



**REBECCA SPENCER**  
Registrar of Voters

**ART TINOCO**  
Assistant Registrar of Voters

**REGISTRAR OF VOTERS**  
COUNTY OF RIVERSIDE

**Date:** August 7, 2020

**To:** Anthony J. Mejia, City Clerk  
City of Palm Springs  
3200 E. Tahquitz Canyon Way  
Palm Springs, CA 92262

**From:** Riverside County Registrar of Voters

**Contact:** Leticia Flores, Elections Coordinator

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**SUBJECT: NOMINATION PETITION SIGNATURE VERIFICATION**

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Enclosed is the nomination petition that you submitted for signature verification. We have checked it against our list of registered voters in the City of Palm Springs, City Council District 4 upon review our office makes the following determination:

**DIAN E. TORRES**

Signatures Submitted:	98
Signatures Checked:	98
Signatures Valid:	88

Copy of Petition is returned herewith.



**REGULAR MUNICIPAL ELECTION**

**November 3, 2020**

**NOMINATION PROCESS CHECKLIST**

Where to File

City Clerk's Office, Palm Springs City Hall, 3200 E Tahquitz Canyon Way, Palm Springs, California 92262, no later than August 7, 2020 at 6:00 p.m.

- Official Nomination Paper signed by Candidate and Circulator(s)
- Ballot Designation Worksheet
- Candidate Statement of Qualifications and payment
- Emailed Word Document to: [anthony.mejia@palmspringsca.gov](mailto:anthony.mejia@palmspringsca.gov)

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- OR -

No Candidate Statement Submitted \_\_\_\_\_  
Initial

- Candidate Intention Statement (Form 501) – Candidates must file Form 501 with the City Clerk before raising or spending any money, including the candidate's personal funds. If any monetary contributions will be received from others, a separate campaign bank account must be opened.
- Statement of Economic Interest (Form 700) disclosing interests held on date of declaration of candidacy
- Signed copy of Code of Fair Campaign Practices Form (optional)

Candidate's Name:

Dian E. Torres

Received By:

[Signature]  
City Clerk

08/07/2020  
(Date)

**PALM SPRINGS APPLICATION/CHECK LIST FOR NOMINATION PAPERS**

ELECTION DATE: November 3, 2020

SECTION 1 OF 4

**TO BE COMPLETED BY CANDIDATE**

Dian E. Torres

8/3/2020

NAME AS REGISTERED

DATE

Palm Springs, CA 92264

RESIDENCE ADDRESS INCLUDING CITY AND ZIP

MAILING ADDRESS IF DIFFERENT FROM RESIDENCE

E-Mail Address: [REDACTED]

Fax: ( )

TELEPHONE NUMBER(S): Day ( ) [REDACTED]

Eve. ( )

Palm Springs City Council, District No. 4

OFFICE SOUGHT/DISTRICT NO.

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**OFFICE USE**

Registration checked by: Hammie Meyers (951) 486-7200 or 800-773-8683  
(CLERK AT ROV OFFICE)

Precinct Number: 41403

Date of Registration: 4/11/2016

Material issued by: Anthony Mejia, MMC  
(CITY CLERK/DEPUTY)

- Official Filing Form
- Ballot Designation Worksheet
- Candidate Statement Form
- Code of Fair Campaign Practices
- Statement of Economic Interest/Manual
- Resolution concerning Candidate Statement
- Campaign Disclosure Forms

**PALM SPRINGS  
PROOF OF RESIDENCY**

Document(s) Type: CA DL

Verified By: [Signature]

**TO BE READ AND SIGNED BY CANDIDATE**

To the best of my knowledge, I meet the eligibility requirements for the office I seek. At my request the nomination documents listed above have been issued to me and I am aware that they must be filed with the City Clerk, during normal business hours no later than **FRIDAY, AUGUST 7, 2020, at 6:00 PM.**

**STATE LAW REQUIRES CANDIDATE INFORMATION BE A MATTER OF PUBLIC RECORD**

Please indicate if you give permission for your home address and telephone number to be listed on the Internet.

