SWEETWATER SPRINGS WATER DISTRICT

TO: Board of Directors **AGENDA NO. V-F**

FROM: Ed Fortner, General Manager

Meeting Date : July 2, 2018 **Subject: District Election – November 3, 2020**

RECOMMENDED ACTION:

Approve Resolution 20-17, Ordering an Election to be Held and Requesting Consolidation with the November 3, 2020, General Election, and limiting the Statement of Qualifications to no more than 200 words with the costs to be paid by the candidate in advance to the District Secretary.

FISCAL IMPACT:

The estimated cost to the District is for two District Director seats, at large ranges from $18,076 to $29,374 based on cost per voter range of $4.00 to $6.50.

Candidates will be required to pay for their own (optional) Statement of Qualifications at a not-to-exceed cost of $656 based on a 200-word, English-only statement.

DISCUSSION:

The terms of Directors Lipinski and Spillane will expire in December. The nomination period for interested candidates in these open Board seats -- including incumbents -- is July 13 – August 7, 2020. All candidates must file a **Declaration of Candidacy, a Ballot Designation Worksheet, and a Form 700 Statement of Economic Interests** (covering the 12 months prior to the filing date) with the Registrar of Voters. The first two forms are available at https://sonomacounty.ca.gov/CRA/Registrar-of-Voters/Candidate-Filing/ The Form 700 Statement is available online at http://www.fppc.ca.gov/.

Candidates may also file an optional **Statement of Qualifications** at their own expense. Get this form from the District, and payment for the Statement must be paid in the form of a "not-to-exceed" check to the District, with the receipt filed at the same time as other nomination documents. This year, the "not to exceed" amount is $656 for a 200-word English-only statement but may be as low as $164 depending on how many statements are submitted for an individual office.

The recommended action is consistent with past Board policy on the election.

Resolution No. 20-17

A Resolution of the Board of Directors of the Sweetwater Springs Water District, County of Sonoma, State of California, Ordering an Election to be Held and Requesting Consolidation with the November 3, 2020, General District Election

WHEREAS, an election will be held on November 3, 2020, in the Sweetwater Springs Water District for the purpose of electing District Directors to fill positions that will expire in 2020.

NOW, THEREFORE BE IT RESOLVED, that the District Board of Directors hereby request consolidation with any election that may be held on the same day, in the same territory or in territory that is in part the same.

THE FOREGOING RESOLUTION was introduced by Director_____, who moved its adoption, seconded by Director _____, and then adopted by the following vote:

I hereby certify that the foregoing is a full, true, and correct copy of a Resolution duly and regularly adopted and passed by the Board of Directors of the SWEETWATER SPRINGS WATER DISTRICT, Sonoma County, California, at a meeting held on July 2, 2020, by the following vote.

Director	Aye	No
Sukey Robb-Wilder	_____	_____
Tim Lipinski	_____	_____
Richard Holmer	_____	_____
Gaylord Schaap	_____	_____
Larry Spillane	_____	_____

_____
Ed Fortner
General Manager

_____
Attest: Julie A. Kenny
Clerk of the Board of Directors

Candidate Filing Procedures
November 3, 2020 Consolidated General Election

Sonoma County Registrar of Voters

ROV Candidate Assistance Staff

- Kamari Marchbanks- Election Services Supervisor
- Troy Kennedy- Election Specialist – Campaign Finance
- Jason Bensley- Election Specialist – Candidate Filing
- Chanel Ruiz-Bricco- Elections Manager

Important Dates

- **E-113** July 13th – Nominations Open
- **E-88** August 7th – Nominations Deadline
- **E-83** August 12th – Extended Nominations Deadline (If Incumbent Did Not File)
- **E-29** October 5th – Vote By Mail Opens
- November 3rd – Election Day

New Options for Filing

- E-mail documents to ROV-Candidate@Sonoma-county.org
  - E-mail subject line should be the document name-candidate last name (ex. 470-Marchbanks)
  - Do not e-mail the Code of Fair Campaign Practices or blank instruction pages.
- We will review that documents are complete and will let the candidate know if anything is missing.*
- Candidates will receive an e-mail notifying them that their forms are complete and they can call our office at 707-565-6800 to schedule an appointment.

*Please note that we are not reviewing forms for accuracy. We are only reviewing them to ensure they are complete.

