One (1) Councilmember District 2 – 4 year term
- One (1) Councilmember District 4 – 4 year term

# CITY COUNCIL

- Mayor Dave Hudson, term expires November 2022
- District 1 Scott Perkins, term expires November 2024
- District 2 Mark Armstrong, term expires November 2022
- District 3 Sridhar Verose, term expires November 2024
- District 4 Sabina Zafar, term expires November 2022



## ELIGIBILITY TO RUN FOR OFFICE

- U.S. Citizen
- Be a registered voter at the time the Declaration of Candidacy is issued\*
- Must be registered to vote in the political subdivision for which you are running

*\*Elected officials must continue to reside in the city and district during their term of office. Candidates must state whether they are filing for a four-year Council seat or the two-year Mayor's seat at the time of filing.*

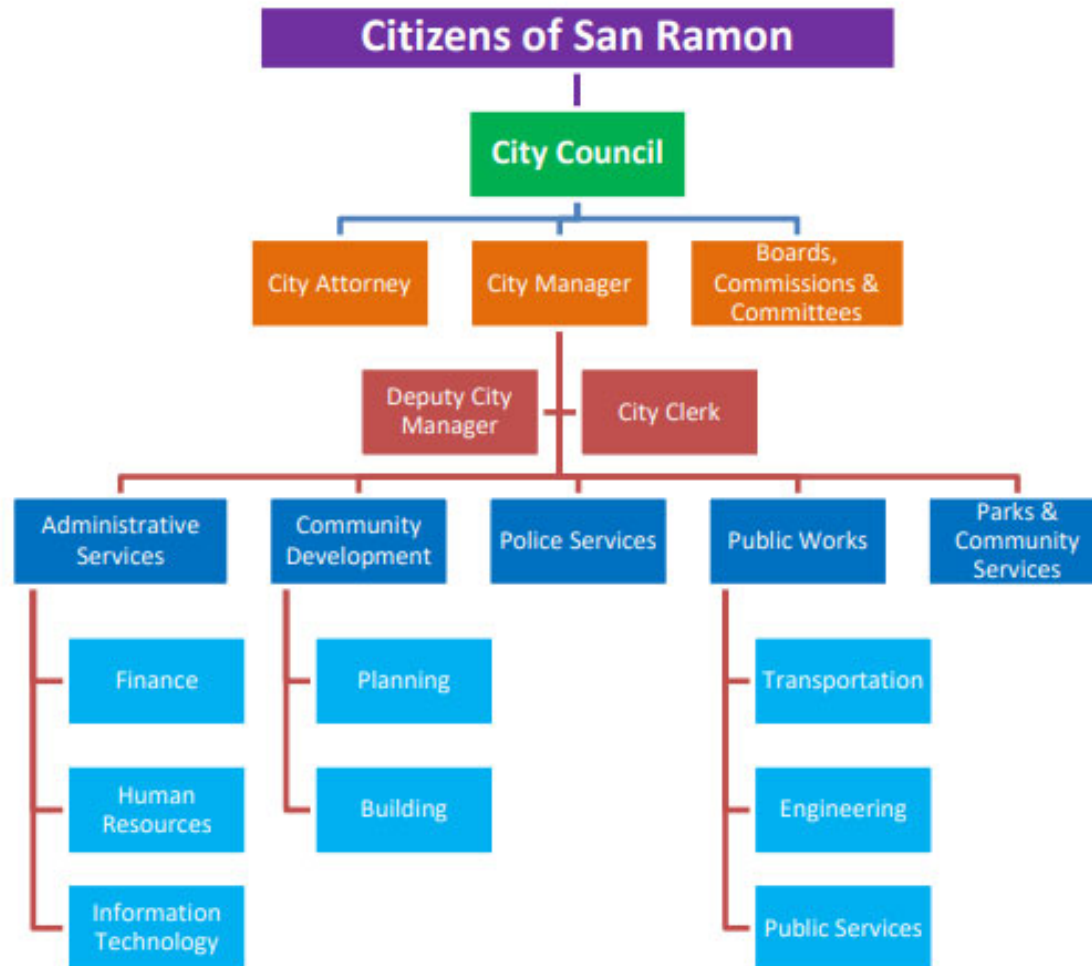
# WHAT GOVERNS THE ELECTION PROCESS

- California Elections Code
- City of San Ramon Municipal Code
- Applicable laws and regulations

