



Council Candidate Forum

General Municipal Election

November 3, 2020

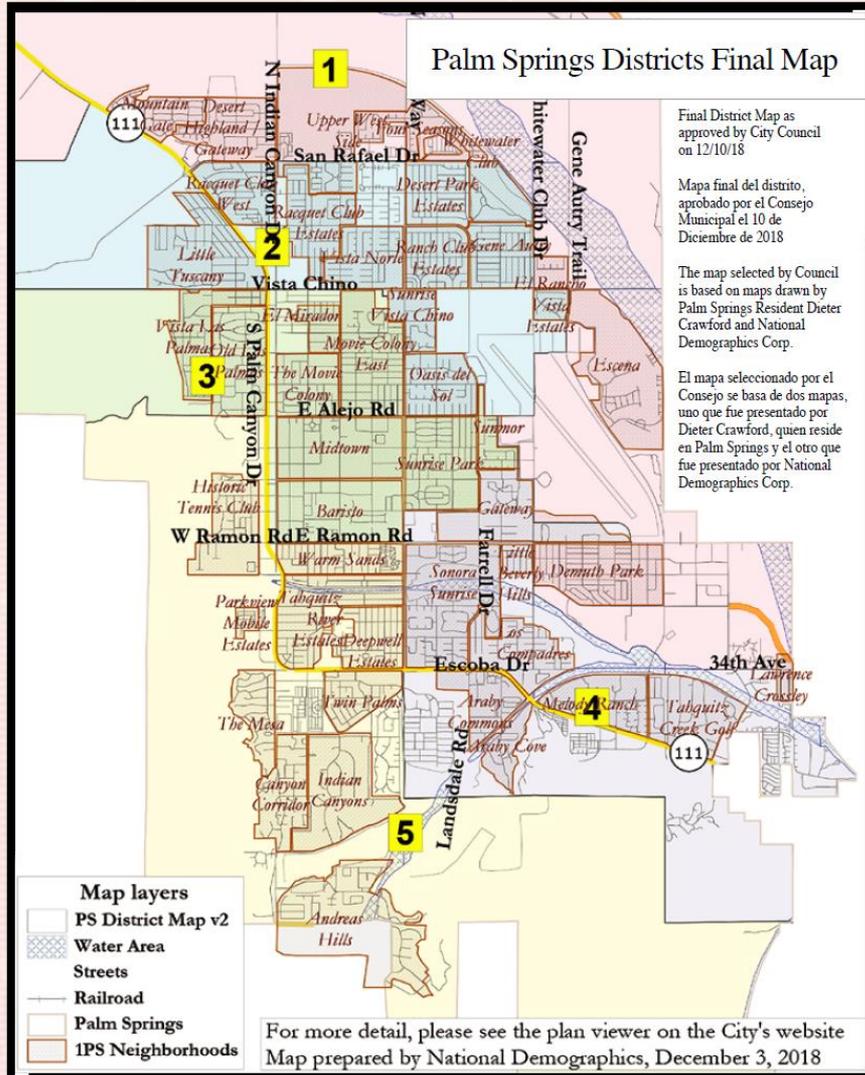
Thinking about running for office?

- This presentation is to provide general information for potential candidates regarding:
 - California Government and Election Codes
 - Fair Political Practices Commission

City Government Structure

- Palm Springs is a Council-Manager form of government that combines the leadership of elected officials with the managerial experience of an appointed city manager.
- All power and authority to set policy rests with the elected governing body, which includes the Mayor and Members of the City Council.
- The City Council appoints the City Manager and City Attorney as well as members of the City's Boards and Commissions.

District Boundaries



- Over 40 maps submitted
- Over 35 public meetings and Community Engagement Forums
- In-depth review by the CVRA Community Working Group, over 700 volunteer hours
- **November 2019:** Districts 1, 2, & 3 for three year terms, ending 12/2022
- **November 2020:** Districts 4 & 5 for four year terms, ending 12/2024
- Terms were modified to align Regular Municipal Elections with Statewide General Elections

Qualifications

Any person is eligible provided they:

- Are a registered voter of the District at the time nominations paper are issued
- Provide proof of residency
- Continue to reside in the district during their term of office
- Do not accept incompatible public office or public employment during their term

Nomination Process

Offices to be voted on

- Councilmembers for Districts 4 and 5 for four-year terms, ending December 2024.

