



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

For the Ballot: Term, Candidate's Name, Ballot Designation

(CAEC §§ 13104, 13106-13107; SF MEC §§ 205, 225)

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2022 AUG 12 PM 1:34

Issued by: MS Date: 8/8/22

I, Will Yee, have declared myself a candidate for the following contest (select one):

- ☒ Member, Community College Board of Trustees, 4-year term
- ☐ Member, Community College Board of Trustees, 2-year term

Signature: _____

Date: 8/8/22

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

Will Yee
Print your name as it should appear on the ballot

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:

- ☐ 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.
- ☒ 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: 余小平

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

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DEPARTMENT OF ELECTIONS

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平

S:ll Yee

9/21/52

Mother's writing



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.**

SAN FRANCISCO

2022 AUG 12 PM 1:34

DEPARTMENT OF ELECTIONS

Candidate
Information

1

Candidate Name: Jill Yee
Gender (optional, for translation use only): She
Office: Community College Board
Email: [REDACTED]
Home Address: [REDACTED]
Mailing Address: Same
Business Address: Same
Phone Number: [REDACTED]
Business: [REDACTED] Home/Mobile: [REDACTED] Fax: [REDACTED]

Attorney
Information

2

Attorney Name (or other person authorized to act on your behalf): Judy Low
Address: [REDACTED]
Phone Number(s): 650-804-9536
Business: [REDACTED] Mobile: [REDACTED] Fax: [REDACTED]

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): Academic/Dean
Goals for the Coming Year: [REDACTED]
Alternate Ballot Designation(s) 1: None
Alternate Ballot Designation(s) 2: None

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.

SUMMARY

III.



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

Justification for use of 1 st PVO:		
Employed as Dean of Social Sciences, Behavioral Sciences, Ethnic Studies and Social Justice for the past 7 years at City College of San Francisco.		
Current or most recent job title:	Academic Dean	
Start/End Dates:	2015-2022	
Employer Name or Business:	City College of San Francisco	
Person who can verify this information:		
Name:	David Martin, Chancellor	Phone Number(s): 415-239-3033
Email:	dmartin@ccsf.edu	
Justification for use of 2 nd 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 3 rd 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 2) Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 3) Use more than three total words for your principal professions, vocations, or occupations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 6) Abbreviate the word "retired"? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 8) Use an word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 10) Use the name of a political party or political body? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 11) Refer to a racial, religious, or ethnic group? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |
| 12) Refer to any activity prohibited by law? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial <u>DM</u> |

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

X

Date Signed: 8 / 12 / 22

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).

A PUBLIC DOCUMENT SAN FRANCISCO
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Please type or print in ink.

NAME OF FILER (LAST) Yee (FIRST) Jill (MIDDLE) 2022 AUG 12 PM 1:34
DEPARTMENT OF ELECTIONS

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Community College Board Trustee
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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of San Francisco
☒ City of San Francisco ☐ Other

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

☒ Annual: The period covered is January 1, 2021, through December 31, 2021.
-or- The period covered is / / , through December 31, 2021.
☐ Assuming Office: Date assumed / /
☐ Leaving Office: Date Left / / (Check one circle.)
☐ The period covered is January 1, 2021, through the date of leaving office.
-or-
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page:

Schedules attached

☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule B - Real Property - 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 8/12/22 Signature
(month, day, year)

Print

Clear

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Jill Yee

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
838 26th Ave.	
CITY	
San Francisco	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> 1994 / / -
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input checked="" type="checkbox"/> Ownership/Deed of Trust	<input type="checkbox"/> Easement
<input type="checkbox"/> Leasehold	<input type="checkbox"/>
Yrs. remaining	Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
<input type="checkbox"/> None	

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
CITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> / / 21 -
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Ownership/Deed of Trust	<input type="checkbox"/> Easement
<input type="checkbox"/> Leasehold	<input type="checkbox"/>
Yrs. remaining	Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
<input type="checkbox"/> None	

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE	TERM (Months/Years)
% <input type="checkbox"/> None	
HIGHEST BALANCE DURING REPORTING PERIOD	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE	TERM (Months/Years)
% <input type="checkbox"/> None	
HIGHEST BALANCE DURING REPORTING PERIOD	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

Comments: _____

Print	Clear
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SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Jill Yee

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
City College of San Francisco
ADDRESS (Business Address Acceptable)
50 Frida Kahlo Way
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education
YOUR BUSINESS POSITION
Academic Dean
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.
NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

Candidate Statement of Qualifications

CAEC §§ 13307-13308

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DEPARTMENT OF ELECTIONS

Candidate Name

Office Sought

Election Date

Jill Yee

Community College Board

November 8, 2022

Issued by: _____

Date: __/__/__

Complete one of the following sections:

☐ I will NOT file a Candidate Statement of Qualifications

Signature of Candidate: _____ Date _____

☒ I will file a Candidate Statement of Qualifications

☒ To facilitate typesetting, and reduce the possibility of transcription error, I am sending an electronic copy of my statement text within 24 hours after submission to the Department at publications@sfgov.org.

Signature of Candidate: _____ Date 8/12/22

Name as it will appear with statement: _____

My occupation is Academic Dean

My qualifications are:

Keep Text Within the Vertical Lines

I believe in the promise of City College of San Francisco.

My parents were immigrants from China, and our entire family lived in the back of our dry-cleaning business in the Western Addition. We didn't have much, but my parents impressed upon us the importance of education.

City College was a gateway of opportunity for me. I attended CCSF for 2 years, then transferred to U.C. Berkeley and earned my bachelor's degree. I received my master's from S.F. State, and my law degree from Golden Gate University.

In my professional life, I had the honor of being a professor at City College for 25 years, where I served as the Chair of the Behavioral Sciences Department. At CCSF, I founded the Department of Asian American Studies, and worked as an Academic Dean.

I understand the challenges facing CCSF, and stand ready with solutions.

If elected, I pledge to:

- Make changes to ensure fiscal accountability.
- Promote equity of opportunity for ALL students.
- Align programs with jobs that pay a living wage.
- Build student and faculty housing.

I hope you will join Mayor London Breed, community leaders, and over 100 CCSF students, alumni, faculty, and staff in supporting my candidacy.

www.jillyee.com

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.

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

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AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

2022 AUG 12 PM 1:34

DEPARTMENT OF ELECTIONS

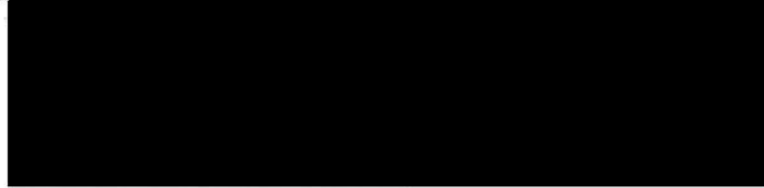
Date: 7/21/22

I, Landon Breed wish to endorse (or support)
(Printed name of endorser)

Jill Yee on their "Candidate Statement of Qualifications", for
(Name of candidate)

the office of City College Board of Trustees in the upcoming November 8, 2022, Consolidated
(Elected office)

General Election.



Signature of endorser

AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

USE ORGANIZATION'S LETTERHEAD

Date: _____

The _____ endorses (or supports)
(Printed name of endorser)

_____ on their candidate statement, for the office of
(Name of candidate)

_____ in the upcoming November 8, 2022, Consolidated
(Elected office)

General Election.

By: _____
(Printed Name of authorized representative)

Signature: _____
(Signature of authorized representative)

Title: _____
(Authorized officer of the organization)