

City of Calistoga
November 5, 2024 Municipal Election
Candidate Information Sheet

Office:

Name:

Contact Information:

Candidate Statement of Qualifications (confidential until close of nomination period)

Opted Out

Statement of Economic Interests Form 700

Code of Fair Campaign Practices

Opted Out

Candidate Intention Statement Form 501

Campaign Disclosure Statements Form(s) (where applicable)

470 Officeholder/Candidate Campaign Statement Short Form

470S Officeholder/Candidate Campaign Statement Supplement

Form

410 Statement of Organization Recipient Committee

Additional Campaign Disclosure Forms for Recipient Committees

<https://public.netfile.com/pub2/?aid=CAL>



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

E-Filed 08/07/2024 14:18:57 Filing ID: 211881329

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Villalba, Marion

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Calistoga Division, Board, Department, District, if applicable Your Position Candidate City Council Member

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

State Multi-County City of Calistoga Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Other

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

Annual: The period covered is January 1, 2023 through December 31, 2023. Leaving Office: Date Left (Check one circle) The period covered is January 1, 2023 through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election 8/7/2024 and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 1

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 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER E-MAIL 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 08/07/2024 Signature Marion Villalba



California Secretary of State
CODE OF FAIR CAMPAIGN PRACTICES
 (Elections Code § 20440)

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 in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I SHALL CONDUCT my campaign openly and publicly, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponents or political parties that merit this criticism.
- (2) I SHALL NOT USE OR PERMIT the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.
- (3) I SHALL NOT USE OR PERMIT any appeal to negative prejudice based on a candidate's actual or perceived race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sexual orientation, sex, including gender identity, or any other characteristic set forth in Section 12940 of the Government Code, or association with another person who has any of the actual or perceived characteristics set forth in Section 12940 of the Government Code.
- (4) I SHALL NOT USE OR PERMIT any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections, or that hampers or prevents the full and free expression of the will of the voters including acts intended to hinder or prevent any eligible person from registering to vote, enrolling to vote, or voting.
- (5) I SHALL NOT coerce election help or campaign contributions for myself or for any other candidate from my employees.
- (6) I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE support deriving from any individual or group that resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I condemn. I shall accept responsibility to take firm action against any subordinate who violates any provision of this code or the laws governing elections.
- (7) I SHALL DEFEND AND UPHOLD the right of every qualified American voter to full and equal participation in the electoral process.

I, the undersigned, candidate for election to public office in the State of California or treasurer or chairperson of a committee making any independent expenditures, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

Marion Villalba

 Print Name



 Signature

8/7/2024

 Date

Councilmember

 Office

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)
Marion Villalba	([REDACTED])	()	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Calistoga	CA	94515
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council	City of Calistoga	1	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	2024	<input type="checkbox"/> SPECIAL / RUNOFF
		(Year of Election)	

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 8 7 2024
(month, day, year)

Signature [Signature]
(Candidate)

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)
8/7/24

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Marion Villalba</u> STREET ADDRESS <u>[REDACTED]</u> CITY STATE ZIP CODE <u>[REDACTED] CALISTOG, 94515</u> OPTIONAL: FAX / E-MAIL ADDRESS <u>[REDACTED]</u>		3. Office Sought or Held OFFICE SOUGHT OR HELD <u>Councilmember</u> JURISDICTION (LOCATION) <u>Calistoga</u> DISTRICT NUMBER (IF APPLICABLE) <u>1</u>
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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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 8/7/24 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE