Official Filing Form
For the Ballot: Candidate’s Name, Ballot Designation
(CASEC §§ 11104, 13106-13107; SF MEC §§ 205, 225)

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

Joe Alioto [Signature]
Civil Rights Attorney

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: ________

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) 554-4365
Filipino (415) 554-4310
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

Candidate Name: JOE 
Office: D A T O
Home Address: 
Mailing Address: 
Business Address: 
Phone Number(s): 
Business: 

Attorney Information

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. 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):

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 1st PVO:

**Practice for more than 20 years as an attorney litigating civil rights cases in California and Federal courts.**

Current or most recent job title: **Civil Rights Attorney**

Start/End Dates: ____________

Employer Name or Business: **Alston Law Group**

Person who can verify this information:

Name: **Angela Alston**

Phone Number(s): **415.934.8200**

Email: **angelaalston@alk.com**

___

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/initiaI 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 a 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 race, 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.

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 may also wish to consult CCR, title 2, sections, 20712-20718 (found at www.sos.ca.gov).
### 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: |

### Justification for Alternate Ballot Designation(s) 1

### Justification for Alternate Ballot Designation(s) 2

### Rev 06/21/22
Official Filing Form  
Declaration of Qualification, Office of District Attorney  
(CAEC § 13.5; CAGC §§ 24001, 24002, SF Charter §§ 6.100, 6.103)

1. JOE ALIOTO VERDINEZ, candidate for the office of District Attorney, hereby declare 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)

Date: Aug 11, 2023

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: Aug 11, 2023

English (415) 554-4375  
Fax (415) 554-7344  
TTY (415) 554-4386  
sflections.org  
1 Dr. Carlton B. Goodlett Place  
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 564-4387  
Español (415) 564-4386  
Filipino (415) 554-4310  
Rev. MM/DD/YY
**The State Bar of California**

Joseph Allato Veronese #214607  
License Status: Active

Address: Allato Law Group, 700 Montgomery St, San Francisco, CA 94111-2104  
Phone: 415-434-8700 | Fax: Not Available  
Email: joe@alitalog.com | Website: Not Available

**More about This Attorney ▼**

All changes of license status due to nondisciplinary administrative matters and disciplinary actions.

<table>
<thead>
<tr>
<th>Date</th>
<th>License Status</th>
<th>Discipline</th>
<th>Administrative Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/24/2001</td>
<td>Active</td>
<td></td>
<td>Admitted to the State Bar of California</td>
</tr>
</tbody>
</table>

**Additional Information:**
- About the disciplinary system

Copyright © 2022 The State Bar of California
As your next District Attorney, I will make San Francisco a safer city to live, work and raise a family.

Just a few short years ago, San Francisco was voted America’s favorite City – to live and to visit. We were proud of our progressive values, and we felt safe in our homes and our neighborhoods.

Now, San Francisco has changed. Politicians got involved with San Francisco’s justice system – rewarding criminal behavior while ignoring its victims. Random, violent crime is up. Property crimes are up. We no longer feel safe in San Francisco.

As your District Attorney, that will change.

My priorities are getting violent, repeat offenders off of our streets while delivering a 21st-century criminal justice system that will keep us safe while serving victims of crime.

The people of San Francisco expect their District Attorney to be able to reform a justice system that has disproportionately affected people of color and low income while still keeping our neighborhoods safe.

I am running for district attorney because I am qualified to deliver a justice system that is fair, equitable, and accountable to each of us.

Thank you for your support.
1. Office, Agency, or Court

Agency Name (Do not use acronyms)
SAN FRANCISCO DISTRICT ATTORNEY / DISTRICT ATTORNEYS
Division, Board, Department, District, if applicable

- 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 ________________________
   [ ] County of SAN FRANCISCO

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 ________________.
   [ ] 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.
   [ ] Assuming Office: Date assumed __________ / __________
   [ ] Candidate: Date of Election 11/8/2020

4. Schedule Summary (must complete)

   - Total number of pages including this cover page: 6

   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)

   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 8/11/2020
   (month, day, year)
   Signature ________________________
### SCHEDULE A-1