Nomination Period

- Opens Monday, July 6, 2020
- Closes Friday, August 7 at 6 p.m. (City Hall will be open only to process nominations on this day.)
- If an incumbent does not file, nomination period for that district extends to August 12

Nomination Process

How much does it cost?

- Approx. \$1,1000 deposit for optional Candidate Statement
- Each candidate is responsible for their share of expense for printing, typesetting and translating their Candidate Statement

Nomination Paper

NOMINATION PAPER

FOR CITYWIDE OFFICE

Any voter signing this Nomination Paper for a citywide office **MUST** be a resident and a registered voter of the city.

OFFICIAL FILING FORM

City Clerk or Deputy City Clerk

Date

We, the undersigned voters, hereby nominate _____
 for the office of _____
 for the City of _____
 to be voted for at the _____ **GENERAL MUNICIPAL ELECTION** _____
 to be held on Tuesday, _____

	Sign Name ----- Print Name	Residence Address	For Official Use
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Public access to this document shall be limited to viewing the document only. The public may not copy or distribute copies of documents that contain signatures of voters. (E.C. Section 17100)
 A candidate shall not file nomination papers for more than one municipal office or term of office for the same municipality in the same election. (E.C. 10220.5)

General Law (20-09) - 2014/Revised 10/2013
 MC Elections

Pg. 1

- Not less than 80, nor more than 120 signatures.
- Divided into four sections, each with up to 30 signatures.
- May be circulated by up to four circulators.
- Nominators must be registered voters of the District.

Warning regarding Nominations

- Please note that a person may only sign one nomination form. If a person signs more than one nomination, the candidate which submits their nomination form first will receive that nomination. Any subsequent candidate which submits the same signature will **not** have the nomination counted towards their minimum signature requirement.

“Elections Code Section 8069, Sign only one paper; exceptions.

No signer shall, at the time of signing a certificate, have his or her name signed to any other nomination paper for any other candidate for the same office....”

Ballot Designations

Word or words that will appear under the candidate's name on the ballot

- No more than three words
- Must designate the *primary* profession, vocation or occupation of the candidate
- Must not mislead the voters
- Guidelines in Candidates Handbook

Ballot Order of Candidates

- Random Alphabet Drawing by the Secretary of State
- Determined on August 13, 2020
- City Clerk will email all candidates with the proposed ballot order

Candidates Statements

FOR MEMBER OF THE CITY COUNCIL

JOHN SMITH

Age: 45

Occupation: Businessman

I have been a 30 year resident of this City and thoroughly enjoy living here. I would like to increase citizen education and police resources to stop the gang and graffiti activity that are overtaking our city.

I would like to implement environmental standards for cleaner water and air quality.

I respectfully ask for your support and thank those of you who cast your vote for me. A vote for me is a vote for a better City Council.

/s/ John Smith

- Optional
- Maximum 200 words
- Candidate pays cost approx. \$500 for printing & translation
- Shall not make reference to other candidates for that office

Campaign Sign Requirements



- Residential and commercial property: permission required, no permit needed.
- Vacant property: Written authorization and City permit required.
- Public right-of-way: Not allowed, except the right-of-way in front of a person's residence where there is no sidewalk.
- City property: Not allowed (including trees, utility poles, street signs, and traffic lights)

Code of Fair Campaign Practices

- Voluntary document
- There are basic principles of decency, honesty, and fair play which every candidate for public office in the State of California has an obligation to observe and uphold.

California Fair Political Practices Commission (FPPC)

Mission Statement

To promote the integrity of representative state and local government in California through fair, impartial interpretation and enforcement of political campaign, lobbying, and conflict of interest laws.

FPPC Website – fppc.ca.gov



CALIFORNIA Fair Political Practices Commission

[About FPPC](#)[The Law](#)[Learn](#)[Advice](#)[Enforcement](#)[Transparency Portal](#)[Media Center](#)

Engage

The FPPC promotes civic engagement by ensuring the fairness and integrity of California's political process.



