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**REBECCA SPENCER**  
Registrar of Voters



**ART TINOCO**  
Assistant Registrar of Voters

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**REGISTRAR OF VOTERS**  
COUNTY OF RIVERSIDE

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**Date:** July 30, 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 5 upon review our office makes the following determination:

**CHRISTY GILBERT HOLSTEGE**

Signatures Submitted: 106  
Signatures Checked: 80  
Signatures Valid: 80

Copy of Petition is returned herewith.



**REGULAR MUNICIPAL ELECTION**  
**November 3, 2020**  
**NOMINATION PROCESS CHECKLIST**

RECEIVED  
CITY OF PALM SPRINGS  
2020 AUG - 3 PM 4:55  
OFFICE OF THE CITY CLERK

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)

- 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:

Mike McCulloch

Received By:

[Signature]  
City Clerk

08/03/2020  
(Date)

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

ELECTION DATE: November 3, 2020

SECTION 1 OF 4

**TO BE COMPLETED BY CANDIDATE**

Michael Robert Mc Culloch

7/23/2020

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: ( ) [REDACTED]

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

Eve. ( ) [REDACTED]

Palm Springs City Council, District No. 4

OFFICE SOUGHT/DISTRICT NO.

**OFFICE USE**

Registration checked by: BRANDON

BRANDON

(CLERK AT ROV OFFICE)

(951) 486-7200 or 800-773-8683

Precinct Number: 0041411

Date of Registration: 01/24/1992

Material issued by: ANTHONY MEJIA

ANTHONY MEJIA

(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]

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20 AUG - 3 PM 4: 45  
OFFICE OF THE CITY CLERK

**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)

7/23/2020

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.

AFFIDAVIT OF NOMINEE & OATH OR AFFIRMATION OF NOMINEE

AFFIDAVIT OF NOMINEE

City: City of Palm Springs

Issued by: *[Signature]*  
Signature  
City Clerk  
Title

Date: 07/23/2020

State of California }  
County of Riverside } ss.

I, Michael Robert Mc Culloch, 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: MIKE McCULLOCH  
PRINT OR TYPE YOUR NAME

and I desire the following designation to appear on the ballot under my name:  
CERTIFIED PUBLIC ACCOUNTANT

(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

PALM SPRINGS, CA 92264  
RESIDENCE ADDRESS: NUMBER, STREET, CITY & ZIP

*[Signature]*  
MAILING ADDRESS, IF DIFFERENT

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

EMAIL ADDRESS: \_\_\_\_\_

**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 3<sup>rd</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 Information  
 Candidate Name: MIKE McCULLOCH  
 Office: CITY COUNCIL, DISTRICT 4  
 Home Address: [REDACTED] 92264 E-Mail: [REDACTED]  
 Business Address: [REDACTED] PALM SPRINGS, CA 92262  
 Mailing Address: [REDACTED] PALM SPRINGS, CA 92262  
 Phone Number(s) Business: [REDACTED] Home/Mobile: [REDACTED] Fax: [REDACTED]  
 Gender (optional, for translation use only): MALE

Attorney Information  
 Attorney Name (or other person authorized to act in your behalf): CHRISTINA McCULLOCH  
 Address: [REDACTED] PALM SPRINGS, CA 92264  
 Home Address: SAME E-Mail: \_\_\_\_\_  
 Business Address: [REDACTED] PALM DESERT, CA  
 Mailing Address: [REDACTED] PALM SPRINGS, CA 92264  
 Phone Number(s) Business: [REDACTED] Home/Mobile: [REDACTED] Fax: \_\_\_\_\_

Proposed Ballot Designation: CERTIFIED PUBLIC ACCOUNTANT

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

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

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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.**

MIKE McCULLOCH

CANDIDATE'S STATEMENT
Municipal Offices

OFFICIAL USE ONLY

TO THE CANDIDATE:

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

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CITY OF PALM SPRINGS
2020 AUG -3 PM 4:45

I do not wish to submit a Candidate's Statement.

CANDIDATE'S INITIALS OFFICE OF THE CITY CLERK

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.

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.

Table with 2 columns: Description and Word Count. Includes categories like Punctuation, Dictionary words, Abbreviations, Proper nouns, Whole numbers, Dates, Hyphenated words, Phone Number, and Internet Address.

