



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

SAN FRANCISCO
John Arntz, Director

Official Filing Form

Declaration of Qualification, Office of District Attorney

(CAEC § 13.5; CAGC §§ 24001, 24002, SF Charter §§ 6.100, 6.103)

2022 AUG -8 AM 10:11
DEPARTMENT OF ELECTIONS

Issued by: SY

Date: 7/20/22

I, Brooke Jenkins, candidate for the office of **District Attorney**, hereby declare

Print name of candidate

under penalty of perjury under the laws of the State of California that I meet the following requirements to run for office:

- U.S. citizen, registered voter of the county in which the duties of the office are to be exercised at the time Nomination Papers are issued;
- Admitted to practice in the California Supreme Court. (CAEC §13.5; CAGC §§24001, 24002)
- Licensed to practice law in all courts of the State of California and shall have been so licensed for at least five years next preceding his or her election. (SF Charter §6.100, §6.103)

8/8/22

Date

Acceptable documentation: Certificates, declarations under penalty of perjury, diplomas, or official correspondence that the person meets each qualification

- ☐ See copies attached
☒ None submitted

Staff Initials: MS Date: 8/8/22

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

File name

Rev. MM.DD.YY



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

For the Ballot: Candidate's Name, Ballot Designation

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

SAN FRANCISCO FILED 2022 AUG -8 AM 10:11 DEPARTMENT OF ELECTIONS	
Issued by: <u>SY</u>	Date: <u>7/20/22</u>

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

Brooke Jenkins

Print your name as it should appear on the ballot

Appointed ~~Interim~~ District Attorney

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: (attached)

English (415) 554-4375
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中文 (415) 554-4367
Español (415) 554-4366
Filipino (415) 554-4310

Brooke Jenkins

謝安宜

SAN FRANCISCO
FILED

2022 AUG -8 AM 10:11

DEPARTMENT OF ELECTIONS



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

Permission to Post Personal Information on the Internet

(CAGC § 6254.21)

SAN FRANCISCO FILED 2022 AUG -8 AM 10:11 DEPARTMENT OF ELECTIONS	
Issued by: <u>Sy</u>	Date: <u>7/29/22</u>

- No state or local agency shall post the home address or telephone number of any elected or appointed official on the Internet without first obtaining the written permission of that individual.
- For purposes of this section, "elected or appointed official" includes, but is not limited to, all of the following: state constitutional officers; members of the legislature; judges and court commissioners; district attorneys; public defenders; members of a city council; members of a board of supervisors; appointees of the governor; appointees of the legislature; mayors; city attorneys; police chiefs and sheriffs; a public safety official, as defined in section 6254.24; state administrative law judges; federal judges and federal defenders; members of the United States Congress and appointees of the President.

In accordance with California Government Code section 6254.21, I hereby: *(please check one)*

- ☒ **grant permission** to post information on the Internet
☐ **deny permission** to post information on the Internet

to the San Francisco Department of Elections on *sfelections.org* for the November 8, 2022 election.
Month, day, year

If you deny permission, only your name will appear on the qualified candidate list posted on *sfelections.org*.

8/8/22
Date

Complete these fields only if you grant permission to post.

Information to be posted *(please print)*:

Candidate's name: Brooke Jenkins

Office sought: District Attorney

Home or Campaign Address:

Number and street, or P.O. Box

City, State

ZIP Code

Telephone Number: () - ; Fax: () - ;

Email: hello@brookejenkinssf.com ; Website: www.BrookeJenkinsSF.com

English (415) 554-4375

Fax (415) 554-7344

TTY (415) 554-4386

Permission to Post Personal Information on the Internet

sfelections.org

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□ □ (415) 554-4367

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Rev. 12.19.18



California Secretary of State
BALLOT DESIGNATION WORKSHEET

November 8, 2022, General Election (Elections Code §§ 8168, 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 DOCUMENT.**

Candidate Information

1

Candidate Name: Brooke Jenkins

Gender (optional, for translation use only): female

Office: District Attorney

Email: [REDACTED]

Home Address: [REDACTED]

Mailing Address: N/A

Business Address: [REDACTED]

Phone Number(s) Business: N/A

Home/Mobile: [REDACTED]

Fax: N/A

Attorney Information

2

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

Address: N/A

Phone Number(s) Business: N/A

Mobile: N/A

Fax: N/A

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)

3

Proposed Ballot Designation(s): Appointed ~~XXXXXX~~ District Attorney

Alternate Ballot Designation(s) 1: N/A

Alternate Ballot Designation(s) 2: N/A

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.



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 1st PVO:

I was appointed as District Attorney of San Francisco by Mayor London Breed on July 8, 2022.

