



California Secretary of State
 DECLARATION OF CANDIDACY
 Voter-Nominated Office

March 5, 2024, Presidential Primary Election (Elections Code §§ 20, 200, 8002.5, 8020, 8040, 8121, 8140, 13105)

For County
 Elections and
 Secretary of
 State Officials
 USE ONLY

Official Filing Form

SAN FRANCISCO ELECTIONS
 County Elections Official

By: MS
 Date Issued: 11/2/23

Filed in County of:
 2023 DEC -6 AM 8:46
 RECEIVED

SAN FRANCISCO ELECTIONS
 County Elections Official

By: _____
 Date Received: _____

Secretary of State Official

Candidate
 Name, Office,
 and Political
 Party
 Preference

I hereby declare myself a candidate for the nomination/election to the office of California State Senate D-11
 to be voted for at the **Presidential Primary Election** to be held on **March 5, 2024**, and declare the following to be true:

1 My name is Yvette Corkrean
 First Middle/Initial (optional) Last

Voter-nominated office only: I hereby certify at the time of presentation of this declaration, as shown by my current affidavit of registration, I have disclosed the following political party preference, if any: Republican

Ballot
 Information
 Name and ballot
 designation to
 appear on the
 ballot

IMPORTANT NOTE: A ballot designation is optional. If one is requested, a completed **BALLOT DESIGNATION WORKSHEET** must be submitted. If no ballot designation is requested, write "NONE" and initial in the box. (Elections Code §§ 13107, 13107.3)

I request my name and ballot designation to appear on the ballot as follows:

Yvette Corkrean
 Print Your Name for Use on the Ballot

Registered Nurse / Mother
 Print Ballot Designation Requested

Candidate initials box if NO ballot designation is preferred.

I acknowledge the Secretary of State will only provide an emailed electronic version and a hard copy version of the Notice to Candidates (which include ballot designations) via United States Postal Service on December 23, 2023, and will not notify me of any ballot designation changes published after December 23, 2023. (To receive an electronic version of the Notice to Candidates on December 23, 2023, please provide an email address in Section 3 of this form. For updates to the Notice to Candidates after December 23, 2023, please visit our website: <https://www.sos.ca.gov/elections/upcoming-elections/presidential-primary-election-march-5-2024>.)

I have a character-based name I would like to use instead of a phonetic transliteration. (You must complete Character-Based Name Form.)

IMPORTANT NOTE: The Secretary of State (SOS) will publish one of the addresses below in the Notice to Candidates, Official Contact List of Candidates, and on the SOS website.

- ! ONLY CHECK ONE BOX. Please check the appropriate box to indicate which address you wish to be used for publishing purposes.
- ! If NO BOX IS CHECKED, the first address listed and provided below will be published.
- ! If a day telephone number, website, or email address is provided, that information will also be published.
- ! If an evening telephone number is provided, and is different from day telephone number, it will not be published and it is for SOS use only.

Addresses,
 Telephone,
 Website and
 Email

3 **Publish** → Mailing Address: _____ Apt. or Unit # _____
 City/State/Zip Code: SAN Francisco Ca. _____

Publish → Residence Address (Required): _____ Apt. or Unit # _____
 City/State/Zip Code: SAN Francisco, Ca _____

Publish → Business Address: N/A Apt. or Unit # _____
 City/State/Zip Code: N/A

Telephone (Day): _____
 Telephone (Evening): N/A
 Website: _____
 Email: _____

IMPORTANT: Reverse Side of Page Must Be Completed

Qualifications

4

I meet the statutory and constitutional qualifications for this office (including, but not limited to, citizenship and residency). I am at present an incumbent of the following public office (if any): N/A

I have not been convicted of a felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes.

If nominated/elected, I will accept the nomination/election and not withdraw.

X

 Signature of Candidate

Voter-Nominated Office Only Political Party History

5

(1) I hereby certify that my complete voter registration and party affiliation/preference history from 2013 through the date of signing this document is as follows:


Party Preference	County	Timeframe (by year, e.g. 2013-2014)
Republican	SF	2013 - present
		-
		-
		-

*Only 10 years of party affiliation/preference history will be provided on the SOS website, even if additional information is provided.

(2) Pursuant to Section 8002.5 of the Elections Code, select one of the following:

X Party Preference: Republican
(Insert the name of the qualified political party as disclosed upon your affidavit of registration)

Party Preference: None (if you have declined to disclose a preference for a qualified political party upon your affidavit of registration)

Dated this 6 day of December, 2023 X  Signature of Candidate

Oath of Office

6

I, Yvette Corkrean, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

X

 Signature of Candidate

Notary Public or Other Officer

7

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 6th day of December, 2023, by Yvette Corkrean, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Notary Public Seal)

Signature of Notary Public (or other officer) Holly Ann

Examined and certified by me this _____ day of _____, 20____.
County Elections Official _____



California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (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 DOCUMENT.**

Candidate Information 1

Candidate Name: Yvette Corkrean Gender (optional, for translation use only): _____

Office: California State Senate D-11 Email: _____

Home Address: _____ SF, Ca _____

Mailing Address: _____ SF, Ca _____

Business Address: _____ SF, Ca _____

Phone Number(s) Business: _____ Home/Mobile: N/A 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.
- (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): Registered Nurse / Mother

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. (Note: It is not necessary to provide copies of Certificates of Election if you are currently a seated member for a voter-nominated office).
- (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.





