CANDIDATE’S STATEMENT OF QUALIFICATIONS

*See the Candidate Filing Guide and Elections Code § 13307 for Candidate’s Statement guidelines and requirements.*

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| --- | --- | --- | --- |
| Jurisdiction Name  (ALL CAPS) | CITY OF CHULA VISTA | | |
| Office Title:  (Title Case) | City Councilmember, District # \_\_\_\_\_\_\_\_ | | |
| Candidate Name:  (ALL CAPS) |  | | |
| Occupation1:  (Title Case) |  | | |
| Age:  (Optional) |  | Gender (M or F): |  |
| Election Date: | November 5, 2024 | | |
| 1 The occupation to appear on the Candidate’s Statement is not restricted by the California Elections Code. It does not have to match the occupation on the ballot. It can be more descriptive and have more than three words. | | | |

**Use “Block Paragraphs, Single Space” format. Word count starts here:**

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|  | | | | |
| I understand that I am responsible for the cost of this statement, that payment of the estimated cost is due at the time of filing, and that I may be billed or refunded the difference in cost based on the final cost. | | Estimated cost (due at time of filing):  Councilmember, Dist. 3 or 4: $1,900  *(Please make checks payable to City of Chula Vista or pay by credit card at* [*www.chulavistaca.gov/candidates*](http://www.chulavistaca.gov/candidates)*)* | | |
| Candidate’s Signature: |  | | Date: |  |

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| I **DO NOT** wish to file a statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate’s Signature Date |