Current or most recent job title: District Attorney

Start/End Dates: 7/8/22 - current

Employer Name or Business: City and County of San Francisco

Person who can verify this information:

Name: Carol Isen

Phone Number(s): 415-557-4800

Email:

Justification for use of 2nd PVO: N/A

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: N/A

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?
- 2) Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed?
- 3) Use more than three total words for your principal professions, vocations, or occupations?
- 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent?
- 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations?
- 6) Abbreviate the word "retired"?
- 7) Place the word "retired" after the words it modifies? Example: Accountant, retired
- 8) Use a word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation?
- 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher
- 10) Use the name of a political party or political body?
- 11) Refer to a racial, religious, or ethnic group?
- 12) Refer to any activity prohibited by law?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	BAF

proposed ballot designation is likely to be rejected.

8/8/22

Date Signed:

Month

Day

Year

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).



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

BAS

Justification for
Alternate Ballot
Designation(s) 1

A

Justification for use of 1 st 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 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:

Justification for
Alternate Ballot
Designation(s) 2

B

Justification for use of 1 st 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 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:

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

SAN FRANCISCO
FILED

Date: 7/20/22

2022 AUG -8 AM 10: 11

DEPARTMENT OF ELECTIONS

I, LOWAN BREED wish to endorse (or support)

(Printed name of endorser)

BROOKE JENKINS on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of District Attorney in the upcoming November 8, 2022, Consolidated

(Elective 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

(Elective office)

General Election.

By: _____

(Printed Name of authorized representative)

Signature: _____

(Signature of authorized representative)

Title: _____

(Authorized officer of the organization)

SAN FRANCISCO
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2022 AUG -8 AM 10:12
DEPARTMENT OF ELECTIONS

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 8/7/22

I, Scott Wiener wish to endorse (or support)

(Printed name of endorser)

Brooke Jenkins

(Name of candidate)

on their "Candidate Statement of Qualifications", for
the office of District Attorney 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)

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

SAN FRANCISCO
FILED

Date: 8/7/22

2022 AUG -8 AM 10:12
DEPARTMENT OF ELECTIONS

I, Fiona MA

wish to endorse (or support)

BROOKE JENKINS

(Printed name of endorser)

(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of DISTRICT ATTORNEY in the upcoming November 8, 2022, Consolidated

General



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

(Elective office)

General Election.

By: _____

(Printed Name of authorized representative)

Signature: _____

(Signature of authorized representative)

Title: _____

(Authorized officer of the organization)

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

SAN FRANCISCO
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2022 AUG -8 AM 10:12

DEPARTMENT OF ELECTIONS

Date: 8/8/2022

I, Paul Miyamoto wish to endorse (or support)

(Printed name of endorser)

Brooke Jenkins

(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of District Attorney in the upcoming November 8, 2022, Consolidated

(Elected office)

General Election.



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)

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 8/4/2022

I, Matt Dorsey wish to endorse (or support)

(Printed name of endorser)

Brooke Jenkins on their "Candidate Statement of Qualifications", for

(Name of candidate)

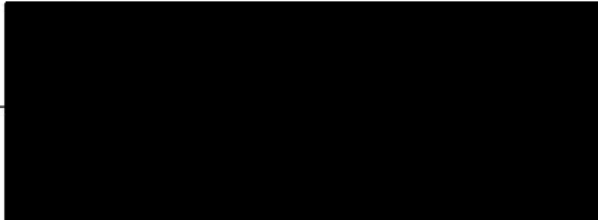
the office of District Attorney in the upcoming November 8, 2022, Consolidated
General Election.

(Elective office)

SAN FRANCISCO
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2022 AUG -8 AM 10:12

DEPARTMENT OF ELECTIONS



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
General Election.

(Elective office)

By: _____

(Printed Name of authorized representative)

Signature: _____

(Signature of authorized representative)

Title: _____

(Authorized officer of the organization)

SAN FRANCISCO
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2022 AUG -8 AM 10:12
DEPARTMENT OF ELECTIONS

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

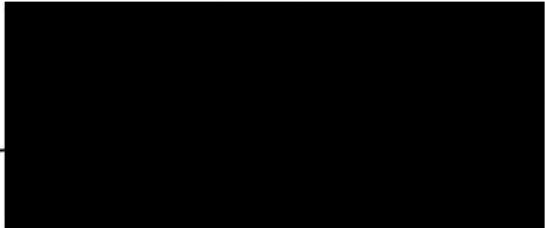
Date: 8/8/22

I, AHSHA SAFAI wish to endorse (or support)
(Printed name of endorser)

Brooke Jenkins on their "Candidate Statement of Qualifications", for
(Name of candidate)

the office of District Attorney in the upcoming November 8, 2022, Consolidated
(Elective office)

General Election.



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
(Elective office)

General Election.