California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

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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:		
	Current or most recent job title:	Registered Nurse	Start/End Dates: March 29, 2022
	Employer Name or Business:	Angelina Umansky	
	Person who can verify this information:		
	Name:	Ericka Lima	Phone Number(s): 415 633-4600 Email: Ericka@spa RadianceMedical.com
	Justification for use of 2 nd PVO:		
	Current or most recent job title:	N/A	Start/End Dates: N/A
	Employer Name or Business:	N/A	
	Person who can verify this information:		
	Name:	Kaiser Permanente	Phone Number(s): 415 833 2200 Email: N/A
	Justification for use of 3 rd PVO:		
	Current or most recent job title:	N/A	Start/End Dates: N/A
Employer Name or Business:	N/A		
Person who can verify this information:			
Name:	N/A	Phone Number(s): N/A Email: N/A	

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 |
| 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 |
| 3) Use more than three total words for your principal professions, vocations, or occupations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 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 |
| 6) Abbreviate the word "retired"? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 8) Use a 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 |
| 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 |
| 10) Use the name of a political party or political body? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 11) Refer to a racial, religious, or ethnic group? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 12) Refer to any activity prohibited by law? | <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.

X [Redacted Signature] 12/6/2023

Candidate's Signature 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).



California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

Page 3

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

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:



California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

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For your reference, the relevant provisions of Elections Code section 13107 are reproduced below:

(a) With the exception of candidates for Justice of the State Supreme Court or court of appeal, immediately under the name of each candidate, and not separated from the name by any line, unless the designation made by the candidate pursuant to Section 8002.5 must be listed immediately below the name of the candidate pursuant to Section 13105, and in that case immediately under the designation, may appear at the option of the candidate only one of the following designations:

(1) Words designating the elective city, county, district, state, or federal office which the candidate holds at the time of filing the nomination documents to which he or she was elected by vote of the people.

(2) The word "incumbent" if the candidate is a candidate for the same office which he or she holds at the time of filing the nomination papers, and was elected to that office by a vote of the people.

(3) No more than three words designating either the current principal professions, vocations, or occupations of the candidate, or the principal professions, vocations, or occupations of the candidate during the calendar year immediately preceding the filing of nomination documents.

(4) The phrase "appointed incumbent" if the candidate holds an office by virtue of appointment, and the candidate is a candidate for election to the same office, or, if the candidate is a candidate for election to the same office or to some other office, the word "appointed" and the title of the office. In either instance, the candidate may not use the unmodified word "incumbent" or any words designating the office unmodified by the word "appointed." However, the phrase "appointed incumbent" shall not be required of a candidate who seeks reelection to an office which he or she holds and to which he or she was appointed, as a nominated candidate, in lieu of an election, pursuant to Sections 5326 and 5328 of the Education Code or Section 7228, 7423, 7673, 10229, or 10515 of this code.

(b) (1) Except as specified in paragraph (2), for candidates for judicial office, immediately under the name of each candidate, and not separated from the name by any line, only one of the following designations may appear at the option of the candidate:

(A) Words designating the city, county, district, state, or federal office held by the candidate at the time of filing the nomination documents.

(B) The word "incumbent" if the candidate is a candidate for the same office that he or she holds at the time of filing the nomination papers.

(C) No more than three words designating either the current principal professions, vocations, or occupations of the candidate, or the principal professions, vocations, or occupations of the candidate during the calendar year immediately preceding the filing of nomination documents.

(2) For a candidate for judicial office who is an active member of the State Bar employed by a city, county, district, state, or by the United States, the designation shall appear as one of the following:

(A) Words designating the actual job title, as defined by statute, charter, or other governing instrument.

(B) One of the following ballot designations: "Attorney," "Attorney at Law," "Lawyer," or "Counselor at Law." The designations "Attorney" and "Lawyer" may be used in combination with one other current principal profession, vocation, or occupation of the candidate, or the principal profession, vocation, or occupation of the candidate during the calendar year immediately preceding the filing of nomination documents.

(3) A designation made pursuant to subparagraph (A) of paragraph (1) or paragraph (2) shall also contain relevant qualifiers, as follows:

(A) If the candidate is an official or employee of a city, the name of the city shall appear preceded by the words "City of."

(B) If the candidate is an official or employee of a county, the name of the county shall appear preceded by the words "County of."

(C) If the candidate is an official or employee of a city and county, the name of the city and county shall appear preceded by the words "City and County."

(D) If the candidate performs quasi-judicial functions for a governmental agency, the full name of the agency shall be included.

(c) A candidate for superior court judge who is an active member of the State Bar and practices law as one of his or her principal professions shall use one of the following ballot designations as his or her ballot designation: "Attorney," "Attorney at Law," "Lawyer," or "Counselor at Law." The designations "Attorney" and "Lawyer" may be used in combination with one other current principal profession, vocation, or occupation of the candidate, or the principal profession, vocation, or occupation of the candidate during the calendar year immediately preceding the filing of nomination documents.