## SO WHAT DOES THE CITY COUNCIL DO...

- It is the City's policy making legislative body
- Comprised of five (5) citizens that are elected and serve overlapping terms
- 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 boards, committees and commissions
- Conducts the City's business at City Council meetings that are open to the public





## HOW WILL MY LIFE CHANGE?

- Your life will be impacted every day
- Your life is an open book, loss of privacy including financial disclosures
- Hours spent on City business

## TIME COMMITMENT

- You can expect to spend up to 30+ hours per week reading new material, getting up to speed on issues, meeting with staff and members of the community, and visiting locations in the city.
- You will be required to attend City Council meetings on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of the month, beginning at 7:00 p.m., and ending when the City Council has finished with the agenda.
- In addition, you may be required to attend special meetings and workshops, at times different from the regularly scheduled Council meetings.
- Depending on your schedule, you may volunteer to serve on one or more outside commissions, committees, or boards for which the City of San Ramon has a seat on.
- There are training opportunities available through the League of California Cities, including the Annual League Conference and the League's New Mayors and Council Members Conference.
- There are many community and City-sponsored events during the year at which it is desirable or expected that you attend.

# CITY COUNCIL LIAISON APPOINTMENTS

## **CITY COMMITTEES**

Arts Advisory Committee, Economic Development Advisory Committee, Housing Advisory Committee, Innovation and Technology Advisory Committee, Library Advisory Committee, Open Space Advisory Committee, Senior Citizen Advisory Committee, Teen Council, and Transportation Advisory Committee

## **COUNCIL SUB COMMITTEES**

Finance Committee, Policy Committee, Infrastructure Committee

## **FOUNDATIONS**

Arts, Historic, Library, and Senior

# CITY COUNCIL LIAISON APPOINTMENTS

## **REGIONAL COMMITTEES**

- Association of Bay Area Governments (ABAG)
- Central Contra Costa Transit Authority (CCCTA)
- Community Emergency Response Team (CERT)
- Contra Costa County Hazardous Materials Commission
- Contra Costa County Transportation Authority (CCTA)
- East Bay Regional Communications Systems Authority
- East Bay Regional Parks District
- Iron Horse Trail Advisory Committee
- League of California Cities (LOCC) – East Bay Division
- Southwest Area Transportation Committee (SWAT)
- Street Smarts
- TRAFFIX
- Tri-Valley Transportation Council (TVTC)
- Tri-Valley Affordable Housing Committee



# Nomination Process

## NOMINATION FILING PERIOD

- The Nomination period opens on Monday, July 18, 2022.
- The closing date for filing nomination papers is on Friday, August 12, 2022 at 5:00 p.m.
- If one of the incumbents does not file, the closing date for filing nomination papers for non-incumbents will be extended to **Wednesday, August 17, 2022, at 5:00 p.m.**
- It is the obligation of each candidate to meet all filing requirements and deadlines.

## NOMINATION PROCESS

- **Appointments are required.**

Monday thru Friday

8:30 a.m. – 3:45p.m.

Contact: [cfranco@sanramon.ca.gov](mailto:cfranco@sanramon.ca.gov) or (925) 973-2539

- Pick up Nomination Papers

- Collect Signatures

- Submit the completed Nomination papers – all materials must be submitted at the same time.



## NOMINATION PROCESS

During your appointment you will receive the following;

- Nomination Papers – Required to collect no fewer than 20 and no more than 30 signatures of registered voters residing within the San Ramon City limits, and in the political subdivision for which you are running.
- Candidate Statement and payment, or a signed Candidate Statement document indicating “I do not wish to file a Candidate Statement”.
- Completed Fair Political Practices Commission Forms 501, 410, 460 or 470, and 700 (Statement of Economic Interests).
- Code of Fair Campaign Practices (Voluntary).
- Statement of Responsibility for Temporary Political Signs.

