

The Nuts and Bolts of Running for Office



Lara Christensen
Deputy City Manager/City Clerk
July 2020

City Council

- City's policy-making legislative body.
- Five citizens that serve four-year overlapping terms, except for the Mayor that serves a two-year term.
- Responsible for the enactment of all programs, policies and services of the City.
- Acts upon all legislative matters concerning the City, approving and adopting all ordinances, resolutions, contracts and other matters requiring overall policy decisions and leadership.
- Appoints the City Manager, City Attorney and various other commissions, boards and citizen advisory committees, all of which ensure broad-based input into the affairs of the City.
- Conduct the City's business at City Council meetings that are open to the public.

Council Norms and Procedures



CITY OF ATASCADERO

COUNCIL NORMS AND PROCEDURES (2017)

GENERAL

- Council should primarily focus on vision, mission and policy. Staff should primarily focus on implementation and keeping the Council informed.
- To take courageous action when necessary to keep the City of Atascadero a well-run, well managed innovative City.
- Council provides leadership and participates in regional, state and national programs and meetings.
- Council looks to Commissions and Committees for independent advice.
- Other community leaders are consulted in the decision making process when appropriate.
- Council will encourage citizen participation on City programs and documents.
- Serving the City of Atascadero is the City Council's top priority.
- It is expected that each Council Member will represent the City of Atascadero as a member of various boards and committees, and will participate in meetings as feasible.
- We stress training for staff, Council, and Commission members.
- Council Members will inform the City Manager's Administrative Assistant when they will be out of town as early as possible and it will be put on the Council Calendar.
- Council Members get the same information as much as possible: citizen complaints, letters, background, etc.
- Council Members will determine which specific Commission packets they want to receive.
- Use technology to improve information flow and communications.

So You Want to Run for Office?

To Be Eligible...

- **Resident within the City of Atascadero**
- **Registered Voter**

Nomination Filing Period

- **July 13th – August 7th**
- **If an incumbent does not file, extended to August 12th at 5:00 p.m.**
- **\$25.00 filing fee**

Nomination Paper

NOMINATION PAPER

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 _____ 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			

Nomination Papers

- **Not less than 20, and no more than 30 signatures**
- **Must be registered voters**
- **Cannot sign more than the number of open seats**

File for Council Member and Mayor?

- **Election Code Section 10220.5**
 - “...A candidate shall not file nomination papers for more than one municipal office or term of office of the same municipality in the same election.”

Ballot Designations

- **Word or words that will appear under the candidate's name**
 - No more than 3 words
 - Must designate the profession, vocation or occupation of the candidate
 - Must not mislead the voters
 - Review with the City Clerk

Ballot Designations

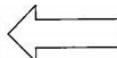

John Doe
Incumbent

Jane Doe
Planning Commissioner/Painter

Ballot Order of Candidates

- Random alphabet drawing by the Secretary of State.
- Determined on August 13, 2020