(d) For purposes of this section, all California geographical names shall be considered to be one word. Hyphenated words that appear in any generally available standard reference dictionary, published in the United States at any time within the 10 calendar years immediately preceding the election for which the words are counted, shall be considered as one word. Each part of all other hyphenated words shall be counted as a separate word.

(e) The Secretary of State and any other elections official shall not accept a designation of which any of the following would be true:



California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

Page 5

- (1) It would mislead the voter.
 - (2) It would suggest an evaluation of a candidate, such as outstanding, leading, expert, virtuous, or eminent.
 - (3) It abbreviates the word "retired" or places it following any word or words which it modifies.
 - (4) It uses a word or prefix, such as "former" or "ex-," which means a prior status. The only exception is the use of the word "retired."
 - (5) It uses the name of any political party, whether or not it has qualified for the ballot.
 - (6) It uses a word or words referring to a racial, religious, or ethnic group.
 - (7) It refers to any activity prohibited by law.
- (f) If, upon checking the nomination documents and the ballot designation worksheet described in Section 13107.3, the elections official finds the designation to be in violation of any of the restrictions set forth in this section, the elections official shall notify the candidate by registered or certified mail return receipt requested, addressed to the mailing address provided on the candidate's ballot designation worksheet.
- (1) The candidate shall, within three days, excluding Saturday, Sunday, and state holidays, from the date he or she receives notice by registered or certified mail, or from the date the candidate receives actual notice of the violation, whichever occurs first, appear before the elections official or, in the case of the Secretary of State, notify the Secretary of State by telephone, and provide a designation that complies with subdivision (a) or (b).
- (2) If a candidate fails to provide a designation that complies with subdivision (a) or (b) within the three-day period specified in paragraph (1), a designation shall not appear after the candidate's name.
- (g) A designation given by a candidate shall not be changed by the candidate after the final date for filing nomination documents, except as specifically requested by the elections official as specified in subdivision (f) or as provided in subdivision (h). The elections official shall maintain a copy of the ballot designation worksheet for each candidate that appears on the ballot in the county for the same period of time as applied to nomination documents pursuant to Section 17100.
- (h) The designation shall remain the same for all purposes of both primary and general elections, unless the candidate, at least 98 days before the general election, requests in writing a different designation which the candidate is entitled to use at the time of the request.

For your reference, Elections Code section 13107.3 is reproduced below:

- (a) A candidate who submits a ballot designation pursuant to subdivision (a) of Section 13107 shall file a ballot designation worksheet that supports the use of that ballot designation by the candidate, in a format prescribed by the Secretary of State.
- (b) The ballot designation worksheet shall be filed with the elections official at the same time that the candidate files his or her declaration of candidacy.
- (c) In the event that a candidate fails to file a ballot designation worksheet in accordance with subdivision (a), no designation shall appear under the candidate's name on the ballot.

For your reference, Elections Code section 13107.5 is reproduced below:

- (a) A candidate's ballot designation as "community volunteer" shall constitute a valid principal vocation or occupation for purposes of subdivision (a) of Section 13107, if not otherwise in violation of any of the restrictions set forth in that section, and subject to the following conditions:
- (1) A candidate's community volunteer activities constitute his or her principal profession, vocation, or occupation.
 - (2) A candidate is not engaged concurrently in another principal profession, vocation, or occupation.
 - (3) A candidate may not use the designation of "community volunteer" in combination with any other principal profession, vocation, or occupation designation.
- (b) The Secretary of State shall by regulation define what constitutes a community volunteer for purposes of this section.

For your reference, California Code of Regulations section 20711 is reproduced below:

- (a) In order to facilitate review of a candidate's proposed ballot designation by the Secretary of State pursuant to Elections Code § 13107, the candidate shall submit, at the time of filing his or her proposed ballot designation on the Declaration of Candidacy, a completed Ballot Designation Worksheet on a form provided by the Secretary of State.



California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

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(b) All Ballot Designation Worksheets filed with the Office of the Secretary of State or the county elections officials pursuant to this section shall be public records and shall be available for inspection and copying at the public counter of the Elections Division of the Office of the Secretary of State, Fifth Floor, 1500 11th Street, Sacramento, California 95814, or at the office of the applicable county elections official.

(c) The Secretary of State shall provide a master copy or copies of the Ballot Designation Worksheet to all elections officials responsible for providing and accepting the nomination documents for candidates in elections for offices certified by the Secretary of State. The Ballot Designation Worksheet shall request that the candidate proposing the ballot designation provide the following information:

(1) The candidate's name, home, business and mailing addresses, telephone numbers, e-mail address, if available, and fax number;

(2) A designation of the office for which the candidate is seeking election;

(3) The name, home, business and mailing addresses, telephone numbers, e-mail address, if available, and fax number of the attorney representing the candidate or for any other person to be contacted in the event the Secretary of State requires further information regarding the proposed ballot designation;

(4) The proposed ballot designation submitted by the candidate;

(5) The candidate may submit one or more proposed alternate ballot designations ranked in order of the candidate's preference;

(6) A brief statement identifying the factual basis upon which the candidate claims the proposed ballot designation and each proposed alternate ballot designation, including the following:

(A) If the candidate holds elected office and is submitting his or her proposed ballot designation pursuant to Elections Code § 13107, subdivisions (a)(1) or (a)(2), the candidate shall indicate the elective office he or she currently occupies and may attach a copy of his or her Certificate of Election;