- Yes
- No (If NO, you may provide a mailing address):

[Signature]  
SIGNATURE OF CANDIDATE (OR AGENT)

8/3/2020  
DATE OF SIGNING

NOTE: A Spanish version of the required forms is available upon request.  
La version en español de las formas requeridas estaran disponible as solicitarias.

SECTION 1 OF 4; PAGE 1 OF 3

AFFIDAVIT OF NOMINEE & OATH OR AFFIRMATION OF NOMINEE

AFFIDAVIT OF NOMINEE

City: City of Palm Springs

Issued by: [Signature]  
Signature  
City Clerk  
Title

Date: 08/03/2020

State of California }  
County of Riverside } ss.

I, Dian E. Torres, under penalty of perjury, state that I am a nominee for the office of Councilmember in the City of Palm Springs, District No. 4

I will accept the office in the event of my election to this office at the election to be held on November 3, 2020

I desire my name to appear on the ballot as follows: Dian E. Torres  
PRINT OR TYPE YOUR NAME

and I desire the following designation to appear on the ballot under my name:  
Healthcare worker / Businesswoman / Educator  
(Print or type your principal profession(s), vocation(s), or occupation(s), in 3 words or less; or the name of the elective public office you hold or "Incumbent". If you leave this space blank, no designation will appear on the ballot.)

[Signature]  
SIGNATURE OF NOMINEE

[Redacted] Palm Springs CA 92264  
RESIDENCE ADDRESS: NUMBER, STREET, CITY & ZIP

MAILING ADDRESS, IF DIFFERENT

[Redacted] ( ) ( )  
DAY TELEPHONE NUMBER EVENING TELEPHONE NUMBER FAX

EMAIL ADDRESS: [Redacted]

**OATH OR AFFIRMATION OF NOMINEE**

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.

State of California }  
County of Riverside } ss. [Signature]  
SIGNATURE OF NOMINEE

Subscribed and sworn to before me this 7<sup>th</sup> day of August, 20 20

[Signature]  
SIGNATURE OF OFFICER ADMINISTERING OATH  
City Clerk  
TITLE OF OFFICER ADMINISTERING OATH

## Ballot Designation Worksheet

Pursuant to California Elections Code section 13107.3 and California Code of Regulations section 20711, 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 record.

Candidate Name: Dian E TORRES

Office: City Council, DISTRICT 4

Home Address: [REDACTED] E-Mail: [REDACTED]

Business Address: Palm Springs CA 92204 /

Mailing Address: \_\_\_\_\_

Phone Number(s) Business: \_\_\_\_\_ Home/Mobile: [REDACTED] Fax: \_\_\_\_\_

Gender (optional, for translation use only): Female

Attorney Name (or other person authorized to act in your behalf): \_\_\_\_\_

Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s) Business: \_\_\_\_\_ Home/Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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Proposed Ballot Designation: Healthcare Worker / Business Woman

1<sup>st</sup> Alternative: \_\_\_\_\_

2<sup>nd</sup> Alternative: \_\_\_\_\_

- You may select as your ballot designation:
- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a "]
  - (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

In the space provided on the next page or on an attachment sheet, describe why you believe you are entitled to use the proposed ballot designation. Attach any documents or exhibits that you believe support your proposed ballot designation. If using the title of an elective office, attach a copy of your certificate of election or appointment. These documents will not be returned to you. **Do not submit originals.**

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.

**Remember, it is your responsibility to justify your proposed ballot designation and to provide all requested details.** For your reference, attached are Elections Code sections 13107 and 13107.3, and 2 California Code of Regulations (CCR) section 20711. You may also wish to consult Elections Code section 13107.5 ("community volunteer") and 2 CCR sections 20712 - 20719 (found at [www.sos.ca.gov](http://www.sos.ca.gov)).