**Investments**

**Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALTITUDE LAW GROUP</strong></td>
<td><strong>NATURAL PRACTICE</strong></td>
<td><strong>VENETTO FAMILY TRUST</strong></td>
<td><strong>GEOGRAF DENTAL</strong></td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
<td>$100,001 - $1,000,000</td>
<td>FAIR MARKET VALUE</td>
<td>$2,000 - $10,000</td>
</tr>
<tr>
<td>NATURE OF INVESTMENT</td>
<td>Stock</td>
<td>NATURE OF INVESTMENT</td>
<td>Stock</td>
</tr>
<tr>
<td></td>
<td>Partnership</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Income Received of $0 - $499</td>
<td></td>
<td>Income Received of $0 - $499</td>
</tr>
<tr>
<td></td>
<td>Income Received of $500 or More</td>
<td></td>
<td>Income Received of $500 or More</td>
</tr>
<tr>
<td></td>
<td>(Report on Schedule C)</td>
<td></td>
<td>(Report on Schedule C)</td>
</tr>
<tr>
<td>IF APPLICABLE, LIST DATE:</td>
<td>/ 21 ACQUIRED</td>
<td>IF APPLICABLE, LIST DATE:</td>
<td>/ 21 ACQUIRED</td>
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<tr>
<td>FAIR MARKET VALUE</td>
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<td>FAIR MARKET VALUE</td>
<td>$2,000 - $10,000</td>
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<td>NATURE OF INVESTMENT</td>
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<td>Other</td>
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<tr>
<td></td>
<td>(Report on Schedule C)</td>
<td></td>
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</tr>
<tr>
<td>IF APPLICABLE, LIST DATE:</td>
<td>/ 21 ACQUIRED</td>
<td>IF APPLICABLE, LIST DATE:</td>
<td>/ 21 ACQUIRED</td>
</tr>
<tr>
<td></td>
<td>/ 21 DISPOSED</td>
<td></td>
<td>/ 21 DISPOSED</td>
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</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>1. BUSINESS ENTITY OR TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALEOTO LAW GROUP</strong></td>
</tr>
<tr>
<td>Name: <strong>ANGELA ALEOTO PRO LAW CORP</strong></td>
</tr>
<tr>
<td>Address (Business Address Acceptable): 94111</td>
</tr>
<tr>
<td>Check one:</td>
</tr>
</tbody>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
<thead>
<tr>
<th>LAW PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAIR MARKET VALUE</td>
</tr>
<tr>
<td>$0 - $1,999</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
</tr>
<tr>
<td>Over $1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INVESTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUR BUSINESS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
</tr>
<tr>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (ATTACH A SEPARATE SHEET IF NECESSARY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**ANGELA ALEOTO PRO LAW CORP.**

**ACADEMY OF ART UNIVERSITY.**

<table>
<thead>
<tr>
<th>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check one:</td>
</tr>
<tr>
<td>INVESTMENT</td>
</tr>
</tbody>
</table>

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ 21 / 21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Ownership/Deed of Trust</td>
</tr>
<tr>
<td>Leasehold</td>
</tr>
</tbody>
</table>

Comments:

Print Clear
**SCHEDULE B**  
**Interests in Real Property**  
**(Including Rental Income)**

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

**2606 Pacific Ave**  
**CITY**  
**San Francisco CA**  
**94115**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
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</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>Acquired</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>Disposed</td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**  
- [ ] Ownership/Deed of Trust  
- [ ] Leasehold  
- [ ] Trust

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] 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.
- [ ] None

---

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**  
- [ ] None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] Guarantor, if applicable

---

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**  
- [ ] None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] Guarantor, if applicable

---

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ALITO LAW GROUP
ADDRESS (Business Address Acceptable)

LAW PRACTICE
BUSINESS ACTIVITY, IF ANY, OF SOURCE

ATLANTA, REAL ATTORNEY
YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

$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
☑ 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:

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
NATIONAL FIRE RESPONDERS FUND

ADDRESS (Business Address Acceptable)

NO-FEE

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Executive Director

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $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
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of
☐ Loan repayment
☐ Commission or Rental Income, list each source of $10,000 or more
☐ Other

BAYSIDE PRINTING

ADDRESS (Business Address Acceptable)

SCOTT S. SAN FRANCISCO PRINT COMPANY

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $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
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of
☐ Loan repayment
☐ Commission or Rental Income, list each source of $10,000 or more
☐ Other

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
☐ %
☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None
☐ Personal residence
☐ Real Property State address
☐ City
☐ Guarantor
☐ Other

(Finish)

Comments:

Print Clear