## NOMINATION PROCESS

- No city filing fee
- Candidate Statement Fee is optional

# CANDIDATE STATEMENT

- Optional
- Maximum 400 words
- Fee for printing and translation – Paid to the City of San Ramon

<b>OFFICE</b>	<b>FEE</b>
Mayor	Approximately \$2100
Councilmember – District 2	Approximately \$815
Councilmember – District 4	Approximately \$768

## CAMPAIGN SIGNS

- Before temporary political signs can be placed within the San Ramon city limits, each candidate or his/her appointee must sign a Statement of Responsibility for Temporary Political Signs.
- This statement must be on file in the City Clerk's Office and must be updated for each election.
- This statement accepts responsibility for the removal of all political signs within 10 calendar days following the election.
- Any signs not removed at the end of this 10 day period will be removed by the City of San Ramon and the candidate invoiced for the cost of removal.

# 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.



# California Fair Political Practices Commission (FPPC)

# FAIR POLITICAL PRACTICES COMMISSION (FPCC)

## 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.*

## FAIR POLITICAL PRACTICES COMMISSION (FPPC)

- Advice is available by phone (866-275-3772)
- Email [Advice@fppc.ca.gov](mailto:Advice@fppc.ca.gov)
- “Campaign 101” – Candidate & Treasurer Workshop - <https://www.youtube.com/watch?v=sLXfEGpyExw>
- Institute for Local Government - <https://www.ca-ilg.org/campaigning-office>
- FPPC Campaign Disclosure Manual 2 for Local Candidates
- Training sessions



## FPPC FORMS

- 501 – Candidate Intention Statement
- 410 – Statement of Candidate Organization
- 460 – Recipient Committee Campaign Statement (> \$2,000)
- 470 – Recipient Committee Campaign Statement (< \$2,000)
- 700 – Statement of Economic Interest

# FPPC FORM 501

## Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 501</b> For Official Use Only

### 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	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE:		(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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 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 <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY		STATE		ZIP CODE		AREA CODE/PHONE	

*Attach additional information on appropriately labeled continuation sheets.*

### 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 \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# FPPC FORM 460

## Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp	CALIFORNIA FORM <b>460</b>
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.

- |  |  |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

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

# FPPC FORM 470

## Officeholder and Candidate Campaign Statement – Short Form

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

\_\_\_\_\_

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

\_\_\_\_\_

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 \_\_\_\_.