Justification for use of proposed ballot designation: \_\_\_\_\_

Certified Nurse assistant / Phlebotomist  
at Eisenhower  
owned my own business filed the State LLC

Current or Most Recent Job Title: Certified Nursing Asst / Phlebotomist Start/End Dates: 2012 - current  
 Employer Name or Business: Eisenhower

Person(s) who can verify this information:

Name(s): Elin Madore Kathy Iner-Sowell Phone Number: [REDACTED]

Name(s): Christi Olson Phone Number: [REDACTED]

E-mail: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Before signing below, answer the following questions.**

Does your proposed ballot designation:

- |   |   |
|---|---|
| 1) Use only a portion of the title of your current elected office?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2) Use only the word "Incumbent" for an elective office (other than Superior Court Judge) to which you were elected?            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3) Use more than three total words for your principal professions, vocations or occupations?                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent?                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation or occupation?                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 6) Abbreviate the word "retired"?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 8) Use any word of prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation or occupation? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 10) Use the name of a political party or political body?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11) Refer to a racial, religious, or ethnic group?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 12) Refer to any activity prohibit by law?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**If the answer to any of these questions is "Yes," your proposed ballot designation is likely to be rejected.**

Candidate's Signature [Signature] Date 8/7/2020

**CANDIDATE'S STATEMENT**  
Municipal Offices

**TO THE CANDIDATE:**

The Candidate's Statement is optional. Indicate your decision below and return this form with your Nomination Documents.

- I do not wish to submit a Candidate's Statement. \_\_\_\_\_  
CANDIDATE'S INITIALS
- I am submitting my Candidate's Statement for **County Voter Information Guide & Electronic Distribution**.
- I am submitting my Candidate's Statement for **Electronic Distribution only**.

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**TO CANDIDATE SUBMITTING A CANDIDATE'S STATEMENT:**

Please check below concerning payment of Candidate's Statement deposit.

- Candidate's Statement for **County Voter Information Guide & Electronic Distribution** in Riverside County required deposit of   \$500   is submitted herewith.

**New:** Assembly Bill 2010 Authorizes candidate's statement for electronic distribution. Requires the statement to be posted on the Internet Web site of the elections official, permit the statement to be included in a voter's pamphlet that is electronically distributed, and prohibit the statement from being included in a voter's pamphlet that is printed and mailed to voters.

- Candidate's Statement for **Electronic Distribution only** in Riverside County required deposit of   \$260   is submitted herewith.

I understand that I must pay **my pro rata share of the actual cost**. I agree that if my pro rata share exceeds the deposit, I will pay the difference when billed.

Signature of Candidate \_\_\_\_\_

- I request a waiver of the deposit on the grounds of indigence. My Statement of Financial Worth is submitted herewith. (Form available from the City Clerk)

I am aware that if notified that indigent status is not granted, I must pay the deposit within three days of notification or my Candidate's Statement will not be printed.

Further, I am aware that if indigent status is granted, I am excused only from payment of the deposit. I will be required to pay **my pro rata share of the actual cost**, and I agree to do so when billed.

Signature of Candidate \_\_\_\_\_

- No deposit is required. (The city pays the cost.)

**NOTE:** Pursuant to Elections Code Section § 13308 Candidate statements shall be limited to a recitation of the candidate's own personal background and qualifications and shall not in any way make reference to other candidates for that office or to another candidate's qualifications, character, or activities. The Registrar of Voters will not print or circulate any statement that makes reference to other candidates.

