



City and County of San Francisco  
**Department of Elections**  
 John Arntz, Director

Date: <u>10/30/23</u>	Issued by: <u>MDT</u>
<b>SAN FRANCISCO          FILED</b>	
<b>2023 OCT 30 PM 2:29</b>	
DEPARTMENT OF ELECTIONS	

**Official Filing Form**  
**Authorization Form for Candidate Representative**

I, Otto Duke, Print name of candidate, authorize the following person, on behalf of my campaign, to (check the appropriate boxes):

- Pick up and return Declaration of Intent to Solicit or Accept Contributions
- Pick up and return Signature in Lieu petitions
- Obtain master voter file, voted file, vote-by-mail statistics, or similar information.
- Serve as point of contact in case of electioneering issues.
- Pick up and return **all nomination documents**. (I am aware that my name will not appear on the ballot unless the Declaration of Candidacy and other nomination papers are properly executed and returned to the Department of Elections by the close of the nomination period.)

Name of authorized person: Chela Terry

Home address: [Redacted] SF CA [Redacted]  
Number and street City, State ZIP Code

Telephone Number: [Redacted] Fax: ( ) - - ; Email: [Redacted]

I will immediately notify the Department of Elections in writing if the person named above is no longer representing me.

[Redacted] 10/30/2023  
Date

Office sought: State Assembly 17

Telephone number: [Redacted]



**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS**

John Arntz, Director

**Application for Voter Registration Information**

SAN FRANCISCO  
FILED  
2023 OCT 30 PM 2:33  
DEPARTMENT OF ELECTIONS  
Date Stamp

Voter registration information is confidential and may not be disclosed except as authorized by law. Voter registration information may be provided to a candidate for office, a ballot measure committee or other persons for election, scholarly, journalistic, political, or governmental purposes as determined by the California Secretary of State. All requests for voter registration information must be accompanied by written application. (CAEC §§ 2188, 2194; CA Gov. Code § 6254.4)

**Permissible Uses**

To be granted authorization to access confidential information, your request must meet one of the following purposes. Separate applications are required for each intended use. Please select one:

- ELECTION PURPOSES:** Voter registration information must be made available to authorized individuals on behalf of a candidate, campaign committee, political party, or non-profit organization for any election.
- POLITICAL PURPOSES:** Voter registration information must be made available to authorized individuals on behalf of vendors providing information to candidates, campaign committees, or political parties re: specific political issues.
- SCHOLARLY RESEARCH:** Voter registration information must be made available to students and professors conducting research regarding voting, registration patterns, trends, etc.
- JOURNALISTIC PURPOSES:** Voter registration information must be made available to members of the press.
- GOVERNMENTAL PURPOSES:** Voter registration information must be made available to applicable government agencies.

**Supporting Documents**

Along with your completed application, you must also submit the following:

- **Photo ID** (government-issued) of the requestor and / or the applicant
- **Written authorization** - on letterhead from the candidate or committee board member or on institutional letterhead from the requesting government agency, or educational institution on behalf of the requestor
- **Press Credentials** (if applying for Journalistic use)

**Applicant Information**

Name	Terry		Chela	M
	Last	First	M.I.	
Government-issued Identification	[Redacted]		CA	[Redacted]
	Number	State	Exp. Date	
Residential Address	[Redacted]		SF CA	[Redacted]
	Building Number & Street		City, State	Zip Code
Business Address	[Redacted]		[Redacted]	[Redacted]
	Building Number & Street		City, State	Zip Code
Contact	[Redacted]		Email:	[Redacted]



## Applicant Organization

If this application is on behalf of an individual or organization, complete this section.

