CITY OF MARTINEZ



525 Henrietta Street, Martinez, CA 94553 | (925) 372 – 3500 www.CityofMartinez.org

-COVER PAGE -CANDIDATE PACKET

General Election – November 5, 2024

FULL NAME SEAT BALLOT DESIGNATION CONTACT INFORMATION

- Address
- Phone
- Email

FILING RECORD

- Documents Issued:
- Documents Submitted:
- Date Qualified:

CAROLYN L. ROBINSON CITY TREASURER CITY TREASURER

307 Klamath Court, Martinez, CA 94553 (925) 963-5610 clrmtz@yahoo.com

7/16/2024 7/29/2024 8/1/2024

Prepared By: Kat Galileo, Elections Official

City of Martinez (925) 372-3512



California Secretary of State DECLARATION OF CANDIDACY

Nonpartisan Offices - For Use in Local Elections

	Nove	mber 5, 2024, General Election (Elections Co	ode §§ 200, 10510, 10511, 10513, 10602)	
For Elections Officials USE ONLY	1	City of Mortines Vat Galiuo Name of City and City Clerk By: We Date Issued: 7/29/24	City of Martine? Late Cralica Name of City and City Clerk By: Lee Date Received: 1/29/24	Contra Costa County Official
Candidate Name, and Office	1	I hereby declare myself a candidate for the non to be voted for at the General Election to be how mame is	mination/election to the office of	Robincon Last
Ballot Information Name and ballot designation to appear on the ballot	2	I request my name and ballot designation Oroly n L. 17 ol Print Y Print	OVNS OW Your Name for Use on the Ballot	Candidate initials box if NO ballot designation is preferred.
IMPORTANT NOT	E: The	e County of Contra Costa will publish your name a	and proposed ballot designation.	
Addresses, Telephone, Website and Email	3			

Qualifications	4	I meet the statutory and constitutional qualifications for this office (including, but not limited to, citizenship and residency). I am at present an incumbent of the following public office (if any): Lity Treasurer I have not been convicted of a felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes. If nominated/elected, I will accept the nomination/election and not withdraw.
		X Cardy L Rhivson Signature of Candidate
Oath of Office	5	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 menta reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. X Councy L Councy Signature of Candidate
Notary Public or Other Officer	7	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of
		Signature of Notary Public (Notary Public Seal) (or other officer)
		Examined and certified by me this 29 day of July , 20 14. City Elections Official Kot Grahley Hee

WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any declaration of candidacy in his or her possession that is entitled to be filed under the provisions of the Elections Code. (Elections Code § 18202.)

This entire form must be completed, or it will not be accepted, and you will not be entitled to a ballot designation. DO NOT LEAVE ANY RESPONSE SPACES BLANK. If information requested is not applicable, please write "N/A" in the space provided, otherwise the information MUST be provided. UPON FILING, THIS WORKSHEET WILL BE A PUBLIC DOCUMENT.

Candidate Information	1	Candidate Name: Cardyn L. Robinson Office: City Treasures Email:
Attorney or Other Authorized Person Information	2	Attorney Name (or other person authorized to act on your behalf): Address: Phone Number(s) Business: Mobile: Na Fax: Na Fax: Na Phone Number(s)

You may select as your ballot designation one of the following designations:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")].
- (b) The full title of the public office you currently occupy and to which you were elected.
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to the same office or to some other office.
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office.
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

Proposed Ballot Designation(s) Proposed Ballot Designation(s): Uty Tveasurer

Alternate Ballot Designation(s) 1: In cumbert

Alternate Ballot Designation(s) 2: NA

If your proposed ballot designation is pursuant to Elections Code § 13107(a)(3):

The professions, vocations or occupations relied upon to support my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. Initial

Translation of Proposed Designation: Gender specific translations will default to the masculine form for uniformity in translation unless you specify otherwise: () Masculine () Feminine

In the spaces provided on the next page(s):

3

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation. (Note: It is not necessary to provide copies of Certificates of Election if you are currently a seated member for a voter-nominated office).
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. Do not submit originals.

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.

If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.