<b>WORD COUNT</b> (Elections Code § 9)	
Punctuation	free
Dictionary words and single characters	one
Each abbreviation for a word, phrase, or expression	one
All proper nouns, including geographical names, shall be considered as one word: example, "City and County of San Francisco"	one
Whole numbers: Digits (1 or 10 or 100, etc.) Spelled out (one or ten or one hundred)	one one for each word
Dates: (5/30/02) or (May 30, 2002)	one
Hyphenated words (unless dictionary defined as one word)	one for each word
Phone Number	one
Internet Address	one

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NAME OF OFFICE SOUGHT: City Council  
(CITY COUNCIL, MAYOR, SCHOOL BOARD MEMBER, DIRECTOR, ETC.)

- ♦ WARD
- ♦ DIVISION
- ♦ TRUSTEE AREA (IF ANY) DISTRICT 9  FULL TERM  SHORT TERM

JURISDICTION: City Palm Springs  
NAME OF DISTRICT

OCCUPATION: Healthcare Worker / Business Woman AGE: 61  
(OPTIONAL) (OPTIONAL)

CANDIDATE: Diana E Torres [Signature]  
PRINTED NAME SIGNATURE

CONTEST ID: \_\_\_\_\_  
In 200 words or less briefly state your Education and Qualifications:

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2020 AUG - 7 PM 4: 26  
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TOTAL  
WORD  
COUNT

My Name is Dian Torres. I have lived in the desert since 2005. My wife and I made our full-time landing in Palm Springs four years ago. I work part-time as a healthcare worker, was a small business owner, an educational consultant for the beauty industry, and senior educator at the Community College vocational level in Cosmetology. I have served on a nonprofit board that worked with city partners to build a home for persons living and dying with AIDS; Ombudsman for Riverside County advocating for the health and safety of individuals residing in convalescent, group homes, and Assisted Living facilities. I have spent over 20 years as a volunteer working in city politics. I want to serve our Palm Springs community and residents of District 4 to ensure that their voices are heard.

I will maintain the integrity of Palm Springs District 4 by minimizing commercial developments and overbuilding, and support recreational activities. I am committed to honesty and transparency.

- Be inclusive, listen and embrace all residents.
- Advocate to preserve Mesquite golf course as a public space.
- Above all I want to hear what matters to the people of District 4.

I hope you will support me with my commitment to our community.



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Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) TORRES DIAN E DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional)

STREET ADDRESS [REDACTED] CITY Palm Springs CA STATE CA ZIP CODE 92264

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Palm Springs DISTRICT NUMBER, if applicable. 4  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2020

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_/\_\_\_/\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_/\_\_\_/\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on August 3 2020  
(month, day, year)

Signature [Signature]  
(Candidate)

Please type or print in ink.

NAME OF FILER (LAST) TORRES (FIRST) DIAN (MIDDLE) \_\_\_\_\_  
OFFICE OF THE CITY CLERK E

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Palm Springs City Council Candidate  
Division, Board, Department, District, if applicable DISTRICT 4 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
- Multi-County \_\_\_\_\_
- City of Palm Springs
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or- The period covered is \_\_\_\_\_, through December 31, 2019.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-  The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 2020 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - 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)  
[Redacted] Palm Springs CA 92269  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( [Redacted] [Redacted] )

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 8-7-2020 Signature [Signature]  
(month, day, year) (File the originally signed paper statement with your filing official.)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Dian Torres

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Eisenhower Hospital

ADDRESS (Business Address Acceptable)  
39000 Bob Hope

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hospital

YOUR BUSINESS POSITION  
CNA - Phlebotomist

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
CHRISTI OLSON

ADDRESS (Business Address Acceptable)  
 [REDACTED] P.S. 92269

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consultant - Management

YOUR BUSINESS POSITION  
OWNER

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**"CODE OF FAIR CAMPAIGN PRACTICES"  
(ELECTIONS CODE § 20440)**

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

8/7/2020  
DATE OF SIGNING

  
SIGNATURE

DIANA E TORRES  
PRINTED NAME

City Council DISTRICT 4  
OFFICE SOUGHT (INCLUDING DISTRICT/DIVISION IF APPLICABLE)

November 3, 2020  
DATE OF ELECTION