<b>Name</b>	Duke	Otto	J.
	Last	First	M.I.
<b>Government-issued Identification</b>	[REDACTED]	CA	[REDACTED]
	Number	State	Exp. Date
<b>Residential Address</b>	[REDACTED]		94110
	Building Number & Street	City, State	Zip Code
<b>Business Address</b>	[REDACTED]		
	Building Number & Street	City, State	Zip Code
<b>Contact</b>	[REDACTED]		Email: [REDACTED]

## Requested Information

Data will be provided in Text (.txt) and Excel (.xlsx) formats. Choose from the following options:

<input type="radio"/> Voter Registration	<b>Method of Delivery</b>	
<input type="radio"/> Vote-By-Mail (VBM) Ballot Returns <i>(Available starting 30 days prior to Election Day)</i>	<input type="radio"/> E-mail (no fee)	<input type="radio"/> USB drive (\$5.00 fee)
<input type="radio"/> Voter Registration & VBM Ballot Returns	<input type="radio"/> CD-ROM (\$0.75 fee)	<input checked="" type="radio"/> View on office terminal

### Statement of Intended Use

Describe your intended use of information. If you are a candidate or an authorized representative of a campaign or committee, or an individual requesting on behalf of an initiative or referendum for which legal publication has been made, please explain in detail.

Candidate

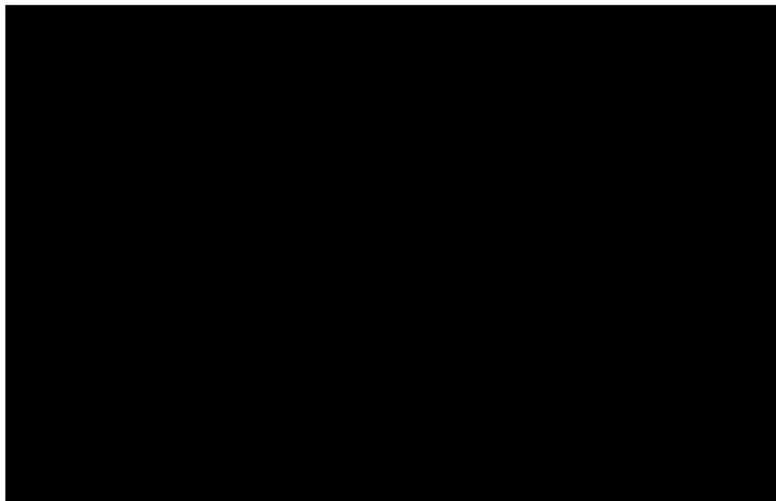
- I understand that, if approved, this application is good for one calendar year.
- I agree not to sell, lease, loan or deliver possession of the registration information, a copy or any portion thereof, to any person, organization or agency without receiving written authorization from the California Secretary of State.
- I understand that willful violation of these provisions is a misdemeanor. (CAEC §18109)
- I agree to pay the State of California, as compensation for any unauthorized use of each individual's registration information, an amount equal to \$0.50 multiplied by the number of times each registration record is used by the applicant in an unauthorized manner. (CA Admin Code Title 2, Div. 7, Article 1, §§19001 – 19007)
- I understand that I must disclose any data breach to the California Secretary of State in the most expedient time possible and without any unreasonable delay following discovery or notification of the breach.

**Applicant Signature:** \_\_\_\_\_

Please print and sign by hand.

**Date:** \_\_\_\_\_

OFFICE USE ONLY		
Deputy's Initials: <u>MDR</u>	<b>Method of Receipt</b>	<input checked="" type="radio"/> APPROVED  <input type="radio"/> DENIED
Date: <u>10/30/23</u>	<input type="radio"/> E-mail	
ID Check & Copied: <input checked="" type="checkbox"/>	<input type="radio"/> Mail / Courier	
Comments: _____	<input checked="" type="radio"/> OTC	
_____	<input type="radio"/> Fax	







**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS**

John Arntz, Director

**Application for Voter Registration Information**

SAN FRANCISCO  
FILED

2008 OCT 20 PM 3:20

DEPARTMENT OF ELECTIONS

Date Stamp

Voter registration information is confidential and may not be disclosed except as authorized by law. Voter registration information may be provided to a candidate for office, a ballot measure committee, or other persons for election, scholarly, journalistic, political, or governmental purposes as determined by the California Secretary of State. All requests for voter registration information must be accompanied by written application. (CAEC §§ 2188, 2194; CA Gov. Code § 6254.4)

