

Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2024.14
Assignment Date: 11/12/24
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:

Date: 10-18-24	Submitted By: Supervisor Mary L. Adams	District #: 5
Referral Title: County Elected Office Campaign Finance Reform and Term Limits		
Referral Purpose: Create a policy that reforms campaign finance and creates term limits for the County of Monterey Board of Supervisors.		
Brief Referral Description (attach additional sheet as required): Campaign finance reform is critical to ensure elections are fair and equitable without the influence of donors who contribute large sums to candidates seeking elected office. This referral seeks to limit the raising and spending of money in campaigns for public office. This referral directs staff to look at comparable government entities for existing campaign finance reform to identify an appropriate limit on a single donation. Additionally, this referral seeks to limit the number of terms for the County of Monterey Board of Supervisors. Following the lead of the California State Legislature, this referral directs staff to create a policy of a three-term limit or total of 12 years in office for each member serving on the County of Monterey Board of Supervisors.		
Classification - Implication	Mode of Response	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation	
	Requested Response Timeline	
	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:

Department(s):	Referral Lead:	Board Date:
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s): County Counsel	Referral Lead: Susan Blitch	Date: 11/12/2024
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ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By:	Department's Recommended Response Timeline
_____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____
Date: _____	

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.