	,,	8			
		Justification for use of 1st PVO: I was re-elected to position of Cit	ry Treasona in 2028.		
	100		•		
		City Treasurer			
10		Current or most recent job title: City Trackway Start Date: 1	1998 End Date: 12/2024		
		Employer Name or Business: City of martinez	1 7 ,		
		Person who can verify this information:			
		1			
Justification for		SUBMINISHING GROUP 170.			
use of Proposed Ballot		1			
Designation(s) If you are		m/ n			
proposing alternate ballot	4	Current or most recent job title: \(\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqnt{\sqnt{\sq}}}}}}} \end{\sqnt{\sqnt{\sq}}}}}}} \end{\sqnt{\sqnt{\sq}}}}}}} \end{\sqnt{\sqnt{\sq}}}}}}}	la End Date: Na		
designations.		Employer Name or Business: Wa			
please provide justification for		Person who can verify this information:			
use of those on Page 3.		Name: Whome Number(s): Whome Email:	Ma		
. 030 0		Justification for use of 3 rd PVO:			
		1			
		n/a			
		Current or most recent job title: ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	End Date\\		
		Employer Name or Business: ¬\ \ &			
		Person who can verify this information:			
		Name: Name: Phone Number(s): Name: Email:	na		
			35 (35)		
		answer/initial the following questions. Does your proposed ballot designation: tion of the title of your current elected office?	Yes No Initial		
2) Non-judi	cial can	andidates: Use only the word "Incumbent" for an elective office to which you were appointed?	Yes No Initial DV		
 Use mor Suggest 	e than the	n three total words for your principal professions, vocations, or occupations? raluation of you, such as outstanding, leading, expert, virtuous, or eminent?	Yes No Initial CR		
Refer to	a status	us (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations?	Yes No Initial 12		
7) Place th	e word *	e word "retired? d "retired" after the words it modifies? Example: Accountant, retired	Yes 🕟 No Initial 👲 🏒		
8) Use a word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation? Yes No initial of the second					
9) Use the 10) Use the	Vee VI No. Initial 14				
Refer to	a racial	ial, religious, or ethnic group?	☐ Yes ☑ No Initial ☑ ☐ Yes ☑ No Initial ☑		
12) Refer to	any act	ictivity prohibited by law? If the answer to any of these questions is "yes," your proposed ballot designation is likely to			
		100	· 2024		
X		Can by the property	Month/Day/Year		
		Candidate's Signature Date Signed:			

COMPLETE THIS PAGE ONLY IF one or more Alternate Ballot Designation(s) are provided. If this page is not applicable, please initial:

		M STELLOW MADE	794
		Justification for use of 1" PVO: I am a can didate for the So Intombent by a vote of the people	ome office which I hold at the time in population was exacted to that off
		Current or most recent job title: City Tycasover	Start Date: \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Employer Name or Business: Chy of Martines	3000 11 2024
		Person who can verify this information:	
Justification for		m/a	
Alternate Ballot	A	Current or most recent job title: "The a	Start Date: 7 Q End Date: 7 Q
Designation(s) 1		Employer Name or Business:	<u> </u>
		Person who can verify this information:	
		Name: \(\square \) \(\square \) Phone Number(s): \(\square \)	Email: "N a
		Justification for use of 3rd PVO:	
		nla	
		Current or most recent job title:	Start Date: " End Date: " A 9
		Employer Name or Business:	
		Person who can verify this information:	
		Name: Phone Number(s): ~ \(\alpha \)	Email: "N a
		17 17 17	7,4
		Justification for use of 1 st PVO:	
	35	ma	
		Current or most recent job title:	Start Date: N a End Date: N a
	100		Start Date: N & End Date: N &
		Employer Name or Business:	
			Empile - I
		Name: A Phone Number(s): W	Email: 👊 a
		-n/a	
ustification for			
Itemate Ballot	В	Current or most recent job title: 🛰 📞	Start Date: " A End Date: " A
lesignation(s) 2	134	Employer Name or Business:	
		Person who can verify this information:	
	1825	Name: $\neg \downarrow \alpha$ Phone Number(s): $\neg \downarrow \alpha$	Email: -n/ a
	A	Justification for use of 3rd PVO:	
		-n/a	
		Current or most recent job title:	Start Date: 1 6 End Date: 1 4
		Employer Name or Business: ~~~~~~	
	ITE	Person who can verify this information:	
	WES	Name: >> Phone Number(s): > (>	Email:

Candidate Statement of Qualifications For the General Election to be held November 5, 2024 (Elections Code §§ 13307, 13309, and 13311)

Instructions to Candidate: Your statement will be printed exactly as submitted. Carefully check for content, spelling punctuation, and grammar before submission. No changes are allowed once the statement is filed.					
This form must be filed along with the candidate statement.					
In addition to filing a hardcopy, you will need to submit your final candidate statement in an editable text format to the following email address: kgalileo@cityofmartinez.org					
Hard copy requires candidate signature.					
Office Name:CHYTreasurer Contest ID: Candidate ID:					
Word Limit: 250 • Cost: \$_664 • Paid By: ☐ Candidate ☐ District					
Candidate Name: Carolyn Robbisco					
I have reviewed the attached statement and I understand that no corrections or changes are allowed after it has been filed (pursuant to EC 13307). I understand that Contra Costa County is mandated under the Voting Rights Act to provide voting materials and information in English, Spanish, and Chinese.					
I do not wish to file a Candidate Statement.					
Signature of Candidate: Date: 7.29.2024					



JUL 1 6 2024

There are basic principles of decency, honesty, and fair play which every candidate for public office in the State of California has a recommon 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 untrammeled 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.