(B) If the candidate is a judicial officer and is submitting his or her proposed ballot designation pursuant to Elections Code § 13107, subdivisions (a)(1) or (a)(2), the candidate shall indicate the elective office he or she currently holds and may attach either (A) a copy of his or her Certificate of Election or (B) a copy of his or her commission or certificate of appointment, issued at the time the candidate was appointed to the judicial office which he or she currently occupies;

(C) If the candidate submits a ballot designation pursuant to Elections Code § 13107, subdivision (a)(3), the candidate shall indicate:

(i) The title of the position or positions which he or she claims supports the proposed ballot designation;

(ii) The dates during which the candidate held such position;

(iii) A description of the work he or she performs in the position;

(iv) The name of the candidate's business or employer;

(v) The name and telephone number of a person or persons who could verify such information; and

(vi) A statement that the professions, vocations or occupations relied upon to support the proposed ballot designation constitute the primary, main or leading professions, vocations or occupations of the candidate, in accordance with the definition of the term "principal" as set forth at § 20714, subdivision (b).

(D) If the candidate submits a ballot designation pursuant to Elections Code § 13107, subdivision (a)(4), the candidate shall indicate the date on which he or she was appointed to the office for which he or she is an appointed incumbent.

(d) The candidate may attach or append any supporting documents or other exhibits to his or her Ballot Designation Worksheet which he or she believes support his or her proposed ballot designation. Such attached documents or other exhibits shall be deemed to be incorporated by reference as part of the candidate's Ballot Designation Worksheet and shall be considered as such by the Secretary of State.

(e) If a candidate requests a change of his or her ballot designation pursuant to Elections Code § 13107(e), that request shall be accompanied by a Ballot Designation Worksheet.

CALIFORNIA BOARD OF REGISTERED NURSING - BRN

LICENSING DETAILS FOR: 556152

NAME: CORKREAN, YVETTE MARIE
LICENSE TYPE: REGISTERED NURSE
PRIMARY STATUS: CURRENT
QUALIFICATION: LICENSED BY EXAMINATION
PREVIOUS NAMES: CARMIGNANI, YVETTE MARIE
ADDRESS NOT DISCLOSED

ISSUANCE DATE

JUNE 28, 1999

EXPIRATION DATE

OCTOBER 31, 2024

CURRENT DATE / TIME

NOVEMBER 27, 2023
8:35:39 PM

DISCIPLINARY ACTIONS

- › THERE ARE NO DISCIPLINARY ACTIONS AGAINST THE LICENSE.

PUBLIC RECORD ACTIONS

- › ADMINISTRATIVE DISCIPLINARY ACTIONS (NO RECORDS)
- › COURT ORDER (NO RECORDS)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO RECORDS)
- › AUTO DISCLOSURE (NO RECORDS)
- › PUBLIC DOCUMENTS (NO RECORDS)

RECEIVED
2023 DEC - 6 AM 8:47

SAN FRANCISCO
ELECTIONS



California Secretary of State
 STATEWIDE CANDIDATE: CHARACTER-BASED NAME FORM
 (Elections Code § 13211.7)

Statewide
 Candidate
 Name,
 Character-
 based name
 and language,
 and Office

1

Candidate Name: Yvette Corkreau
 Character-based Name: see attachment
 Character-based Language: Chinese
 Office: California State Senate D-11

Character-
 based name
 Attach
 supporting
 documents

2

Check one box below and attach supporting documents

I would like to use a character-based name given by birth (please provide a birth certificate or valid identification for verification). Attach supporting documentation and provide a description:

I do not have a character-based name by birth, but I identify by a particular character-based name (please provide proof you have been known and identified within the public by that character-based name for the past two years). Attach supporting documentation and provide a description:

It has not been in use for the 2
years

Dated this 6 day of December, 2023

X

Signature of Candidate

This form is for use by statewide candidates only. For your reference, attached is Elections Code section 13211.7.

RECEIVED
 2023 DEC -6 AM 8:46

 SAN FRANCISCO
 ELECTIONS

林義華

Please accept these traditional Chinese characters for the name. You may use the below as the explanation:

This name, meaning "righteous and grand," was inspired based on the Chinese phonetics of my English name.

2023 DEC - 6 AM 8:46
RECEIVED
 SAN FRANCISCO
ELECTIONS

YVETTE CORKREAN
ELECT YVETTE CORKREAN FOR SENATE 2024



Date 11/22/2023



PAY TO THE ORDER OF Secretary of State \$

Dollars ← Heat Reactive Ink



Memo Not to exceed 1,226.94



LOOK FOR FRAUD-DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

YVETTE CORKREAN
ELECT YVETTE CORKREAN FOR SENATE 2024



Date 12/6/23



PAY TO THE ORDER OF

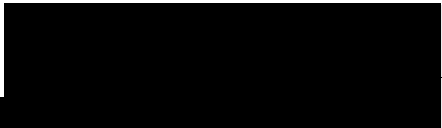
San Francisco Department of Elections \$ 2710.00

twenty seven hundred and ten dollars & 00/100 Dollars

Heat Reactive Ink



Memo Candidate Statement



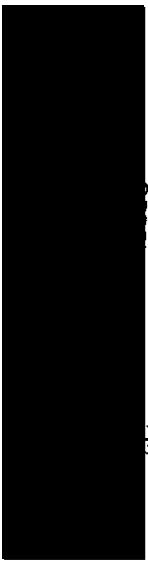
LOOK FOR FRAUD-DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