By: _____
(Printed Name of authorized representative)

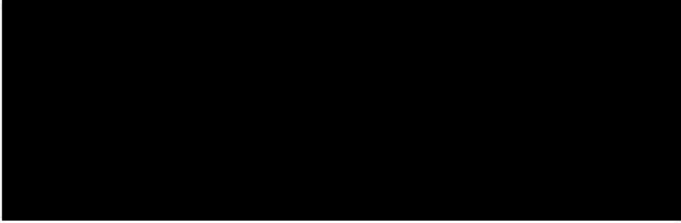
Signature: _____
(Signature of authorized representative)

Title: _____
(Authorized officer of the organization)

August 2, 2022

SAN FRANCISCO
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2022 AUG -8 AM 10:12
DEPARTMENT OF ELECTIONS

I, Supervisor Rafael Mandelman wish to endorse Brooke Jenkins on her "Candidate Statement of Qualifications" for the office of District Attorney in the upcoming November 8, 2022, Consolidated General Election.





CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

Candidate Statement of Qualifications

CAEC §§ 13307-13308

Candidate Name Brooke Jenkins

Office Sought District Attorney

Election Date November 8, 2022

SAN FRANCISCO FILED 2022 AUG -8 AM 10:11 DEPARTMENT OF ELECTIONS	
Issued by: <u>SY</u>	Date: <u>7/19/22</u>

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 8/8/22

Name as it will appear with statement: Brooke Jenkins

My occupation is District Attorney

My qualifications are:

Keep Text Within the Vertical Lines

Before becoming District Attorney, I served for seven years as a prosecutor in the San Francisco District Attorney's Office. I prosecuted hate crimes, sexual assault, and homicide cases while fighting for justice for victims.

For too long, San Franciscans' concerns about public safety have gone unheard. Violent and repeat offenders will no longer victimize our city without consequences. Property crime will no longer be chalked up as part of "big city life." Open-air drug markets won't be tolerated. Our AAPI community shouldn't live in fear of hate and violence.

As a Black and Latina woman, I know what true reform can look like. The inequities in the criminal justice system are not theoretical for me – my family has experienced the impacts of police violence and misconduct.

I believe San Francisco can have both criminal justice reform, and public safety. My office will work as one team advocating for victims, while advancing reforms and safety.

I will listen to the diverse voices in every neighborhood while working every day to make our city a safer, more just place to live.

For safety, reform, and justice, join us: www.BrookeJenkinsSF.com

Endorsed by:

Mayor London Breed
Senator Scott Wiener
State Treasurer Fiona Ma
Sheriff Paul Miyamoto
Supervisor Matt Dorsey
Supervisor Rafael Mandelman
Supervisor Ahsha Safai

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

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Filipino (415) 554-4310

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

 Date Initial Filing Received
 Filing Official Use Only

1464185

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Jenkins, Brooke			

 SAN FRANCISCO
 FILED

2022 AUG -8 PM 4:46

DEPARTMENT OF ELECTIONS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

District Attorney Office of the

District Attorney

► 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 _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ **Annual:** The period covered is January 1, 2021 through December 31, 2021.☐ **Leaving Office:** Date Left _____ (Check one circle)

-or-

The period covered is _____, through December 31, 2021.

☐ The period covered is January 1, 2021 through the date of leaving office.☒ **Assuming Office:** Date assumed 07 / 08 / 2022☐ 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: 3**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

E-MAIL 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 08/08/2022
 (month, day, year)

 Signature Brooke Jenkins
 (File the original)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Jenkins, Brooke

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

GlobalSF

ADDRESS (Business Address Acceptable)

160 Spear Street 10th Floor

San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501c3 non-profit organization

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

☐ No Income - Business Position Only☐ \$500 - \$1,000☐ \$1,001 - \$10,000☒ \$10,001 - \$100,000☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)☐ Sale of _____
(Real property, car, boat, etc.)☐ Loan repayment☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Grocery Delivery E-Services USA Inc.

ADDRESS (Business Address Acceptable)

28 Liberty Street

New York, NY 10005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Warehouse Manager

GROSS INCOME RECEIVED

☐ No Income - Business Position Only☐ \$500 - \$1,000☐ \$1,001 - \$10,000☒ \$10,001 - \$100,000☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)☐ Sale of _____
(Real property, car, boat, etc.)☐ Loan repayment☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)**▶ 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. 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

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None☐ Personal residence☐ Real Property

Street address

City

☐ Guarantor☐ Other

(Describe)

Comments:

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Jenkins, Brooke

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Neighbors for a Better San Francisco 501c3

ADDRESS (Business Address Acceptable)

2350 Kerner Blvd #250

San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501c3 non-profit organization

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

☐ No Income - Business Position Only☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)☐ Sale of _____
(Real property, car, boat, etc.)☐ Loan repayment☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Sister's Circle Women Support Network

ADDRESS (Business Address Acceptable)

1140 Oak Street

San Francisco, CA 94117

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501c3 non-profit organization

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

☐ No Income - Business Position Only☐ \$500 - \$1,000☐ \$1,001 - \$10,000☒ \$10,001 - \$100,000☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)☐ Sale of _____
(Real property, car, boat, etc.)☐ Loan repayment☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None☐ Personal residence☐ Real Property

Street address

City

☐ Guarantor☐ Other _____
(Describe)

Comments: _____