Documents to File

Forms are available on our website: sonomacounty.ca.gov/CRA/Registrar-of-Voters/Candidate-Filing/

- Ballot Designation Worksheet
- Candidate Information Sheet
- Code of Fair Campaign Practices *(Optional)*
- Statement of Qualifications & Cover Sheet *(Optional)*
- Form 700 2019-20
- Campaign Forms
  - Not Spending Money – Complete Form 470
  - Spending Over $.01 – Complete Form 470 & Form 501
  - Plans to Spend Over $2,000 – Complete Form 501 and Form 410
- Declaration of Candidacy – Will be sent to candidates prior to their appointment with our office.

Ballot Designation Worksheet

California Secretary of State
BALLOT DESIGNATION WORKSHEET
(Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 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 1

Candidate Name: Gender (optional, for translation use only):

Office: Email:

Home Address:

Mailing Address:

Business Address:

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

Attorney Information 2

Attorney Name (or other person authorized to act on your behalf):

Address:

Phone Number(s) Business: Mobile: Fax:

You may select as your ballot designation one of the following designations:

(a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")].
(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.

Proposed Ballot Designation(s) 3

Proposed Ballot Designation(s):

Alternate Ballot Designation(s) 1:

Alternate Ballot Designation(s) 2:

Complete page 3 of this worksheet if including alternate ballot designations

Ex. Teacher/Parent/Doctor

Ballot Designation Worksheet (Page 2)

Justification for use of Proposed Ballot Designation(s)
If you are proposing alternate ballot designations, please provide justification for use of those on Page 3.

4

Justification for use of 1st PVO:

Current or most recent job title: Start/End Dates:

Employer Name or Business:

Person who can verify this information:

Name: Phone Number(s): Email:

Justification for use of 2nd PVO:

Current or most recent job title: Start/End Dates:

Employer Name or Business:

Person who can verify this information:

Name: Phone Number(s): Email:

Justification for use of 3rd PVO:

Current or most recent job title: Start/End Dates:

Employer Name or Business:

Person who can verify this information:

Name: Phone Number(s): Email:

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

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

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

X / /

Candidate's Signature Date Signed: Month Day Year

Ballot Designation Worksheet (Page 3)

California Secretary of State
BALLOT DESIGNATION WORKSHEET
Page 3

COMPLETE THIS PAGE ONLY IF one or more **Alternate Ballot Designation**(s) are provided. If this page is not applicable, please initial: _____.

Justification for Alternate Ballot Designation(s) 1	**A**	**Justification for use of 1st PVO:**
		Current or most recent job title: Start/End Dates:
		Employer Name or Business:
		Person who can verify this information:
		Name: Phone Number(s): Email:
		Justification for use of 2nd PVO:
		Current or most recent job title: Start/End Dates:
		Employer Name or Business:
		Person who can verify this information:
		Name: Phone Number(s): Email:
		Justification for use of 3rd PVO:
		Current or most recent job title: Start/End Dates:
		Employer Name or Business:
		Person who can verify this information:
		Name: Phone Number(s): Email:

Candidate Information Sheet

CANDIDATE'S INFORMATION

Public access to nomination documents shall be limited to viewing the documents only. Elections Code §17100(c)

Name

Name of Office Full-Term ☐ OR Short-Term ☐

Name of District

Party Preference/Political Party *(Voter-Nominated and Partisan Offices Only)*

Residence Address: Day/Business Phone: ( )

Evening/Home Phone: ( )

Mailing Address: Fax: ( )

Email Address:

Website:

Which of the above information do you want to be included on our public candidates list? This list will be provided to any person/organization that requests it, and it may also be posted on our website.

Residence Address ☐ Mailing Address ☐ Telephone Numbers ☐ Email Address ☐ Website ☐

Your name exactly as you wish it to appear on the OFFICIAL BALLOT:

(Please print clearly. Name will appear in UPPERCASE only.)

Designation you wish to appear under your name on the OFFICIAL BALLOT:

Designation will appear in upper and lower case and must be identical to what is stated on the Ballot Designation Worksheet.
Elections Code §13107, §13107.3, §13107.5

Code of Fair Campaign Practices *(Optional)*

California Secretary of State

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, our citizens may exercise their constitutional right to a free and untrammeled 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 that 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.