### 2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY STATE ZIP CODE

\_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

\_\_\_\_\_

### 3. Office Sought or Held

OFFICE SOUGHT OR HELD

\_\_\_\_\_

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

\_\_\_\_\_

### 4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
_____	_____	_____
_____	_____	_____

### 5. Verification

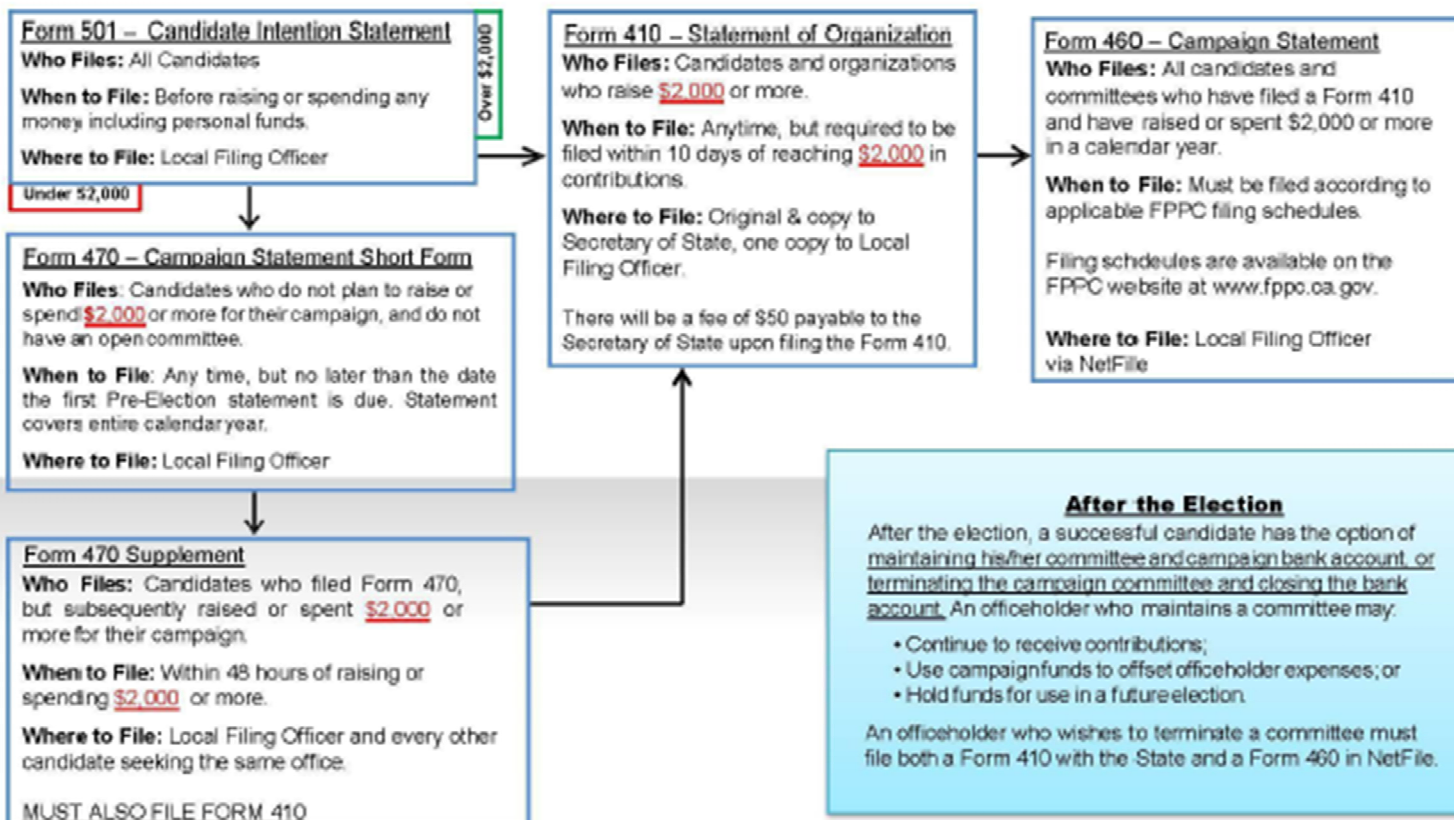
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE



Basic Filing Guidelines for Candidates & Committees. For more information you may contact FPPC at [1-866-ASK-FPPC](tel:1-866-ASK-FPPC) and by going to the FPPC website at [www.fppc.ca.gov](http://www.fppc.ca.gov)



# FPPC FORM 700



## 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)

### 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, 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, 2021, through December 31, 2021.

-or- The period covered is / / through December 31, 2021.

Assuming Office: Date assumed / /

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

Leaving Office: Date Left / / (Check one circle.)

The period covered is January 1, 2021, through the date of leaving office.

-or- The period covered is / / through the date of leaving office.

### 4. Schedule Summary (must complete) ► Total number of pages including this cover page:

**Schedules attached**

Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule

### 5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

## SO WHAT CAN I DO NOW...

- Watch City Council, Planning Commission, Parks & Community Services Commission, and City Committee meetings
- Review the City website - become familiar with the City's Charter, City Budget, Municipal Code, General Plan, Specific Plans, and current agendas and minutes (available on City website)
- Records are available upon request of the City Clerk's Office



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*Thank you for attending!*

*Good luck!*

Christina Franco, City Clerk

Joan Snashall, Deputy City Clerk

(925) 973-2539

[cityclerk@sanramon.ca.gov](mailto:cityclerk@sanramon.ca.gov)