



SOLANO COUNTY

STATEMENT OF FINANCIAL WORTH FOR INDIGENT CANDIDATES (Elections Code Section 13309)

OFFICE
DISTRICT

TIM FLANAGAN
Chief Information Officer
Registrar of Voters
TPFlanagan@solanocounty.gov
(707) 784-6675

November 5, 2024 Presidential General Election

JOHN H. GARDNER
Assistant Registrar of Voters
JHGardner@solanocounty.gov
(707) 784-3366

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting “**Not Applicable**” in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document.

SECTION 1 - NAME AND ADDRESS

Name _____
(Last) (First) (Middle)

Address _____
(Street or P.O. Box Number) (City) (State) (Zip Code)

Mailing Address _____
(Street or P.O. Box Number) (City) (State) (Zip Code)

Phone _____ Email _____

Spouse’s name _____
(Last) (First) (Middle)

All names under which you and/or your spouse do business: _____

SECTION 2 - SOURCE OF INCOME

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or your spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.

a) Check appropriate box: More than \$1,000 More than \$12,500

Name of employer (or source of income): _____

Address: _____

Name under which income was recieved: _____

Provide a brief description of the nature of the services for which the compensation was received:

b) Check appropriate box: More than \$1,000 More than \$12,500

Name of employer (or source of income): _____

Address: _____

Name under which income was recieved: _____

Provide a brief description of the nature of the services for which the compensation was received:

SECTION 3 - BUSINESS OR HOLDINGS

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

a) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 4 - REAL ESTATE PROPERTY

List every real estate property held by you or your spouse.

a) Address: _____

b) Address: _____

c) Address: _____

SECTION 5 - CREDITORS

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) _____
(name of creditor)

_____ (address of creditor)

b) _____
(name of creditor)

_____ (address of creditor)

c) _____
(name of creditor)

_____ (address of creditor)

SECTION 6 - PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) _____
(name of governmental body) (address of governmental body)

_____ (amount owed) (nature of the obligation)

b) _____
(name of governmental body) (address of governmental body)

_____ (amount owed) (nature of the obligation)

SECTION 7 - OTHER FINANCIAL OBLIGATIONS

List the name and address of each entity to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) _____
(name of entity) (address of entity)

_____ (amount owed) (nature of the obligation)

b) _____
(name of entity) (address of entity)

_____ (amount owed) (nature of the obligation)

SECTION 7 - GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding.

a) _____
(Name)

(Address)

b) _____
(Name)

(Address)

SECTION 8 - GIFTS

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$590 received by you or your spouse.

a) _____
(description of gift)

(date) (fair market value)

(source of gift)

b) _____
(description of gift)

(date) (fair market value)

(source of gift)

SECTION 9 - TANGIBLE PERSONAL PROPERTY

List the description and a reasonable estimate of the fair market value of any tangible personal property owned by you or your spouse.

a) _____
(description of tangible personal property) (fair market value)

b) _____
(description of tangible personal property) (fair market value)

c) _____
(description of tangible personal property) (fair market value)

d) _____
(description of tangible personal property) (fair market value)

SECTION 9- SIGNATURE

I certify the content of the statement as to its truth and correctness under penalty of perjury.

Signature

Date