FPPC Form 501

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER () ()	FAX NUMBER (optional) () ()	EMAIL (optional)
STREET ADDRESS	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE: (Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Year of Election)		

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 _____ (month, day, year) Signature _____ (Candidate)

Clear Page

Print

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

- Required before receiving contributions or making expenditures
- File original with the City Clerk

Notes:

- City Council is a non-partisan office
- State Expenditure Limit does not apply
- **Never** co-mingle personal and campaign funds

FPPC Form 470 (raise and spend less than \$2,000)

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 <small>For Official Use Only</small>
_____	_____ _____	_____	

1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD _____

JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) _____

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

- Only if you intend to raise or spend less than \$2,000
- File original with the City Clerk
- If filed, but you exceed the threshold, notice must be filed within 48 hours with City Clerk and SOS

FPPC Form 410 (raise or spend more than \$2,000)

Statement of Organization Recipient Committee			Date Stamp	CALIFORNIA FORM 410 <small>For Official Use Only</small>
Statement Type	<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____	
1. Committee Information	I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers		
<small>NAME OF COMMITTEE</small>	<small>NAME OF TREASURER</small>	<small>STREET ADDRESS (NO P.O. BOX)</small>		
<small>STREET ADDRESS (NO P.O. BOX)</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>	
<small>FULL MAILING ADDRESS (IF DIFFERENT)</small>	<small>NAME OF ASSISTANT TREASURER, IF ANY</small>			
<small>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)</small>	<small>STREET ADDRESS (NO P.O. BOX)</small>			
<small>COUNTY OF DOMICILE</small>	<small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
		<small>AREA CODE/PHONE</small>	<small>AREA CODE/PHONE</small>	
<small>Attach additional information on appropriately labeled continuation sheets.</small>		<small>NAME OF PRINCIPAL OFFICER(S)</small>		
		<small>STREET ADDRESS (NO P.O. BOX)</small>		
		<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
		<small>AREA CODE/PHONE</small>		
3. Verification				
<small>I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</small>				
<small>Executed on</small>	<small>DATE</small>	<small>By</small>	<small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>	
<small>Executed on</small>	<small>DATE</small>	<small>By</small>	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>	
<small>Executed on</small>	<small>DATE</small>	<small>By</small>	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>	
<small>Executed on</small>	<small>DATE</small>	<small>By</small>	<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>	
Clear Page		Print		
<small>FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov</small>				

- Must be filed within 10 days of receiving \$2,000.
- File original with SOS and a copy with the City Clerk
- Include a \$50 payment to SOS
- Candidate may designate or serve as the treasurer

Bank Account:

- Most banks will require the Committee ID No. before opening a campaign account

FPPC Form 460

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp

CALIFORNIA
FORM **460**

Page _____ of _____

For Official Use Only

Statement covers period

from _____

through _____

Date of election if applicable:

(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

- Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

- General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)
- Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Clear Cover Pg1

Print Form

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

- Disclosure report for all contributions and expenditures

- File original with the City Clerk

Filing periods:

- **Semi-Annual Statement:**
Due July 31, covering the period of Jan. 1 – June 30, 2020
- **1st Pre-Election Statement:**
Due Sept. 24, covering the period of July 1 – Sept. 19, 2020
- **2nd Pre-Election Statement:**
Due Oct. 22, covering the period of Sept. 20 – Oct. 17, 2020
- **Semi-Annual Statement:**
Due Jan. 31, 2021, covering the period of Oct. 18 – Dec. 31, 2020

FPPC Form 497

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER _____		Date of This Filing _____	Date Stamp _____	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) _____	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____ ZIP CODE _____	No. of Pages _____		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

Clear Page

Print

- Beginning 90 days before the election (August 5)
- Report if a contribution of \$1,000 or more in the aggregate is received from a single source
- File within 24 hours via personal delivery, email, fax, or guaranteed overnight to the City Clerk

FPPC Form 700

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable 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 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is ____/____/____ through December 31, 2018.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2018, 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: _____

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)

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 _____ Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)

Clear Page

Print

- Required upon submission of the nomination papers
- Reporting Period: Twelve months preceding the filing date
- File original with the City Clerk

Required Disclosures:

- Investment
- Business Entities/Trusts
- Real Property
- Sources of Income
- Gifts
- Travel Payments

Campaign Committees

KEEP GOOD RECORDS!

