

DECLARATION OF CANDIDACY
Raisin City Water District General Election
(Elections Code section 10511)

I, _____, do hereby declare myself as a candidate for election to the office of Director of Raisin City Water District, of the County of Fresno, State of California (____ Initial here if the election in which you are running is for the balance of an unexpired term).

I am over the age of 18 years and am a landowner (holder of title to land) in the District or a designated representative of a landowner in the District. If elected, I will qualify and accept the office of Director of Raisin City Water District and serve to the best of my ability. I request my name be placed on the official ballot of the District for the election to be held on November 2 2026 and that my name appear on the ballot as follows:

(Print name above)

My current residence address is _____ and my telephone number is _____. I desire the following occupational designation to appear on the ballot under my name:

(Print desired designation, if any, above)

This occupational designation is true and in conformance with the requirements of Section 13107 of the Elections Code.

I am aware that any person who files or submits for filing a declaration of candidacy knowing that it or any part of it has been made falsely is punishable by a fine or imprisonment, or both, as set forth in Section 18203 of the Elections Code.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____, 2026 at _____, California.

Signature of Candidate

For District Official Use Only	Filed _____, 2026 Laurie Sales, Election Official By _____
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OATH OF ALLEGIANCE
(Code of Civil Procedure section 2015.6)
(Elections Code sections 200, 10512)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means except as follows: _____

(If no affiliations, write "No Exceptions") and that during the time I hold the office of Director of the Raisin City Water District, I will not advocate for or become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force, violence, or other unlawful means.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Date)

(Signature)

FOR DISTRICT USE ONLY

I have examined this declaration pursuant to California Elections Code section 10513 and hereby certify that it is sufficient.

Laurie Sales, Election Official

CANDIDATE'S STATEMENT

As a candidate for Director of the Raisin City Water District at the general district election to be held November 3, 2026

NOTICE TO CANDIDATE: This statement may include your name, age, occupation and a brief description of not more than 200 words of your education and qualifications expressed by yourself. This statement shall not in any way make reference to other candidates' qualifications, character, or activities and shall not include the party affiliation of the candidate, nor membership or activity in partisan political organizations. All statements will be printed in a style determined by the governing body conducting the election. Please type, in upper and lower case. YOUR STATEMENT WILL BE PRINTED EXACTLY AS SUBMITTED BY YOU: Check carefully for errors in spelling, punctuation and grammar before filing.

NAME _____

AGE: _____

Occupation: _____
(Optional) (May be more descriptive than what will appear on ballot)

Education and Qualifications: _____

(Statement starts here - please type)

If additional space is required, attach a supplemental sheet. If a supplemental sheet is used, please sign the supplemental sheet at the bottom.

(____) I wish to have my statement translated and printed in Spanish in addition to English with the understanding that I will pay the actual cost incurred.

Initial one of the following:

(____) Pursuant to Elections Code section 13307, I understand that the cost of this statement is the responsibility of the candidate. The estimated cost of printing and mailing the foregoing statement is \$500.00. I will pay for the prorated cost of such statement at such time as instructed by the officer conducting the election.

(____) I am indigent and unable to pay for my prorated costs in advance and attached is a financial statement pursuant to Elections Code section 13309 and a release authorizing you to obtain a copy of my most recent federal income tax form. I certify under penalty of perjury under the laws of the State of California the financial statement is true and correct.