DEPARTMENT OF ELECTIONS
1 DR. CARLTON B. GOODLETT, FISHER ZHU/
PL #48
SAN FRANCISCO, CA 94102
4155546991

06-Dec-2023 9:53:59A
1 11th Senate District

Total \$2,710.00
CHECK SALE \$2,710.00

Online: <https://clover.com/d/>



Clover ID
Payment

Clover Privacy Policy
<https://clover.com/privacy>



California Secretary of State
STATEMENT OF NUMBER OF SIGNATURES
 Filed on Petition In Lieu of Filing Fee and/or Nomination Paper
 (Elections Code §§ 8061, 8082, 8083)

I certify that I have examined the Petition In Lieu of Filing Fee and/or Nomination Paper filed on behalf of

Yvette Corkrean, candidate for nomination for
 (Name of Candidate)

Office: State Senate

District/Office Number: District 11
 (Complete only if applicable)

at the **March 5, 2024, Presidential Primary Election.**

Check **ONE** category only:

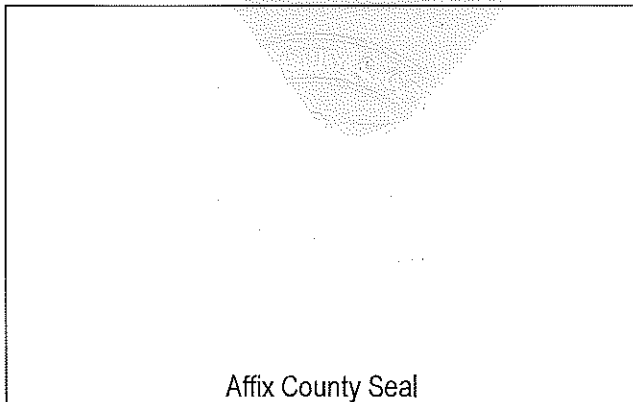
- Statement of valid in-lieu signatures [Complete (A) below]
- Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]
- Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on 9/26/2023 contains 31 * valid signatures.
 (Date)

(B) The Nomination Paper filed on 9/26/2023 contains 31 * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 27th day of September, 2023
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

Matthew Selby
 Deputy

San Francisco
 County



California Secretary of State
STATEMENT OF NUMBER OF SIGNATURES
 Filed on Petition In Lieu of Filing Fee and/or Nomination Paper
 (Elections Code §§ 8061, 8082, 8083)

I certify that I have examined the Petition In Lieu of Filing Fee and/or Nomination Paper filed on behalf of

Yvette Corkran, candidate for nomination for
 (Name of Candidate)

Office: State Senate

District/Office Number: District 11
 (Complete only if applicable)

at the **March 5, 2024, Presidential Primary Election.**

Check ONE category only:

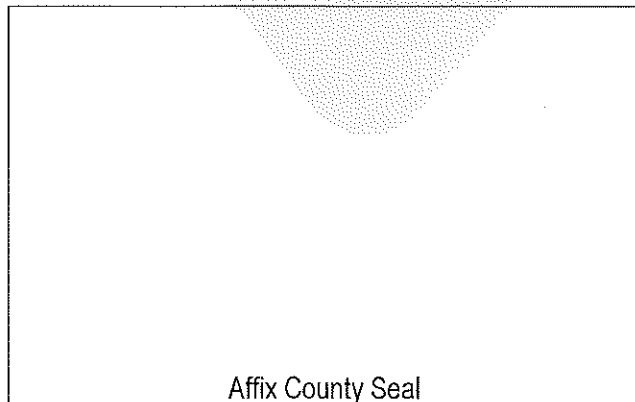
- Statement of valid in-lieu signatures [Complete (A) below]
- Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]
- Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on 10/3/23 contains 30 * valid signatures.
 (Date)

(B) The Nomination Paper filed on 10/3/23 contains 30 * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 3rd day of October, 2023.
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

[Signature]
 Deputy

San Francisco
 County



California Secretary of State
STATEMENT OF NUMBER OF SIGNATURES
 Filed on Petition In Lieu of Filing Fee and/or Nomination Paper
 (Elections Code §§ 8061, 8082, 8083)

I certify that I have examined the Petition In Lieu of Filing Fee and/or Nomination Paper filed on behalf of

Kvette Carkorean, candidate for nomination for
 (Name of Candidate)

Office: State Senate

District/Office Number: District 11
 (Complete only if applicable)

at the March 5, 2024, Presidential Primary Election.

