
REBECCA SPENCER
Registrar of Voters



ART TINOCO
Assistant Registrar of Voters

REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

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

SUBJECT: NOMINATION PETITION SIGNATURE VERIFICATION

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 JUL 31 AM 9:43
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

- 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:

Christy Gilbert Holstege

Received By:

Anthony Mejia
City Clerk

August 3, 2020
(Date)

PALM SPRINGS APPLICATION/CHECK LIST FOR NOMINATION PAPERS

ELECTION DATE: November 3, 2020

SECTION 1 OF 4

TO BE COMPLETED BY CANDIDATE

Christy Gilbert Holstege

7/7/2020

NAME AS REGISTERED

DATE

[REDACTED] 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: Tatiana

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

(CLERK AT ROV OFFICE)

Precinct Number: 41404

Date of Registration: 9/24/2012

Material issued by: 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]

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):

[REDACTED] Palm Springs, CA 92262

[Signature]
SIGNATURE OF CANDIDATE (OR AGENT)

7/7/2020

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: *Audrey King*
Signature
City Clerk
Title

Date: July 7, 2020

State of California }
County of Riverside } ss.

I, Christy Gilbert Holstege, 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: Christy Gilbert Holstege
PRINT OR TYPE YOUR NAME

and I desire the following designation to appear on the ballot under my name:
Palm Springs Councilmember / attorney
(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.)

Christy Holstege

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

[Redacted] Palm Springs CA 92262
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. *Christy Holstege*
SIGNATURE OF NOMINEE

Subscribed and sworn to before me this 3rd day of August, 20 20

Audrey King
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: Christy Gilbert Holstege

Office: Palm Springs City Council District 4

Home Address: [REDACTED] 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: N/A

Gender (optional, for translation use only): Female

Attorney Information

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: _____

RECEIVED
 CITY OF PALM SPRINGS
 2020 JUL 31 AM 9:41
 OFFICE OF THE CITY CLERK

Proposed Ballot Designation: Palm Springs Councilmember / attorney

1st Alternative: Palm Springs Councilmember

2nd 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).

Justification for use of proposed ballot designation: attorney State Bar Number 287156 - active license.

Currently serving as elected Palm Springs Councilmember, 2017-present

Current or Most Recent Job Title: Councilmember Start/End Dates: 12/6/17 - present
Employer Name or Business: City of Palm Springs

Person(s) who can verify this information:

Name(s): adam Gilbert Phone Number: [REDACTED]

E-mail: [REDACTED]

Name(s): Perry Madison 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 <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 8/3/2020

**CANDIDATE'S STATEMENT
Municipal Offices**

OFFICIAL USE ONLY

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2020 JUL 31 AM 9:41

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**.

OFFICE OF THE CITY CLERK

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.

WORD COUNT (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

NAME OF OFFICE SOUGHT:

Palm Springs City Council member

(CITY COUNCIL, MAYOR, SCHOOL BOARD MEMBER, DIRECTOR, ETC.)

OFFICIAL
USE ONLY

- ♦ WARD
- ♦ DIVISION
- ♦ TRUSTEE AREA (IF ANY)

4

FULL TERM SHORT TERM

JURISDICTION:

City of Palm Springs, District 4

NAME OF DISTRICT

OCCUPATION:

Palm Springs Councilmember

(OPTIONAL)

AGE:

(OPTIONAL)

CANDIDATE:

Christy Gilbert Holstege

PRINTED NAME

[Signature]

SIGNATURE

CONTEST ID:

In 200 words or less briefly state your Education and Qualifications:

TOTAL
WORD
COUNT

People. Progress. Practical Solutions. That is the commitment I made when you first elected me to Palm Springs City Council. As your Councilmember, I have delivered measurable results to build a better Palm Springs for all of us, including:

- Obtaining \$10 Million from the State of California for homelessness.
- Implementing programs that housed more than 200 homeless residents.
- Creating new incentives to support small businesses.
- Approving the first affordable housing project in Palm Springs in 10 years.
- Protecting open space and green space including Oswit Canyon.
- Ensuring an ethical and transparent government that is inclusive and accessible to all residents.
- Delivering a balanced budget and strong fiscal leadership.

With your vote, I will work to build on our progress by:

- Keeping Palm Springs residents safe through the COVID-19 pandemic.
- Ensuring smart economic growth and city planning.
- Supporting local businesses and our workforce, ~~and~~ investing in our economy.
- Promoting environmental sustainability.
- Addressing abandoned buildings and stalled development projects.
- Investing in quality of life amenities for residents, including dog parks, community centers and parks, our animal shelter, and safe roads and sidewalks.
- Building affordable and middle-income housing for Palm Springs residents.
- Protecting open space, including golf courses, and providing recreational opportunities for residents.