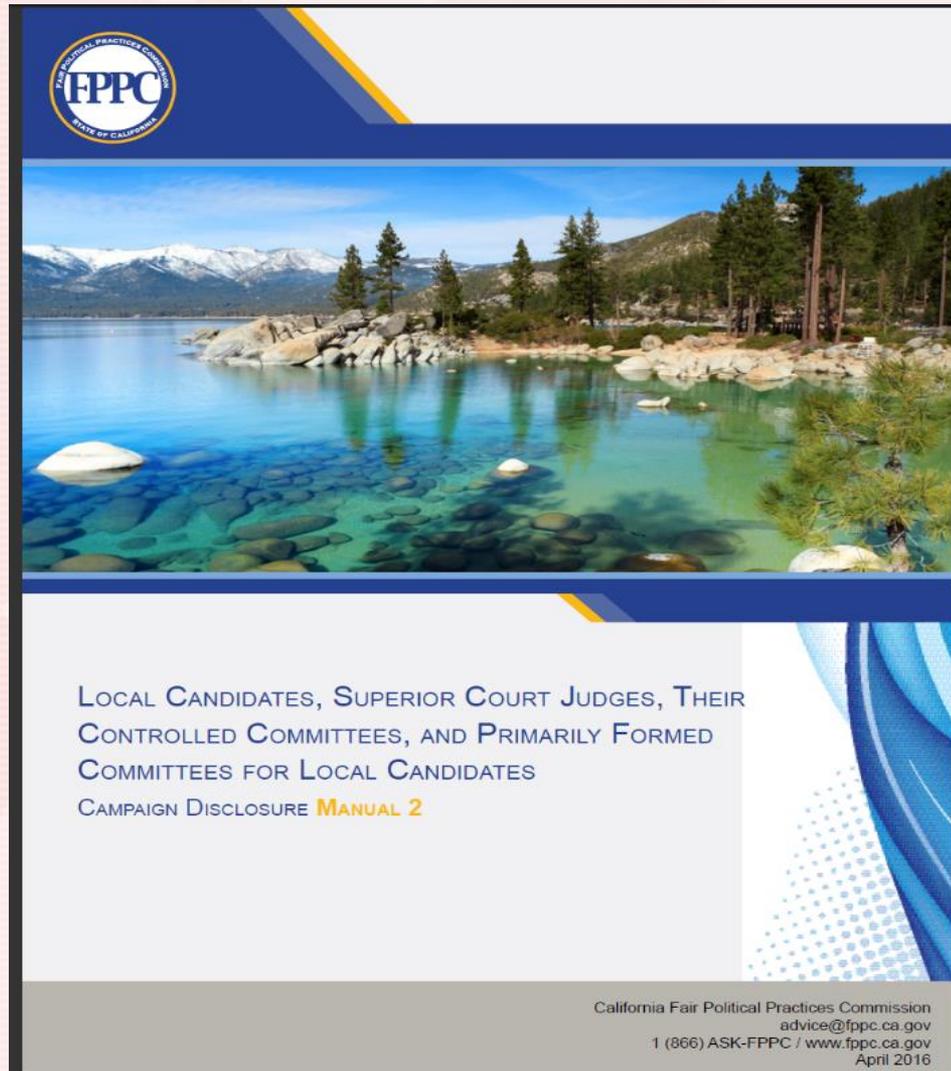


FPPC Candidate/Treasurer Training

Online Video Training (35 minutes)

<http://www.fppc.ca.gov/learn/training-and-outreach/candidates-treasurers-committees.html>

Campaign Disclosure Manual



Questions about campaign forms and rules?

Fair Political Practices Commission

1-866-ASK-FPPC (1-866-275-3772)

**Telephone advice available
Monday-Thursday 9:00-11:30 a.m.**

Email: advice@fppc.ca.gov

Note: Informal advice does not provide immunity from prosecutions by the FPPC and does not qualify as legal advice.

Political Advertising Disclaimers

- **Mass Mailings** (more than 200 similar pieces of mail sent within a calendar month)
Disclaimer and manner of display:
 - Candidate's committee name and address on outside of mailing
 - "Paid for by" in front of or above the name and address
 - No less than 6-point font and in a contrasting print or color
- **Mass E-Mail** (more than 200 similar pieces of mail sent within a calendar month)
Disclaimer and manner of display:
 - "Paid for by [name of candidate or committee]" must be in at least the same size font as a majority of the text

Electioneering

- No “electioneering” or other election-related conduct within 100 feet of a polling place (Elections Code 18370)
 - Badges
 - Buttons
 - Clothing
 - Hats
 - Signs
 - Pens/Pencils
 - Bumper stickers / car magnets

Other Important Dates

- Oct 5 – First day for Mailing Voter Guides and Permanent Vote-by-Mail Ballots
- Oct 19 – Last day to register to vote
- Nov 3 – Election Day

Questions?

Anthony J. Mejia, MMC

Palm Springs City Clerk

T: (760) 323-8206 F: (760) 322-8332

anthony.mejia@palmspringsca.gov

www.palmspringsca.gov/elections