Check ONE category only:

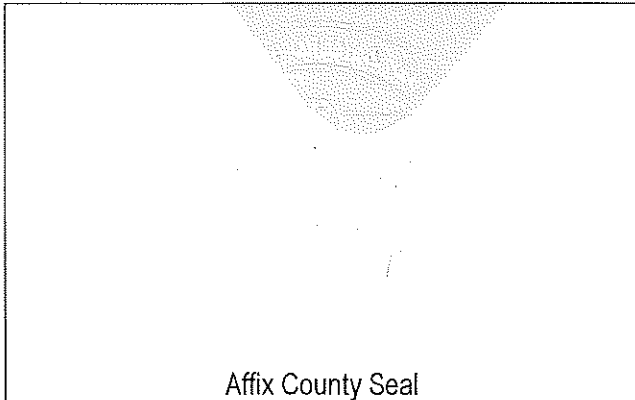
- Statement of valid in-lieu signatures [Complete (A) below]
- Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]
- Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on 10/13/23 contains 116 * valid signatures.
 (Date)

(B) The Nomination Paper filed on _____ contains _____ * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 13th day of October, 2023.
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

Matthew Selby
 Deputy

San Francisco
 County



California Secretary of State
STATEMENT OF NUMBER OF SIGNATURES
 Filed on Petition In Lieu of Filing Fee and/or Nomination Paper
 (Elections Code §§ 8061, 8082, 8083)

I certify that I have examined the Petition In Lieu of Filing Fee and/or Nomination Paper filed on behalf of

Yvette Corkrean, candidate for nomination for
 (Name of Candidate)

Office: State Senate

District/Office Number: 10-11
 (Complete only if applicable)

at the **March 5, 2024, Presidential Primary Election.**

Check ONE category only:

Statement of valid in-lieu signatures [Complete (A) below]

Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]

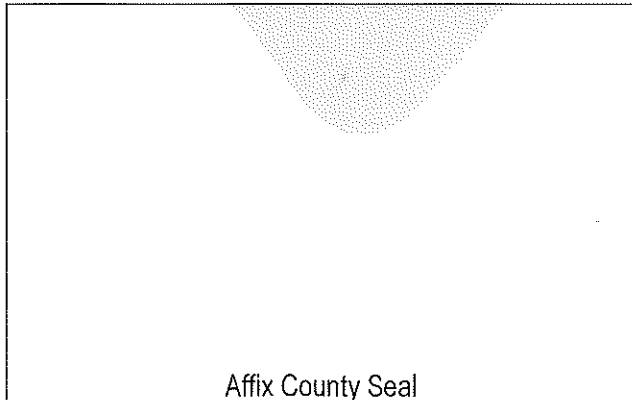
Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on 11/2/23 contains 23 * valid signatures.
 (Date)

(B) The Nomination Paper filed on _____ contains _____ * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 2nd day of November, 2023.
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

Matthew Kelly
 Deputy

San Francisco
 County



California Secretary of State
STATEMENT OF NUMBER OF SIGNATURES
 Filed on Petition In Lieu of Filing Fee and/or Nomination Paper
 (Elections Code §§ 8061, 8082, 8083)

I certify that I have examined the Petition In Lieu of Filing Fee and/or Nomination Paper filed on behalf of
Yvette Corkcream, candidate for nomination for

 (Name of Candidate)

Office: State Senate

District/Office Number: 11

 (Complete only if applicable)

at the March 5, 2024, Presidential Primary Election.

Check ONE category only:

Statement of valid in-lieu signatures [Complete (A) below]

Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]

Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on 11/08/23 contains 81 * valid signatures.
 (Date)

(B) The Nomination Paper filed on 11/08/23 contains 81 * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 8th day of NOV., 2023.
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL
[Signature]

Deputy



County

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 2 December 2023

2023 DEC -6 AM 9:44

I, Quentin L. Kopp wish to endorse (or support)

RECEIVED

(Printed name of endorser)

Juette Cordeau on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of California State Senate D11 in the upcoming March 5, 2024 Presidential

(Elective office)

Primary Election.

Quentin L. Kopp
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 March 5, 2024 Presidential

(Elective office)

Primary Election.

By: _____

(Printed Name of authorized representative)

Signature: _____

(Signature of authorized representative)

Title: _____

(Authorized officer of the organization)

**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) Corkrean (FIRST) Yvette (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California State Senate
Division, Board, Department, District, if applicable District 11 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 _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2022, through December 31, 2022.
-or- The period covered is _____, through December 31, 2022.
 Assuming Office: Date assumed _____
 Candidate: Date of Election March 5, 2024 and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle)
 The period covered is January 1, 2022, through the date of leaving office.
-or- The period covered is _____, through the date of leaving office.



4. Schedule Summary (required)

► Total number of pages including this cover page: 15

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 (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
[Redacted] San Francisco, Ca
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[Redacted] [Redacted]

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 12/6/2023 Signature [Redacted]
(month, day, year) (file the originally signed paper statement with your filing official.)

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.

Name

NAME OF BUSINESS ENTITY
Digital World Acq Corp CL A
GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- Checked: \$2,000 - \$10,000
Other: \$10,001 - \$100,000, \$100,001 - \$1,000,000, Over \$1,000,000

NATURE OF INVESTMENT

- Checked: Stock
Other: Income Received of \$0 - \$499, Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

Acquired: / / 22, Disposed: / / 22

NAME OF BUSINESS ENTITY
Black Hills Corp
GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- Checked: \$10,001 - \$100,000
Other: \$2,000 - \$10,000, \$100,001 - \$1,000,000, Over \$1,000,000

NATURE OF INVESTMENT

- Checked: Other (Bond)
Other: Stock, Partnership, Income Received of \$0 - \$499, Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