Election: November 5, 2024 General Election

Print Name

Date

C. L. of Madina

Office

Officeholder and Candidate Campaign Statement –					CALIFORNIA 470		
Sr	nort Fo <mark>rm</mark>	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 2 9 2022	For Official Use Only		
100		Movemba = 302		CITY OF MARTINEZ CITY CLERK'S OFFICE			
1.	Statement Covers Calendar Year 20 ঽ	4.					
2.	Officeholder or Candidate Information		3. Office Sought or He	ld			
		pinear	OFFICE SOUGHT OR HELD	<i>live acures</i>	- 10		
	STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	. —				
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		
	none						
5.	Verification						
	I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement	of my knowledge I anticipate that I will nt. I certify under penalty of perjury un	receive less than \$2,000 and that I will sp der the laws of the State of California that	pend less than \$2,000 during the ca t the foregoing is true and correct.	alendar year and that I have use		
	Executed on July 17 2	024	By Can	SIGNATURE OF OFFICEHOLDER OR CANDIDA	TÉ .		

Candidate Intention Statement		RECE	VED CALIFORNI.	^A 501
Check One: Amendment		JUL 29	2022 For Officia	al Use Only
		CITY OF MAR	RTINEZ	
1. Candidate Information:			•	
NAME OF CANDIDATE (Lest, First Middle Initial) COYCLUN L. RUDINS CONTROL OF CANDIDATE (Lest, First Middle Initial)	ELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)	
City Treasure City of Montin	182		PARTY PREFERENCE:	
OFFICE JURISDICTION \			(Check one box, if appl	
State (Complete Part 2.) City County Multi-County: (Name of Multi-	-County Jurisdiction)	(Year of Elec	PRIMARY / GENER	
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not (Check one box) (Check one box) (Check one box)	ove.			
☐ I do not accept the voluntary expenditure ceiling for the election st Amendment:	tated above.			
 I did not exceed the expenditure ceiling in the primary or spe ing for the general or special run-off election. 	cial election held on	and I a	accept the voluntary expe	enditure ceil-
(Mark if applicable)				
On I contributed personal funds in excess of the	e expenditure ceiling fo	r the election stated abo	ove.	
3. Verification:		-		
I certify under penalty of perjury under the laws of the State of Califor	nia that the foregoing is	true and correct.		
Executed on Tuly 17, 2024 Signature Case	- 4 Cobinse	~		



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date			ng Received
J	UL	29	2022

Plea	se type or print in ink.	,,, 02	LIO DOGGINEITI	CITY OF MARTINEZ CITY CLERK'S OFFICE
NAME	OF FILER (LAST)	Garolyn	(MIDDLE)	
1. 0	Office, Agency, or Court	- Tarolyn	h	
7	gency Name (Do not use acronyms)	tive3	Cty Treasury	ver
-	If filing for multiple positions, list below or or	n an attachment. (Do not us	e acronyms)	
,	Agency:		Position:	
2. 、	Jurisdiction of Office (Check at leas	t one box)		
	State		Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	udge, or Court Commissioner
L	Multi-County		County of	
C	Multi-County		Other	
3.	Type of Statement (Check at least on			
	Annual: The period covered is January 1 December 31, 2023.	, 2023, through	Leaving Office: Date Left (Check on	
ľ	The period covered is/_ December 31, 2023.	, through	The period covered is Janua of leaving office.	ary 1, 2023, through the date
	Assuming Office: Date assumed	·		, through
7	Candidate: Date of Election VV S	2024 and office sought,	if different than Part 1:	
	Schedule Summary (required) Schedules attached	► Total number	of pages including this cover pa	ge: \\
	Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Investments - schedule		Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property - schedule	attached	Schedule E · Income – Gifts – Travel Pa	ayments – schedule attached
-or	- X None - No reportable interests	on any schedule		
5. V	erification			
	nave used all reasonable diligence in preparing erein and in any attached schedules is true ar		· ·	nowledge the information contained
	certify under penalty of perjury under the l		•	l.
D	ate Signed 7-29. 2029	Si Si	gnature	Ament with your film official I
	,,,,		7	