Sample Candidate Statements

<p style="text-align: center;">STATEMENT OF CANDIDATE FOR OFFICE Jurisdiction/District</p> <p>CANDIDATE NAME _____ AGE: 40 Occupation: Incumbent, College Trustee Board Member, Former Member Chamber of Commerce, Businesswoman.</p> <p>Education and Qualifications: My goal is to continue to be your advocate on the College Board of Trustees.</p> <p>With your support, I am committed to:</p> <ul style="list-style-type: none"> -Ensure responsible spending of taxpayers' dollars -Maintain accessible and affordable education for all students -Provide needed resources for classrooms -Expand vocational training -Maintain high academic standards -Promote collaboration with other governmental agencies and private businesses <p>Currently, as your trustee, my experience includes:</p> <p>On the Local Level: President, Vice-President, Chair, Audit Committee Representative: County School Board Association, Planning and Budget Committee, Accreditation Steering Committee, District's Interest-based Bargaining Team, Student Housing Task Force</p> <p>On the State Level: Member: CA Community College Trustees' Board of Directors, Commission on Educational Policy, Commission on the Future of CA Community Colleges Advocate: CA Legislative Conferences Participant: Community College Leadership Seminar</p> <p>On the National Level: Delegate: Association of Community College Trustees, League for Innovation Advocate: National Legislative Seminar</p> <p>I take seriously the trust placed in me and will continue to work hard to be your voice on the College Board of Trustees.</p> <p>Your vote for Candidate Name will be appreciated.</p>	<p style="text-align: center;">SAMPLE STATEMENT OF QUALIFICATIONS</p> <p>Be aware that the number of carriage returns you use in the "Education and Qualifications" section of your statement will affect the layout of your text.</p> <p style="text-align: center;"></p> <p>In past elections, this statement required reducing the font size from as well as reducing the line spacing to allow the candidate's text to fit into the prescribed template.</p> <p>(INCORRECT FORMAT)</p> <p>NOTE: In order to ensure that submitted text will fit in the limited quarter-page space, the following may occur: 1) Lists and enumerations will be wrapped as a single paragraph; 2) Multiple single sentence paragraphs will be wrapped; 3) Indented text will be run together as a sentence. The elections official is not responsible for the correct typesetting of statements that must be reconfigured to comply with these guidelines.</p> <p>It is recommended that candidate statements contain no more than twenty-two (22) lines and carriage returns.</p> <p>Note: Although "Occupation" is not restricted by ballot designation limitations and can be more descriptive, "Occupations" exceeding one line will be shortened.</p>
<p style="text-align: center;">STATEMENT OF CANDIDATE FOR OFFICE Jurisdiction/District</p> <p>CANDIDATE NAME _____ AGE: 40 Occupation: Incumbent, College Trustee Board Member</p> <p>Education and Qualifications: My goal is to continue to be your advocate on the College Board of Trustees.</p> <p>With your support, I am committed to: ensure responsible spending of taxpayers' dollars, maintain accessible and affordable education for all students, provide needed resources for classrooms, expand vocational training, maintain high academic standards, and promote collaboration with other governmental agencies and private businesses.</p> <p>Currently, as your trustee, my experience includes:</p> <p>On the Local Level: President, Vice-President, Chair, Audit Committee; Representative: County School Board Association, Planning and Budget Committee, Accreditation Steering Committee, District's Interest-based Bargaining Team, Student Housing Task Force</p> <p>On the State Level: Member: CA Community College Trustees' Board of Directors; Commission on Educational Policy; Commission on the Future of CA Community Colleges; Advocate: CA Legislative Conferences; Participant: Community College Leadership Seminar</p> <p>On the National Level: Delegate: Association of Community College Trustees, League for Innovation; Advocate: National Legislative Seminar</p> <p>I take seriously the trust placed in me and will continue to work hard to be your voice on the College Board of Trustees. Your vote for Candidate Name will be appreciated.</p>	<p style="text-align: center;">REVISED STATEMENT OF QUALIFICATIONS</p> <p>Statements of Qualifications submitted in the manner above will now be reformatted to reflect the block paragraph format with uniform size and spacing originally requested.</p> <p style="text-align: center;"></p> <p>In this example, "Occupation" was reduced to one line, dashes were removed, lists were wrapped as a single paragraph, titles and indented text were wrapped as a single paragraph.</p> <p>(CORRECT FORMAT)</p> <p>Candidates utilizing the guidelines and suggestions will make their candidate statements uniform, fair, and legible.</p>

Candidate Statement

- **Optional**
- **Maximum number of words – 200**
- **Estimated cost for printing**
 - **English \$230.00**
 - **English and Spanish \$560.00**

Campaign Sign Requirements

- **Signs in the right-of-way**
 - Maximum size is 6 square feet
 - Maximum height of 5 feet
- **Signs not in the right-of-way**
 - Maximum size is 32 square feet
- **Time Period**
 - Up to 60 days before and 10 days after Election Day

Code of Fair Campaign Practices

- **Voluntary State document**
- **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.**

Candidate's Public Records Requests

- All candidates treated the same
- Charge for copies
- Records requests shared with all candidates
- Coordinate through the City Clerk's/City Manager's office.

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

California Fair Political Practices Commission

Search

About FPPC The Law Learn Advice Enforcement Transparency Portal Media Center

Integrity & Transparency

The nonpartisan FPPC is the agency primarily responsible for the fair application, interpretation, and enforcement of the Political Reform Act.

File a **Form 700**

How to **File a Complaint**

Need a Form? **View All Forms**

**California Fair Political
Practices Commission**

1-866-ASK-FPPC

(1-866-275-3772)

FPPC Form 501

Candidate Intention Statement

Check One: Initial Amendment (Explain): _____

Date Stamp	CALIFORNIA FORM 501
For Office Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): _____ DAYTIME TELEPHONE NUMBER: () _____ FAX NUMBER (optional): () _____ E-MAIL (optional): _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE): _____ AGENCY NAME _____ DISTRICT NUMBER, if applicable: _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION

State (Complete Part 2); City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (County Selection)

