

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

Office:

Councilmember

Name:

Lisa Gift

Contact

Information: 707-339-0343

☐ 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  
 08/09/2024  
 10:42:20

 Filing ID:  
 211902133

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Gift, Lisa Marie			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Calistoga

Division, Board, Department, District, if applicable

Your Position

City Council

City Council Member

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

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 Napa☒ City of Calistoga☐ 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)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2023.☐ The period covered is January 1, 2023 through the date  
of leaving office.☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date  
of leaving office.☒ **Candidate:** Date of Election 11/5/2024 and office sought, if different than Part 1: City Council**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
49 View Road		Calistoga	CA	94515
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 707 ) 339-0343		lgift@ci.calistoga.ca.us		

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 08/09/2024  
 (month, day, year)

 Signature Lisa Marie Gift  
 (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name  
Lisa Marie Gift

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
City of Calistoga	City Council	City Council Member		052000304-NFH-0304
City of Calistoga	Candidate	City Council Member		052000304-NFH-0304



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.

Lisa Gift

Print Name

08/08/2024

Date

Signature

City Council

Office

# Candidate Intention Statement

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

Date Stamp

CALIFORNIA  
FORM **501**  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Lisa Gift	( 707 ) 339-0343	( )	lisamgift@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
49 View Road	Calistoga	CA	94515
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council	Calistoga		PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	2024 (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 08 08 2024  
(month, day, year)

Signature \_\_\_\_\_

(Candidate)

FPPC Form 501 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov



Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  11/05/2024	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  	Date Stamp	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 \_\_\_\_ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lisa Gift

STREET ADDRESS

49 View Road

CITY

STATE

ZIP CODE

Calistoga

CA

94515

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

707-339-0343

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Calistoga

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 08/08/2024

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE