John Arntz, Director

FILED

2022 AUG 12 AM 10: 50

EPARTMENT OF ELECTIONS

Issued by: Date: 8111/5

Official Filing Form

For the Ballot: Candidate's Name, Ballot Designation (CAEC §§ 13104, 13106-13107; SF MEC §§ 205, 225)

I request that my name and ballot designation appear as follows:

Gabriela LS 967
Print your name as it should appear on the ballot

Teacher Educator

Print your ballot designation as it should appear on the ballot (generally 3 word maximum) If none is requested, write "none" and initial it. The word "none" will not appear on the ballot.

For the Ballot: Name in Chinese

(SF MEC § 401)

The names of candidates appear on the official ballot in traditional Chinese characters as well as in English. The Department of Elections can provide this transliteration or translation for candidates for local office, or the candidate may provide documentation of established use of a name in Chinese. The California Secretary of State provides Chinese transliterations for candidates running for state and federal offices.

Check	one	option	1:
0110011	0110	Opeioi	٠.

	I request that the Department of Elections, working with a qualified Chinese-language translator, provide a Chinese transliteration or translation of my name for all materials where it is legally required.
ď	I am providing documentation of established use of a particular Chinese transliteration or translation of my name for
	the Department to review. I understand that the Department's decision whether to accept a proposed transliteration or translation is final.
	Requested name in Chinese:

English (415) 554-4375 Fax (415) 554-7344 TTY (415) 554-4386 sfelections.org 1 Dr. Carlton B. Goodlett Place City Hall, Room 48, San Francisco, CA 94102 中文 (415) 554-4367 Español (415) 554-4366 Filipino (415) 554-4310

SAN FRANCI DE

Gabriela Lópeze 盧佩思

2011 AUG 14 PH St 12

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Filing Official Use Only A PUBLIC DOCUMENT SAN FRANCISCO **COVER PAGE**

Please type or print in ink.

MAI	ME OF FILER (LAST)	(FIRST)		2022 (MIDDLE)	***
	López	Gabriela	λ	2022 AUG 12	AM 10: 49
1.	Office, Agency, or Co	urt		DEPARTMENT	FELECTIONS
	Agency Name (Do not use a	cronyms)			
	Board OF Edu	Carrie	Cano	ridate.	
	Division, Board, Department, I	District, if applicable	Your Posit	ion	
	▶ If filing for multiple position	s, list below or on an attachment. (Do not use acronyms)		
	Agency:		Position:		
2.	Jurisdiction of Office	(Check at least one box)			
	State			letired Judge, Pro Tem Jud e Jurisdiction)	ge, or Court Commissioner
	Multi-County		County of	f San Francis	°CD
	Scity of San Fra	KACCO			
2					
٥.	Type of Statement (c		□ Leouine	Office: Data Laft	r t
	December 31, 2	ered is January 1, 2021, through 2021.	Leaving	Office: Date Left (Check one of	
	-or- The period cove	ered is,	through The	period covered is January	1, 2021, through the date of
	December 31, 2		leav -or-	ing office.	
	Assuming Office: Date	assumed		period covered is/_ date of leaving office.	, through
	Candidate: Date of Elec	tion 11-8-2022 and offi	ce sought, if different than P	art 1:	
4.	Schedule Summary (must complete) ► Total	number of pages inclu	uding this cover page	e:
	Schedules attached				
	Schedule A-1 - Invest	ments - schedule attached	Schedule C - In	come, Loans, & Business I	Positions – schedule attached
		ments - schedule attached	Schedule D - In	come - Gifts - schedule at	tached
	Schedule B - Real Pro	operty - schedule attached	Schedule E - In	come – Gifts – Travel Payı	nents - schedule attached
-0	or- None - No repor	table interests on any schedu	le		
5.	Verification				
	MAILING ADDRESS S' (Business or Agency Address Recomm	TREET nended - Public Document	CITY	STATE	ZIP CODE
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	o d	
		gence in preparing this statement. I I hedules is true and complete. I ack			vledge the information contained
	I certify under penalty of pe	rjury under the laws of the State of	of California that the forego	oing is true and correct.	
	Date Signed O8 - 11-	2034 nonth, day, year)	Signature _	siatem	ent with your filing official.)

This entire form must be completed, or it will not be accepted and you will not be entitled to a ballotydesignation. 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 DOCUMENT.

DEPARTMENT OF ELECTIONS

		Candidate Name: Gabriela 15067	Gender (optional, for translatio	on use only): Female		
		Office: Bourd or Education	Email:			
Candidate Information	1	Home Address				
		Mailing Address:		_		
	/ S	Business Address:				
		Phone Number (1) Business:	Home/Mobile:	Fax:		
Attorney Information		Attorney Name (or other person authorized to act on your behalf): Jesessias Jeffries				
	2	Address: 1762 Pine Street aptil	o san francisco, Ca	94109		
		Phone Number(s) Business: (415) 669-4376	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. NOTE: A candidate for the office of Representative in Congress, Member of the State Board of Equalization, State Senator, or Member of the Assembly shall not choose the word "incumbent" as a designation to appear on the ballot.
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

Proposed Ballot Designation(s) Proposed Ballot Designation(s): Teacher Educator

Alternate Ballot Designation(s) 1:

Alternate Ballot Designation(s) 2:

In the spaces provided on the next page(s):

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation.
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. Do not submit originals.

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

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.

Rev 06/2022

If your proposed ballot designation contains **one or more slashes** ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), **complete a justification section for each separate PVO**.

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	San Francisco with the Leupenville are orden Current or most recent job title: Ady	Phone Number(s): (510) 393-5736	2 WO EN COUNTY tart/End Dates	Aug.2	e clastroum. Edjunist instructor Odl-prebla
		Current or most recent job title:	S	tart/End Dates	:	
		Employer Name or Business: Person who can verify this information	n:			-
		Name:	Phone Number(s):	Email:		
1) Use only a 2) Non-judici 3) Use more 4) Suggest a 5) Refer to a 6) Abbreviate 7) Place the 8) Use a wor 9) Use the w 10) Use the n 11) Refer to a	a portion al cand than the nevalue status e the wo word "ret d or pre- ord "ret ame of racial, in ny activ	n of the title of your current elected office? idates: Use only the word "Incumbent" for a ree total words for your principal profession lation of you, such as outstanding, leading, (Veteran, Activist, Founder, Scholar), ratherord "retired? etired" after the words it modifies? Example efix (except "retired") such as "former" or "exired" along with a current profession, vocation a political party or political body? religious, or ethnic group?	expert, virtuous, or eminent? r than a profession, vocation, or occupations?	acher	Yes Yoo Yoo Yes Yoo Yes Yoo Yoo Yoo Yes Yoo Yes Yoo Yoo	Initial Initia

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at www.sos.ca.gov).

Date Signed:

Of

Month

1

1

11

Day

2022

Year



John Arntz, Director

SAN FRANCISCO FILED

2022 AUG 12 AM 10: 51

DEPARTMENT OF ELECTIONS

Official Filing Form Candidate Statement of Qualifications CAEC §§ 13307-13308

My qualifications are:

Candidate Name Gabriela Lopez

Board of Education

Issued by: _____

Date: 3/11/22

Election Date	November 8, 2022		
Complete one	of the following sections:		-
☐ I will N	IOT file a Candidate Statement of Qualification	S	_
_	andidate:	Date	
□ I will fil	le a Candidate Statement of Qualifications		-
To fac text wi	ilitate typesetting, and reduce the possibility of thin 24 hours after submission to the Departme	transcription error, I am sending an electronic copy of my statement ent at publications@sfgov.org .	
Signature of Ca	andidate:	Date 08-11-2032	
Name as it will a	appear with statement: Cascal	Spli	

Keep Text Within the Vertical Lines

I am a lifelong learner and educator and served as a classroom teacher, prison educator, former School Board President and adjunct professor - a teacher of future educators. I believe our public schools can uplift every one of our students. My experience will inspire and inform my work on the San Francisco Board of Education.

A first-generation Mexican-American and English Language Learner, I grew up in public schools. I know what it's like to have parents who overcame language barriers and poverty to support their children's learning. I am on the ground with our students, teachers and families everyday, working tirelessly to meet their needs. When the COVID pandemic began, I worked to ensure our city's children were fed and had the technology they needed to continue their learning.

I feel I have a moral responsibility to represent all students, especially low-income immigrant students, who like me, consistently face barriers advocating for a quality education. Our families have been disheartened by the state of public schools. It is our duty to affirm their children's education and well-being are the district's top priorities.

My other priorities include:

- Increasing School Funding and Resources
- Improving Special Education Supports
- Expanded Math, Reading and Science Opportunities
- Investing in College Preparation

www.gabrielalopez.org

This statement will be reproduced exactly as written. You may not make changes or corrections after the deadline for filing. Please type or print neatly. If handwritten information or a revision is unclear, Department staff will interpret the handwritten information to the best of their abilities; this interpretation is final.