



Monterey County Elections

CANDIDATE STATEMENT OF QUALIFICATIONS FORM

November 3, 2026, General Election

CANDIDATE STATEMENT OF QUALIFICATIONS FORM

CANDIDATE NAME:	Lori McDonnell
OFFICE SOUGHT:	City Councilmember
RESIDENCE ADDRESS:	[REDACTED]
MAILING ADDRESS: (if different from above)	PO Box 114, Pacific Grove, CA 93950
PHONE:	[REDACTED]
EMAIL:	Lori4PG@gmail.com

FOR OFFICE USE ONLY

Gina Martinez, Registrar of Voters
Monterey County Elections Official

By: _____
Date Received: _____

I ELECT TO FILE A CANDIDATE STATEMENT OF QUALIFICATIONS AND CONFIRM THE FOLLOWING:

- I understand the cost for my candidate statement of qualifications is \$ \$356.
- I understand that I will pay the full amount by check or money order payable to **Monterey County Elections**.
- I understand that the State Senate and State Assembly candidates are required to accept the voluntary campaign expenditure limits on FPPC Form 501 in order to have a candidate statement of qualifications printed in the Monterey County Voter Information Guide. I affirm that I have accepted the voluntary campaign expenditure limits on the FPPC Form 501 filed with the Secretary of State on (enter date): _____.
- I understand that the original candidate statement of qualifications including full payment of said costs are due in the Monterey County Elections Office at the time of filing or, if not filing in Monterey County, by 5 p.m. on Friday, August 7, 2026.
- I understand that the candidate statement of qualifications is final once submitted to Monterey County Elections and changes are not allowed once submitted.
- I understand that I may withdraw my candidate statement of qualifications no later than 5 p.m. of the next working day after the close of the candidate filing (nomination) period.

RECEIVED
CITY MANAGER'S OFFICE
2026 JUL 27 2:55 PM
CITY OF PACIFIC GROVE

Select one box:

☐ I understand that I have the option of including my age and occupation with my candidate statement and **choose not to disclose either**.

☒ I understand that it is optional to include my age and occupation with my candidate statement and **choose to include my age and/or occupation below:**

AGE:	59	OCCUPATION:	Incumbent / Researcher
------	----	-------------	------------------------

Return signed Candidate Statement of Qualifications Form along with your candidate statement payment:

- In-Person: Monterey County Elections, 1441 Schilling Place – North Building, Salinas, CA 93901
- By Email & Mail: Scan your signed Candidate Statement Form and email to CandidateServices@countyofmonterey.gov and mail to Monterey County Elections, 1441 Schilling Place – North Building, Salinas, CA 93901

For questions, contact (831) 796-1499 or email us at CandidateServices@countyofmonterey.gov.

CANDIDATE SIGNATURE:	[REDACTED]	DATE:	7/27/26
----------------------	------------	-------	---------



Monterey County Elections

CANDIDATE STATEMENT OF QUALIFICATIONS FORM

November 3, 2026, General Election

All candidate statements will be of uniform format, font, size, spacing, darkness, and will be printed in a block paragraph in the Monterey County Voter Information Guide.

Restrictions include but are not limited to:

- Shall be limited to a candidate's own personal background and qualifications.
- Shall not in any way make reference to another candidate.
- Local non-partisan candidate shall not include party preference nor membership or activity in partisan political organizations.
- No statement shall contain any false, slanderous, or libelous statements. Authors are not exempt from any civil or criminal action or penalty.

The following is not permitted:

- Handwritten statements
- Bullet or outline formats
- Special formatting including bolding, italics, underlining, or ALL CAPITAL LETTERS (except for titles & acronyms)
- Special characters or symbols (including but not limited to (diamonds, stars, bullets, circles, boxes, check marks, asterisks, #, +, etc.)
- Statements addressing opponents or elected officials

FOR OFFICE USE ONLY

Gina Martinez, Registrar of Voters
Monterey County Elections Official

By: _____
Date Received: _____

CANDIDATE NAME:	Lori McDonnell	AGE:	59
OCCUPATION:	Incumbent / Researcher		

(CANDIDATE STATEMENT OF QUALIFICATIONS)

I have the honor of serving on City Council and the Community Human Services and AMBAG Boards, which has helped me develop a deeper understanding of the needs of our community. This experience, combined with my MA in Psychology and research at NASA, the Veterans Administration, and Stanford School of Medicine, has provided me a deep understanding of the importance of needs assessment and stakeholder input to identify and implement solutions that serve the best interests of our community. I will continue to work to support the needs of residents, businesses, and the environment, which is one of our greatest assets, as all are vital to our thriving community. As a renter I understand the importance of affordable housing and look forward to continuing work with local leaders and residents to identify solutions that enable thoughtful growth that preserves the character of our community. I am committed to listening to and working collaboratively with residents, city staff, and fellow councilmembers to find common-ground solutions to community challenges. I would be honored to have your vote and continue to serve our community and help maintain the natural diversity and charm of Pacific Grove. For more information, please visit www.Lori4PG.com.

☒ I affirm that I want my candidate statement printed in the Monterey County Voter Information Guide.

CANDIDATE SIGNATURE:	[REDACTED]	DATE:	7/27/26
OFFICE RUNNING FOR:	City Councilmember		
EMAIL:	Lori4PG@gmail.com	PHONE:	[REDACTED]