Respectfully, I ask for your vote this November.

Christy Gilbert Holstege

www.electchristy.com

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2020 JUL 31 AM 9:41
OFFICE OF THE CITY CLERK

Candidate Intention Statement

Date Stamp RECEIVED CITY OF PALM SPRINGS 2020 APR 16 PM 6:05 OFFICE OF THE CITY CLERK CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Holstege, Christy Gilbert DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY Palm Springs STATE CA ZIP CODE 92264 OFFICE SOUGHT (POSITION TITLE) Councilmember AGENCY NAME City of Palm Springs DISTRICT NUMBER, if applicable 4 [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [] State (Complete Part 2) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) [X] 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 4/16/2020 (month, day, year)

Signature Christy Holstege (Candidate)

Clear Page

Print

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED
CITY OF PALM SPRINGS

Please type or print in ink.

2020 JUL 31 AM 9:11
(MIDDLE)

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gilbert Holstege Christy M
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 Councilmember
► 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Palm Springs 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 _____
 Candidate: Date of Election 11/3/2020 and office sought, if different than Part 1: District 4
 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.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 8

Schedules attached
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - 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
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 8/3/2020 Signature Christy Holstege
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Holstege, Christy

▶ NAME OF BUSINESS ENTITY
Netflix

GENERAL DESCRIPTION OF THIS BUSINESS
Video Streaming Service

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/_____**19** _____/_____/_____**19**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Spotify

GENERAL DESCRIPTION OF THIS BUSINESS
Music Streaming Service

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/_____**19** _____/_____/_____**19**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Holding Company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/_____**19** _____/_____/_____**19**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Under Armor

GENERAL DESCRIPTION OF THIS BUSINESS
Clothing Company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/_____**19** _____/_____/_____**19**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amazon

GENERAL DESCRIPTION OF THIS BUSINESS
Online Retailer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/_____**19** _____/_____/_____**19**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tesla

GENERAL DESCRIPTION OF THIS BUSINESS
Electric Car Manufacturer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/_____**19** _____/_____/_____**19**
 ACQUIRED DISPOSED

Comments: _____

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 _____
Holstege, Christy

▶ 1. BUSINESS ENTITY OR TRUST

AGG Worldwide, LLC
Name
72261 Highway 111 #202
Palm Desert, CA 92260
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investment
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____/_____/19 DISPOSED _____/_____/19
NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC
Other _____
YOUR BUSINESS POSITION Community Property

▶ 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
Jeff Oh Kern

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

Check one box:
 INVESTMENT REAL PROPERTY
776-330-007, 776-330-008, 776-330-012
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Real Estate Investment
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____/_____/19 DISPOSED _____/_____/19
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

Gilbert Avriette, Inc.
Name
72261 Hwy 111 #202
Palm Desret, CA 92260
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Brokerage
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____/_____/19 DISPOSED _____/_____/19
NATURE OF INVESTMENT
 Partnership Sole Proprietorship S-Corp
Other _____
YOUR BUSINESS POSITION Community Property

▶ 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
776-330-007, 776-330-008, 776-330-012
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Real Estate Investment
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____/_____/19 DISPOSED _____/_____/19
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: _____

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 _____

Holstege, Christy

▶ 1. BUSINESS ENTITY OR TRUST

The Firm Commercial

Name
200 N Sunrise Way
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

Real Estate Brokerage

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u>07/01/19</u> <u> </u> /____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship DBA Other

YOUR BUSINESS POSITION None

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

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

North Palm Canyon Drive Development LLC

▶ 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> /____/19 <u> </u> /____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> /____/19 <u> </u> /____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> /____/19 <u> </u> /____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION	700
Name <hr/> Holstege, Christy	

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Gilbert & Bourke

ADDRESS (Business Address Acceptable)
225 South Civic Drive Suite 213
Palm Springs, CA 92264

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Attorney

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
American Pacific Mortgage Corp

ADDRESS (Business Address Acceptable)
3000 Lava Ridge Ct Suite 200
Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mortgage Brokerage

YOUR BUSINESS POSITION
Sublessor

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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____

 Street address

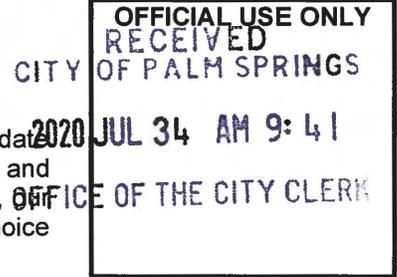
_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

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



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

Christy Holstege

SIGNATURE

Christy Gilbert Holstege

PRINTED NAME

Palm Springs City Councilmember, D4

OFFICE SOUGHT (INCLUDING DISTRICT/DIVISION IF APPLICABLE)

November 3, 2020

DATE OF ELECTION