2. State Candidate Expenditure Limit Statement:

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

Year of Election **Primary/general election** Year of Election **Special/runoff election**

(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)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

FPPC Form 410

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____

 _____ Date qualified as committee _____ Date of termination _____

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information	I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE _____		NAME OF TREASURER _____
STREET ADDRESS (NO P.O. BOX) _____		STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____		CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
MAILING ADDRESS (IF DIFFERENT) _____		NAME OF ASSISTANT TREASURER, IF ANY _____
FAX NUMBER (REQUIRED) _____		STREET ADDRESS (NO P.O. BOX) _____
COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____		CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
		NAME OF PRINCIPAL OFFICERS _____
		STREET ADDRESS (NO P.O. BOX) _____
		CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Attach additional information on appropriately labeled continuation sheets.

3. Verification
 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.

Executed on _____ DATE By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER _____

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT _____

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT _____

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT _____

Statement of Economic Interests Form 700

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT	STATEMENT OF ECONOMIC INTERESTS COVER PAGE	Date Initial Filing Received <small>Official Use Only</small>
	<small>Please type or print in ink.</small>	
NAME OF FILER (LAST) _____ (FIRST) _____ (MIDDLE) _____		
1. Office, Agency, or Court Agency Name <small>(Do not use acronyms)</small> _____ Division, Board, Department, District, if applicable _____ Your Position _____ <small>► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)</small> Agency: _____ Position: _____		
2. Jurisdiction of Office <small>(Check at least one box)</small> <input type="checkbox"/> State <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) <input type="checkbox"/> Multi-County _____ <input type="checkbox"/> County of _____ <input type="checkbox"/> City of _____ <input type="checkbox"/> Other _____		
3. Type of Statement <small>(Check at least one box)</small> <input type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017. <small>-or-</small> The period covered is ____/____/____ through December 31, 2017. <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ <input type="checkbox"/> Leaving Office: Date Left ____/____/____ <small>(Check one)</small> <input type="checkbox"/> The period covered is January 1, 2017, through the date of leaving office. <small>-or-</small> <input type="checkbox"/> The period covered is ____/____/____ through the date of leaving office.		
4. Schedule Summary (must complete) <small>► Total number of pages including this cover page: _____</small> Schedules attached <input type="checkbox"/> Schedule A-1 - Investments - schedule attached <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached <input type="checkbox"/> Schedule A-2 - Investments - schedule attached <input type="checkbox"/> Schedule D - Income - Gifts - schedule attached <input type="checkbox"/> Schedule B - Real Property - schedule attached <input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached <small>-or-</small> <input type="checkbox"/> None - No reportable interests on any schedule		
5. Verification MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____ <small>(Business or Agency Address Recommended - Public Document)</small> HOME TELEPHONE NUMBER _____ E-MAIL ADDRESS _____ <small>()</small> I have used a 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 _____ <small>(month, day, year)</small> <small>(file the original signed statement with your filing official.)</small>		
FPPC Form 700 (2017/2018) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov		

Purpose of the Form 700

- To inform the public of financial interests held by all elected, and some appointed, officials.
- To discourage officials from making decisions for financial gain.
- To protect officials from being falsely accused.

Campaign Disclosure Manual



LOCAL CANDIDATES, SUPERIOR COURT JUDGES, THEIR
CONTROLLED COMMITTEES, AND PRIMARILY FORMED
COMMITTEES FOR LOCAL CANDIDATES
CAMPAIGN DISCLOSURE **MANUAL 2**

Department Head Workshop

- Candidates meet with Department Heads
- Held in September
- Each Department Head gives a summary of their department's responsibilities
- Question and Answer period

Candidate Forum

- **Late September, hosted by the Atascadero Chamber of Commerce.**
 - before the Vote by Mail ballots are sent out
- **The Forum will give the public an opportunity to get to know the City Council candidates and hear their positions on issues that will be facing the City Council in the future.**

Question for you...

Are you feeling overwhelmed and intimidated about campaign forms and rules?

You should:

- A. Throw in the towel.**
- B. Take it out on your treasurer.**
- C. Take a vacation.**
- D. Call 1-866-ASK-FPPC.**

Answer!!

Call the FPPC

1-866-ASK-FPPC

(1-866-275-3772)

City Council Election Goals

- **Build the relationship between the Council and the Community**
- **Create an environment for the election of positive community leaders**
- **Improve community relationships**

QUESTIONS?

**Thank you for attending
and
Good Luck!**

**For more information,
Please contact the City
Clerk's Office at
(805) 470-3400
cityclerk@atascadero.org**