

CITY OF RICHMOND

**Affidavit of Financial Worth in Support of
In-Lieu Petition for Substitution of
Signatures for City Required Filing Fee**

Purpose – Candidates who cannot pay Charter-mandated filing fee

Notice to Candidate:

The City Attorney’s Office will review and make a final determination of your eligibility as an indigent as soon as possible after submitting this form.

If the Attorney’s Office determines that you are not indigent, you will be notified of this finding. Within three days of notification, excluding Saturdays, Sundays, and state holidays, you must pay the requisite filing fee. If you fail to respond within the time prescribed, the City Clerk will not proceed with the filing of your Nomination Petition with the Contra Costa County Elections Division Office.

If it is determined that you are indigent, the City Clerk shall proceed with filing the Nomination Petition without requesting payment of the filing fee.

Please Print Legibly

I, _____ state that I am unable to pay in advance the \$1,674.00 (mayoral) or \$605.88 (council) filing fee required by the City of Richmond to file a Nomination Petition for the office of Mayor or Councilmember in District 2, 3, or 4 in the June 2, 2026, Primary Municipal Election.

I further swear or affirm that the responses which I have made to the questions and instructions below, relating to my ability to pay said cost, are true.

1. State the name, address and telephone number of your employer:

Name _____

Address _____

City/ State/Telephone Number _____

2. State your occupation and the amount of your gross monthly income:

Occupation_____

Gross Monthly Income_____

3. If you are not employed, how do you support yourself? Be specific. List all sources of income whether it is from self-employment, rents, interest, dividends, etc.

4. Describe each source, and state the amount received from each during the past twelve (12) months.

5. Attach a copy of a statement from each source of income showing your monthly income.

6. Do you have a checking or savings account? Yes No

If the answer is yes, state the Institutions name, location, your account number and the value of each account.

Name of Institution _____

Type of Account: _____ Checking _____ Savings

Address_____

Value_____

Name of Institution _____

Type of Account _____ Checking _____ Savings

Address_____

Value_____

Name of Institution _____

Type of Account _____ Checking _____ Savings

Address_____

Value_____

7. List the individuals who are dependent upon you for your support. State their age and your relationship to those individuals.

I understand that this Affidavit will be referred to the City Attorney's Office for a determination of indigence. I understand that if I am found to be indigent, the City Clerk will issue a petition to circulate for signatures in lieu of paying the filing fee. I further understand that if the City Attorney's Office determines that I am not indigent I must either pay the requisite filing fee of \$1,674.00 for Mayoral Seat or \$605.88 for Council Seat at the time the Nomination Petition is filed with the City Clerk.

I agree to submit a copy of my most recent federal tax report.

I certify (or declare) under the penalty of perjury that the foregoing is true and correct under the law of the State of California.

Executed by me at _____, California

this _____ day of _____, 20____.

Signature of Candidate: _____

Residence Address _____

City, State and Zip Code _____

Home Phone /Business Phone _____

City Attorney's Office

This Affidavit of Financial Worth in lieu of paying the City of Richmond filing fee is:

_____ Accepted _____ Denied based on the following:

Date

Signature