Acquired: / / 22, Disposed: / / 22

NAME OF BUSINESS ENTITY
Goldman Sachs Group INC/THF
GENERAL DESCRIPTION OF THIS BUSINESS
Finance

FAIR MARKET VALUE

- Checked: \$10,001 - \$100,000
Other: \$2,000 - \$10,000, \$100,001 - \$1,000,000, Over \$1,000,000

NATURE OF INVESTMENT

- Checked: Other (Bond)
Other: Stock, Partnership, Income Received of \$0 - \$499, Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

Acquired: / / 22, Disposed: / / 22

NAME OF BUSINESS ENTITY
TransCanada Pipeline LTD
GENERAL DESCRIPTION OF THIS BUSINESS
Pipeline

FAIR MARKET VALUE

- Checked: \$10,001 - \$100,000
Other: \$2,000 - \$10,000, \$100,001 - \$1,000,000, Over \$1,000,000

NATURE OF INVESTMENT

- Checked: Other (Bond)
Other: Stock, Partnership, Income Received of \$0 - \$499, Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

Acquired: / / 22, Disposed: / / 22

NAME OF BUSINESS ENTITY
Avalon Bay Communities Inc
GENERAL DESCRIPTION OF THIS BUSINESS
REIT

FAIR MARKET VALUE

- Checked: \$10,001 - \$100,000
Other: \$2,000 - \$10,000, \$100,001 - \$1,000,000, Over \$1,000,000

NATURE OF INVESTMENT

- Checked: Other (Bond)
Other: Stock, Partnership, Income Received of \$0 - \$499, Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

Acquired: / / 22, Disposed: / / 22

NAME OF BUSINESS ENTITY
Eversource Energy
GENERAL DESCRIPTION OF THIS BUSINESS
Utility

FAIR MARKET VALUE

- Checked: \$10,001 - \$100,000
Other: \$2,000 - \$10,000, \$100,001 - \$1,000,000, Over \$1,000,000

NATURE OF INVESTMENT

- Checked: Other (Bond)
Other: Stock, Partnership, Income Received of \$0 - \$499, Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

Acquired: / / 22, Disposed: / / 22

Comments:

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.

Name

NAME OF BUSINESS ENTITY
Dupont De Nemours Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Chemical Company

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 Bond
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
American Express Co

GENERAL DESCRIPTION OF THIS BUSINESS
Finance

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 Bond
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Barclays Bank Plc

GENERAL DESCRIPTION OF THIS BUSINESS
Finance

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 Bond
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
MediCell Technologies LLC

GENERAL DESCRIPTION OF THIS BUSINESS
Biotech Cosmetic

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 Partnership
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 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:
 _____/_____/22 _____/_____/22
 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:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/22 ____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/22 ____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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

▶ 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

▶ 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22 ____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22 ____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Spa Radiance Associates Inc

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Med spa

YOUR BUSINESS POSITION
employee

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
CSF Management LLC

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Med spa

YOUR BUSINESS POSITION
Employee

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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address _____ City _____</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
---	---

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
TransCanada Pipelines LTD

ADDRESS (Business Address Acceptable)
[REDACTED]

Morgan Stanley

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pipeline

YOUR BUSINESS POSITION
Investor

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
Avalonbay Communities Inc

ADDRESS (Business Address Acceptable)
[REDACTED]

Morgan Stanley

BUSINESS ACTIVITY, IF ANY, OF SOURCE
REIT

YOUR BUSINESS POSITION
Investor

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 _____% None

TERM (Months/Years) _____

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 _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Dupont De Nemours INC

ADDRESS (Business Address Acceptable)
 Morgan Stanley [Redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chemical Company

YOUR BUSINESS POSITION
Investor

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
American Express Co

ADDRESS (Business Address Acceptable)
 Morgan Stanley [Redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

YOUR BUSINESS POSITION
Investor

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 _____% None

TERM (Months/Years) _____

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 _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Barclays Bank PLC

ADDRESS (Business Address Acceptable)
Morgan Stanley [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

YOUR BUSINESS POSITION
Investor

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
MediCell Technologies LLC

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biotech Cosmetic

YOUR BUSINESS POSITION
Partnership

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 _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name _____

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

Restrictions and Prohibitions

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their economic interests including personal assets and income. The Act's conflict of interest provisions also disqualify a public official from taking part in a governmental decision if it is reasonably foreseeable that the decision will have a material financial effect on these economic interests as well as the official's personal finances and those of immediate family. (Gov. Code Sections 87100 and 87103.) The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the Act's provisions.

Gift Prohibition

Gifts received by most state and local officials, employees, and candidates are subject to a limit. In 2021-2022, the gift limit increased to \$520 from a single source during a calendar year.

Additionally, state officials, state candidates, and certain state employees are subject to a \$10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 10.

State and local officials and employees should check with their agency to determine if other restrictions apply.

Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose. For example, a personal residence is often not reportable, but may be grounds for disqualification. Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must publicly identify the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18707, and the Guide to Recognizing Conflicts of Interest page at www.fppc.ca.gov.

Honorarium Ban

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. (See Reference Pamphlet, page 10.)

Loan Restrictions

Certain state and local officials are subject to restrictions on loans. (See Reference Pamphlet, page 14.)