Print Name	Signature
Date	Office

Statement of Qualifications

JURISDICTION: (Name of School District)_____ **CONTEST ID:** _____ **CANDIDATE ID:** _____

CANDIDATE'S STATEMENT OF QUALIFICATIONS

(INSTRUCTIONS AND STATEMENT OF WITHDRAWAL ON THE REVERSE SIDE OF THIS FORM)

The governing body of your jurisdiction has determined that statements shall be limited to **(200 / 400)** words; the **(candidate / jurisdiction)** shall bear the cost of the statements and payment shall be required **(prior to / after)** the election. (Payments required in advance are to be made directly to the jurisdiction. Proof of payment will be required at the time the statement is filed). ***The estimated cost of printing a 200 word statement for the office is between $_____ and $_____. Estimates are based upon four candidates sharing the cost of a single page. If the number of candidate statements submitted is not evenly divisible by four, and the statement cannot be printed with any others, the run charges and set up fees increase. The charges are prorated among the candidates submitting statements for a particular contest.***

I hereby state that I prepared the following statement for printing and distribution in the County Voter Information Guide in ☐ **ENGLISH ONLY** ☐ **ENGLISH AND SPANISH**. I understand that should I choose to have my statement printed in English and Spanish, the estimated cost of the statement will be double the estimate plus $100. I understand the estimated cost of the statement will be double for 400 word statements.

DATE: _____ CANDIDATE SIGNATURE: _____

NAME: _____ AGE: _____

If left blank will not be printed.

OCCUPATION: _____

Not subject to the ballot designation limitations – if left blank will not be printed.

STATEMENT/WORD COUNT BEGINS HERE:

Candidate completes sections highlighted in yellow

Statement of Qualifications Payment Procedure

- It is the responsibility of the district to collect payment from the candidates.
- If the district decides to bill the candidate after the election, the following information will not apply.
- **If advanced payment is required by the district, the candidate must present a receipt from the district at the time they file with our office.**
- SOQ cost depends on how many candidates in your district file statements and if statements are in English only or English and Spanish.
- After the close of nominations, when the exact number of candidates in your jurisdiction have been determined, our Accounting Division will contact the district with the exact cost of the statement(s).

SOQ Payment Example

- On the Estimated Cost of Statements of Qualifications list, you will see a series of estimates to the right of your districts name. If the candidate request an English only statement, use the figure corresponding to the “English only” row and “1 Candidate Statement per page” column to determine what the “not to exceed” amount should be. If the candidate request an English and Spanish statement, use the figure corresponding to the “English & Spanish” row and the “2 Candidate Statements Per page” column to determine what the “not to exceed” amount should be.

“Not to Exceed $ amount” English Only

“Not to Exceed $ amount” Spanish/English

STATEMENTS OF QUALIFICATIONS
SONOMA COUNTY VOTER INFORMATION PAMPHLET

JURISDICTIONS	1 Candidate Statement Per Page	2 Candidate Statements Per Page	3 Candidate Statements Per Page	4 Candidate Statements Per Page
FEDERAL (Elected By District)				
US Representative 2nd Dist				
English Only	$3,459	$1,729	$1,153	$865
English & Spanish	N/A	$3,558	$2,406	$1,829

Write “not to exceed $ amount” here

NAME 1116

Address (Date written) date

Pay to the Order of Registrar of Voters $ Leave Blank

Leave Blank Dollars

Memo *not to exceed $(dollar amount)* *Signature here*

Form 700

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

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
☐ Multi-County
☐ City of
☐ 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 ___/___/___

☐ **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, 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:* ___

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

Refers to investments in the district
i.e. owner of a business, apartment building etc..

Form 470 – Not Spending Money

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only

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

Form 501 – Spending Over $0.01

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

Statement Type

☐ Initial	☐ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met ___/___/___	Date qualification threshold met ___/___/___	Date of termination ___/___/___

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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 OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Form 410 – Plans to Spend Over $2,000

*Original should be sent to the Secretary of State

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan ☐	Partisan ☐	(list political party below)
			Nonpartisan ☐	Partisan ☐	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

Contact Information

- ROV-Candidate@Sonoma-county.org (To submit documents for review)
- ROV-Campaign@Sonoma-county.org (Questions on campaign finance forms)
- Phone: 707-565-6800
- Mailing Address: P.O. Box 11485, Santa Rosa, CA 95406
- Physical Address: 435 Fiscal Drive, Santa Rosa
- Website: https://sonomacounty.ca.gov/CRA/Registrar-of-Voters/