



Monterey County Elections CANDIDATE STATEMENT OF QUALIFICATIONS FORM

June 2, 2026, Statewide Direct Primary Election

CANDIDATE STATEMENT OF QUALIFICATIONS FORM

CANDIDATE NAME:	
OFFICE SOUGHT:	
RESIDENCE ADDRESS:	
MAILING ADDRESS: (if different from above)	
PHONE:	
EMAIL:	

FOR OFFICE USE ONLY
Gina Martinez, Registrar of Voters Monterey County Elections Official
By: _____
Date Received: _____

I ELECT TO FILE A CANDIDATE STATEMENT OF QUALIFICATIONS AND CONFIRM THE FOLLOWING:

- I understand the cost for my candidate statement of qualifications is \$ _____.
- I understand that I will pay the full amount by check or money order payable to **Monterey County Elections**.
- I understand that the State Senate and State Assembly candidates are required to accept the voluntary campaign expenditure limits on FPPC Form 501 in order to have a candidate statement of qualifications printed in the Monterey County Voter Information Guide. I affirm that I have accepted the voluntary campaign expenditure limits on the FPPC Form 501 filed with the Secretary of State on (enter date):
_____.
- I understand that the original candidate statement of qualifications including full payment of said costs are due in the Monterey County Elections Office at the time of filing or, if not filing in Monterey County, by 5 p.m. on Friday, March 6, 2026.
- I understand that the candidate statement of qualifications is final once submitted to Monterey County Elections and changes are not allowed once submitted.
- I understand that I may withdraw my candidate statement of qualifications no later than 5 p.m. of the next working day after the close of the candidate filing (nomination) period.

Select one box:

- I understand that I have the option of including my age and occupation with my candidate statement and **choose not to disclose either**.
- I understand that it is optional to include my age and occupation with my candidate statement and **choose to include my age and/or occupation below:**

AGE:		OCCUPATION:	
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Return signed Candidate Statement of Qualifications Form along with your candidate statement payment:

- In-Person: Monterey County Elections, 1441 Schilling Place – North Building, Salinas, CA 93901
- By Email & Mail: Scan your signed Candidate Statement Form and email to CandidateServices@countyofmonterey.gov and mail to Monterey County Elections, 1441 Schilling Place – North Building, Salinas, CA 93901

For questions, contact (831) 796-1499 or email us at CandidateServices@countyofmonterey.gov.

CANDIDATE SIGNATURE:		DATE:	
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All candidate statements will be of uniform format, font, size, spacing, darkness, and will be printed in a block paragraph in the Monterey County Voter Information Guide.

Restrictions include but are not limited to:

- Shall be limited to a candidate’s own personal background and qualifications.
- Shall not in any way make reference to another candidate.
- Local non-partisan candidate shall not include party preference nor membership or activity in partisan political organizations.
- No statement shall contain any false, slanderous, or libelous statements. Authors are not exempt from any civil or criminal action or penalty.

The following is not permitted:

- Handwritten statements
- Bullet or outline formats
- Special formatting including bolding, italics, underlining, or ALL CAPITAL LETTERS (except for titles & acronyms)
- Special characters or symbols (including but not limited to (diamonds, stars, bullets, circles, boxes, check marks, asterisks, #, +, etc.)
- Statements addressing opponents or elected officials

FOR OFFICE USE ONLY
Gina Martinez, Registrar of Voters Monterey County Elections Official
By: _____
Date Received: _____

CANDIDATE NAME:	AGE:
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OCCUPATION:

(CANDIDATE STATEMENT OF QUALIFICATIONS)

I affirm that I want my candidate statement printed in the Monterey County Voter Information Guide.

CANDIDATE SIGNATURE:	DATE:
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OFFICE RUNNING FOR:

EMAIL:	PHONE:
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