Post-Governmental Employment

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

Late Filing

The filing officer who retains originally-signed or electronically filed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is \$10 per day up to a maximum of \$100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to \$5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

Form 700 is a Public Document Public Access Must Be Provided

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

Questions and Answers Continued

- Q. The value of my stock changed during the reporting period. How do I report the value of the stock?
- A. You are required to report the highest value that the stock reached during the reporting period. You may use your monthly statements to determine the highest value. You may also use the entity's website to determine the highest value. You are encouraged to keep a record of where you found the reported value. Note that for an assuming office statement, you must report the value of the stock on the date you assumed office.
- Q. I am the sole owner of my business, an S-Corporation. I believe that the nature of the business is such that it cannot be said to have any "fair market value" because it has no assets. I operate the corporation under an agreement with a large insurance company. My contract does not have resale value because of its nature as a personal services contract. Must I report the fair market value for my business on Schedule A-2 of the Form 700?
- A. Yes. Even if there are no *tangible* assets, intangible assets, such as relationships with companies and clients are commonly sold to qualified professionals. The "fair market value" is often quantified for other purposes, such as marital dissolutions or estate planning. In addition, the IRS presumes that "personal services corporations" have a fair market value. A professional "book of business" and the associated goodwill that generates income are not without a determinable value. The Form 700 does not require a precise fair market value; it is only necessary to check a box indicating the broad range within which the value falls.
- Q. I own stock in IBM and must report this investment on Schedule A-1. I initially purchased this stock in the early 1990s; however, I am constantly buying and selling shares. Must I note these dates in the "Acquired" and "Disposed" fields?
- A. No. You must only report dates in the "Acquired" or "Disposed" fields when, during the reporting period, you initially purchase a reportable investment worth \$2,000 or more or when you dispose of the entire investment. You are not required to track the partial trading of an investment.
- Q. On last year's filing I reported stock in Encoe valued at \$2,000 - \$10,000. Late last year the value of this stock fell below and remains at less than \$2,000. How should this be reported on this year's statement?
- A. You are not required to report an investment if the value was less than \$2,000 during the **entire** reporting period. However, because a disposed date is not required for stocks that fall below \$2,000, you may want to report the stock and note in the "comments" section that the value fell below \$2,000. This would be for informational purposes only; it is not a requirement.
- Q. We have a Section 529 account set up to save money for our son's college education. Is this reportable?
- A. If the Section 529 account contains reportable interests (e.g., common stock valued at \$2,000 or more), those interests are reportable (not the actual Section 529 account). If the account contains solely mutual funds, then nothing is reported.

Income Disclosure

- Q. I reported a business entity on Schedule A-2. Clients of my business are located in several states. Must I report all clients from whom my pro rata share of income is \$10,000 or more on Schedule A-2, Part 3?
- A. No, only the clients located in or doing business on a regular basis in your jurisdiction must be disclosed.
- Q. I believe I am not required to disclose the names of clients from whom my pro rata share of income is \$10,000 or more on Schedule A-2 because of their right to privacy. Is there an exception for reporting clients' names?
- A. Regulation 18740 provides a procedure for requesting an exemption to allow a client's name not to be disclosed if disclosure of the name would violate a legally recognized privilege under California or Federal law. This regulation may be obtained from our website at www.fppc.ca.gov. (See Reference Pamphlet, page 14.)

Questions and Answers Continued

Gift Disclosure

- Q. If I received a reportable gift of two tickets to a concert valued at \$100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?
- A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.
- Q. Julia and Jared Benson, a married couple, want to give a piece of artwork to a county supervisor. Is each spouse considered a separate source for purposes of the gift limit and disclosure?
- A. Yes, each spouse may make a gift valued at the gift limit during a calendar year. For example, during 2022 the gift limit was \$520, so the Bensons may have given the supervisor artwork valued at no more than \$1,040. The supervisor must identify Jared and Julia Benson as the sources of the gift.
- Q. I am a Form 700 filer with full disclosure. Our agency holds a holiday raffle to raise funds for a local charity. I bought \$10 worth of raffle tickets and won a gift basket valued at \$120. The gift basket was donated by Doug Brewer, a citizen in our city. At the same event, I bought raffle tickets for, and won a quilt valued at \$70. The quilt was donated by a coworker. Are these reportable gifts?
- A. Because the gift basket was donated by an outside source (not an agency employee), you have received a reportable gift valued at \$110 (the value of the basket less the consideration paid). The source of the gift is Doug Brewer and the agency is disclosed as the intermediary. Because the quilt was donated by an employee of your agency, it is not a reportable gift.
- Q. My agency is responsible for disbursing grants. An applicant (501(c)(3) organization) met with agency employees to present its application. At this meeting, the applicant provided food and beverages. Would the food and beverages be considered gifts to the employees? These employees are designated in our agency's conflict of interest code and the applicant is a reportable source of income under the code.
- A. Yes. If the value of the food and beverages consumed by any one filer, plus any other gifts received from the same source during the reporting period total \$50 or more, the food and beverages would be reported using the fair market value and would be subject to the gift limit.
- Q. I received free admission to an educational conference related to my official duties. Part of the conference fees included a round of golf. Is the value of the golf considered informational material?
- A. No. The value of personal benefits, such as golf, attendance at a concert, or sporting event, are gifts subject to reporting and limits.