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: CPA SINCE DECEMBER 6, 1985  
CERTIFICATE NUMBER: E 44197  
EXPIRES: 9/30/2020

Current or Most Recent Job Title: CERTIFIED PUBLIC ACCOUNTANT Start/End Dates: 1/1/1987

Employer Name or Business: MCCULLOUGH & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS  
A PROFESSIONAL CORPORATION

Person(s) who can verify this information:

Name(s): MARTIN MUELLER Phone Number: [REDACTED]

E-mail: [REDACTED]

Name(s): ULRICH MCNULTY Phone Number: [REDACTED]

E-mail: [REDACTED]

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

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

Candidate's Signature [Signature] Date 8/3/2020

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

- WARD
- DIVISION
- TRUSTEE AREA (IF ANY) DISTRICT 4  FULL TERM  SHORT TERM

JURISDICTION: CITY OF PALM SPRINGS  
NAME OF DISTRICT

OCCUPATION: CERTIFIED PUBLIC ACCOUNTANT AGE: \_\_\_\_\_  
(OPTIONAL) (OPTIONAL)

CANDIDATE: MIKE McCulloch [Signature]  
PRINTED NAME SIGNATURE

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

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OFFICE OF THE CITY CLERK

TOTAL WORD COUNT

I am Mike McCulloch, a local Certified Public Accountant. I earned a degree in Economics and an MBA from UCLA. I have served on the Palm Springs City Council, Palm Springs Human Rights Commission, Palm Springs Winter Park Authority (Tram Board) and multiple charitable organizations. In 1997, I was designated Citizen of the Year by the Palm Springs Police Department and given the Award of Merit by the Palm Springs Fire Department for my work raising money to outfit police with bulletproof vests and firefighters with EMS biohazard jackets.

I have the experience and fiscal knowledge needed at this time of unprecedented budget shortfalls. I have the skills to understand the city's complex budget. I will focus on local issues first, in a non-partisan way. I have a 30-year history of working for safety and security of all neighborhoods by supporting local police.

I have been a small business owner in the City of Palm Springs since 1987. Together with my wife of 32 years, Christina, we have two adult children who, like me, graduated from Palm Springs High School.

I would be honored to have your vote and promise to serve our community to make you proud.

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Candidate Intention Statement

Date Stamp  
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 CITY OF PALM SPRINGS  
 2020 JUL 23 PM 12:11  
 OFFICE OF THE CITY CLERK

CALIFORNIA FORM **501**  
 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) McCulloch, Michael R DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY PALM SPRINGS 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 (Check one box, if applicable.)

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

PARTY PREFERENCE:  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 7/23/2020  
(month, day, year)

Signature [Signature]  
(Candidate)

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE  
 A PUBLIC DOCUMENT**

Date Initial Filing Received  
 Filing Official Use Only

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 CITY OF PALM SPRINGS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 MCCULLOCH MICHAEL ROBERT  
 OFFICE OF THE CITY CLERK

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 CITY OF PALM SPRINGS

Division, Board, Department, District, if applicable  
 DISTRICT 4

Your Position  
 CITY COUNCIL

► 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 11/3/2020 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)  
 \_\_\_\_\_ PALM SPRINGS, CA 92262-6763

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 \_\_\_\_\_ \_\_\_\_\_

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 August 3, 2020  
 (month, day, year)

Signature   
 (File the originally signed paper statement with your filing official.)

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Michael McCulloch

**▶ 1. BUSINESS ENTITY OR TRUST**

McCulloch & Company, Certified Public Accountants, A Prof. Corp.

Name

801 E Tahquitz Canyon Way STE 102, Palm Springs, CA 92262

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/19    \_\_\_\_/\_\_\_\_/19  
 ACQUIRED    DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     Corporation  
 Other \_\_\_\_\_

YOUR BUSINESS POSITION Owner / President

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

- None or  Names listed below

Cohen Family Trust  
 Schlecht, Shevlin & Shoenger, A Law Corp.  
 Schlecht Family Trust

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/19    \_\_\_\_/\_\_\_\_/19  
 ACQUIRED    DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

- Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/19    \_\_\_\_/\_\_\_\_/19  
 ACQUIRED    DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

- None or  Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/19    \_\_\_\_/\_\_\_\_/19  
 ACQUIRED    DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

- Check box if additional schedules reporting investments or real property are attached

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



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

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CITY OF PALM SPRINGS  
2020 AUG -3 PM 4:46  
OFFICE OF THE CITY CLERK

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, 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.

8/3/2020

DATE OF SIGNING



SIGNATURE

MICHAEL McCULLOCH

PRINTED NAME

CITY COUNCIL, DISTRICT 4

OFFICE SOUGHT (INCLUDING DISTRICT/DIVISION IF APPLICABLE)

November 3, 2020

DATE OF ELECTION