



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

SAN FRANCISCO
FILED

2022 AUG 11 PM 1:58

DEPARTMENT OF ELECTIONS

Official Filing Form

For the Ballot: Candidate's Name, Ballot Designation

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

Issued by: SY

Date: 8/3/22

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

JOE Alioto Veronesi

Print your name as it should appear on the ballot

Civil Rights 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: _____

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



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.**

2022 AUG 11 PM 1:57

DEPARTMENT OF ELECTIONS

Candidate
Information

1

Candidate Name: JOE ALTO VERMISE Gender (optional, for translation use only): MALE
Office: District Attorney Email: [REDACTED]
Home Address: [REDACTED]
Mailing Address: [REDACTED]
Business Address: [REDACTED]
Phone Number(s) Business: [REDACTED]

Attorney
Information

2

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)

3

Proposed Ballot Designation(s): Civil Rights Attorney
Alternate Ballot Designation(s) 1: B
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.



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:

Practice For more than 20 years as an attorney
Litigating civil rights cases in California
+ Federal courts

Current or most recent job title: Civil Rights Attorney Start/End Dates:

Employer Name or Business: ALOT LAW GROUP

Person who can verify this information:

Name: Angela Aloto Phone Number(s): 915 434 8700 Email: AngelaAloto@alot.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/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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial

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

Date Signed: Aug 11, 2022 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

Justification for
Alternate Ballot
Designation(s) 1

A

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) 2

B

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:



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

SAN FRANCISCO
FILED
John Arntz, Director

2022 AUG 11 PM 1:58

DEPARTMENT OF ELECTIONS

Issued by: Sy

Date: 8/3/22

Official Filing Form

Declaration of Qualification, Office of District Attorney

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

I, JOE ALIOTO VERONISE, 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)

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: 8/11/22

English (415) 554-4375
Fax (415) 554-7344
TTY (415) 554-4386

File name

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

Rev. MM.DD.YY

Joseph Alioto Veronese #214607
License Status: Active

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

More about This Attorney ▾

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

Date	License Status ⓘ	Discipline ⓘ	Administrative Action ⓘ
Present	Active		
9/24/2001	Admitted to the State Bar of California		

- Additional Information:
- About the disciplinary system





CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

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

2022 AUG 11 PM 1:58
DEPARTMENT OF ELECTIONS

Candidate Name JOE ALIOTO KRONESE
Office Sought District Attorney
Election Date November 8, 2022

Issued by: SY Date: 8/3/22

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 to publications@sfgov.org.

Signature of Candidate: _____ Date Aug 11, 2022

Name as it will appear with statement: JOE ALIOTO KRONESE

My occupation is Civil Rights Attorney

My qualifications are:

Keep Text Within the Vertical Lines

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.

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.

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
VERONESE JOE ALZOTO
2022 AUG 12 AM 11:24
SAN FRANCISCO
FILED
DEPARTMENT OF ELECTIONS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN FRANCISCO DISTRICT ATTORNEY / DISTRICT ATTORNEY
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 _____ ☐ 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 11/8/2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 6

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)

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

8/11/2022
(month, day, year)

Signature

Print

Clear

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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>VERONESE, JOE</u>

▶ NAME OF BUSINESS ENTITY
ALTO LAW GROUP

GENERAL DESCRIPTION OF THIS BUSINESS
LAW PRACTICE

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other CORPORATION
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☒ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
VENOTTO FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
TRUST

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other TRUST
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
TWITTEN

GENERAL DESCRIPTION OF THIS BUSINESS
SOCIAL MEDIA CO

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
 ACQUIRED DISPOSED

Comments: _____

Print

Clear

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>VENONISE, JOE</u>

1. BUSINESS ENTITY OR TRUST

Name ALIOTO LAW GROUP
Address (Business Address Acceptable) 200 MONTGOMERY ST SF CA 94111
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS <u>LAW PRACTICE</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>1/21</u> <u>1/21</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>OWNER</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below
ANGELA ALIOTO PRO LAW CORP.
ACADEMY OF ART UNIVERSITY

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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 _____

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>1/21</u> <u>1/21</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST

Name ANGELA ALIOTO PRO LAW CORP
Address (Business Address Acceptable) 200 MONTGOMERY STREET SF 94111
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS <u>LAW PRACTICE</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>1/21</u> <u>1/21</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>EMPLOYEE/ATTORNEY</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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 _____

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>1/21</u> <u>1/21</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

Print

Clear

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

VENONISE, JOE

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2606 PACIFIC AVE

CITY

SAN FRANCISCO CA 94115

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/21 1/21
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold TRUST
Yrs. remaining Other

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/21 1/21
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold TRUST
Yrs. remaining Other

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

* 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)

_____% ☐ None

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

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Comments:

Print

Clear

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>VERONESE, JOE</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ALTOO LAW GROUP

ADDRESS (Business Address Acceptable)

LAW PRACTICE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

OWNER, TRIAL ATTORNEY
YOUR BUSINESS POSITION

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

ANGELA ALTOO PRO LAW CORP

ADDRESS (Business Address Acceptable)

LAW PRACTICE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ATTORNEY TRIAL
YOUR BUSINESS POSITION

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 ATTORNEY FEES
(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

_____% ☐ None

TERM (Months/Years)

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)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>VERONESE, JEE</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

NATIONAL FIRST RESPONDERS
ADDRESS (Business Address Acceptable) FUND

NON-PROFIT
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Executive Director
YOUR BUSINESS POSITION

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

BAYSIDE PRINTING
ADDRESS (Business Address Acceptable)

SOOTH SAN FRANCISCO Print Company
BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 CONSTANT / LC FEE
(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