Dated_____

(Signature of Candidate)

(Address of Candidate)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Raisin City Water District

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is / / , through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed / /

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

✕ **Candidate:** Date of Election 11/3/2026 and office sought, if different than Part 1:

4. Schedule Summary (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL 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 (month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/25 _____/_____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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\$100,001 - \$1,000,000	Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/25 _____/_____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000	\$10,001 - \$100,000
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NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/25 _____/_____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/25 _____/_____/25
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/25 ____/_____/25 ACQUIRED DISPOSED
NATURE OF INVESTMENT Partnership Sole Proprietorship _____ Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
None or Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: ☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____	
Description of Business Activity or City or Other Precise Location of Real Property _____	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/25 ____/_____/25 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	
Leasehold _____ Yrs. remaining ☐ Other _____	
☐ Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE ☐ \$0 - \$1,999 ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/25 ____/_____/25 ACQUIRED DISPOSED
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☐ _____ Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
☐ None or ☐ Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: ☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____	
Description of Business Activity or City or Other Precise Location of Real Property _____	
FAIR MARKET VALUE ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/25 ____/_____/25 ACQUIRED DISPOSED
NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership	
☐ Leasehold _____ Yrs. remaining Other _____	
Check box if additional schedules reporting investments or real property are attached	

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY _____

FAIR MARKET VALUE

\$2,000 - \$10,000

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/25 _____/_____/25
ACQUIRED DISPOSED

NATURE OF INTEREST

Ownership/Deed of Trust

Easement

Leasehold _____

Yrs. remaining

Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY _____

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/25 _____/_____/25
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining

☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED		▶ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME 		NAME OF SOURCE OF INCOME 	
ADDRESS (Business Address Acceptable) 		ADDRESS (Business Address Acceptable) 	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		BUSINESS ACTIVITY, IF ANY, OF SOURCE 	
YOUR BUSINESS POSITION 		YOUR BUSINESS POSITION 	
GROSS INCOME RECEIVED		GROSS INCOME RECEIVED	
No Income - Business Position Only		No Income - Business Position Only	
\$500 - \$1,000	\$1,001 - \$10,000	\$500 - \$1,000	\$1,001 - \$10,000
\$10,001 - \$100,000	OVER \$100,000	\$10,001 - \$100,000	OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of _____ (Real property, car, boat, etc.)		Sale of _____ (Real property, car, boat, etc.)	
Loan repayment		☐ Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more		☐ Commission or ☐ Rental Income, list each source of \$10,000 or more	
_____ (Describe)		_____ (Describe)	
Other _____ (Describe)		☐ Other _____ (Describe)	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % ☐ None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	☐ None ☐ Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	☐ Real Property _____	
☐ \$500 - \$1,000	Street address	
☐ \$1,001 - \$10,000	_____	
☐ \$10,001 - \$100,000	City	
☐ OVER \$100,000	☐ Guarantor _____	
	☐ Other _____	
	(Describe)	

Comments: _____

SCHEDULE D

Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td> </td><td>\$ </td><td> </td></tr><tr><td> </td><td>\$ </td><td> </td></tr><tr><td> </td><td>\$ </td><td> </td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$		▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td> </td><td>\$ </td><td> </td></tr><tr><td> </td><td>\$ </td><td> </td></tr><tr><td> </td><td>\$ </td><td> </td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$	
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Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE <i>(Not an Acronym)</i> _____ ADDRESS <i>(Business Address Acceptable)</i> _____ CITY AND STATE _____ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i> ▶ MUST CHECK ONE: Gift -or- Income _____ Made a Speech/Participated in a Panel _____ Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____ _____
--

▶ NAME OF SOURCE <i>(Not an Acronym)</i> _____ ADDRESS <i>(Business Address Acceptable)</i> _____ CITY AND STATE _____ ☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i> ▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income _____ ☐ Made a Speech/Participated in a Panel _____ ☐ Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____ _____
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▶ NAME OF SOURCE <i>(Not an Acronym)</i> _____ ADDRESS <i>(Business Address Acceptable)</i> _____ CITY AND STATE _____ ☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i> ▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income _____ ☐ Made a Speech/Participated in a Panel _____ ☐ Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____ _____
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▶ NAME OF SOURCE <i>(Not an Acronym)</i> _____ ADDRESS <i>(Business Address Acceptable)</i> _____ CITY AND STATE _____ ☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i> ▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income _____ ☐ Made a Speech/Participated in a Panel _____ ☐ Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____ _____
--

Comments: _____