**Permissible Uses**

To be granted authorization to access confidential information, your request must meet one of the following purposes. Separate applications are required for each intended use. Please select one:

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- POLITICAL PURPOSES:** Voter registration information must be made available to authorized individuals on behalf of vendors providing information to candidates, campaign committees, or political parties re: specific political issues.
- SCHOLARLY RESEARCH:** Voter registration information must be made available to students and professors conducting research regarding voting, registration patterns, trends, etc.
- JOURNALISTIC PURPOSES:** Voter registration information must be made available to members of the press.
- GOVERNMENTAL PURPOSES:** Voter registration information must be made available to applicable government agencies.

**Supporting Documents**

Along with your completed application, you must also submit the following:

- **Photo ID** (government-issued) of the requestor and / or the applicant
- **Written authorization** - on letterhead from the candidate or committee board member or on institutional letterhead from the requesting government agency, or educational institution on behalf of the requestor
- **Press Credentials** (if applying for Journalistic use)

**Applicant Information**

Name	Last <u>DUKE</u> First <u>OTTO</u> M.I. <u>J.</u>		
Government-issued Identification	Number [REDACTED] State <u>CA</u> Exp. Dat [REDACTED]		
Residential Address	Building Number & Street [REDACTED] City, State <u>SA SAN FRANCISCO, CA</u> Zip Code [REDACTED]		
Business Address	Building Number & Street [REDACTED] City, State [REDACTED] Zip Code [REDACTED]		
Contact	[REDACTED] Email: [REDACTED]		

## Applicant Organization

If this application is on behalf of an individual or organization, complete this section.

<b>Name</b>			
	Last	First	M.I.
<b>Government-issued Identification</b>			
	Number	State	Exp. Date
<b>Residential Address</b>			
	Building Number & Street	City, State	Zip Code
<b>Business Address</b>			
	Building Number & Street	City, State	Zip Code
<b>Contact</b>	(     )	Email:	

## Requested Information

Data will be provided in Text (.txt) and Excel (.xlsx) formats. Choose from the following options:

<input checked="" type="radio"/> Voter Registration	<b>Method of Delivery</b>	
<input type="radio"/> Vote-By-Mail (VBM) Ballot Returns <i>(Available starting 30 days prior to Election Day)</i>	<input checked="" type="radio"/> E-mail (no fee)	<input type="radio"/> USB drive (\$5.00 fee)
<input type="radio"/> Voter Registration & VBM Ballot Returns	<input type="radio"/> CD-ROM (\$0.75 fee)	<input type="radio"/> View on office terminal

### Statement of Intended Use

Describe your intended use of information. If you are a candidate or an authorized representative of a campaign or committee, or an individual requesting on behalf of an initiative or referendum for which legal publication has been made, please explain in detail.

To verify residents signatures in lieu petition for candidacy.

- I understand that, if approved, this application is good for one calendar year.
- I agree not to sell, lease, loan or deliver possession of the registration information, a copy or any portion thereof, to any person, organization or agency without receiving written authorization from the California Secretary of State.
- I understand that willful violation of these provisions is a misdemeanor. (CAEC §18109)
- I agree to pay the State of California, as compensation for any unauthorized use of each individual's registration information, an amount equal to \$0.50 multiplied by the number of times each registration record is used by the applicant in an unauthorized manner. (CA Admin Code Title 2, Div. 7, Article 1, §§19001 – 19007)
- I understand that I must disclose any data breach to the California Secretary of State in the most expedient time possible and without any unreasonable delay following discovery or notification of the breach.

**Applicant Signature:** \_\_\_\_\_

Please print and sign by hand.

**Date:** 10/20/2023

OFFICE USE ONLY		
Deputy's Initials: <u>MDYL</u>	<b>Method of Receipt</b>	<input checked="" type="radio"/> APPROVED  <input type="radio"/> DENIED
Date: <u>10/20/23</u>	<input checked="" type="radio"/> E-mail	
ID Check & Copied: <input checked="" type="checkbox"/>	<input type="radio"/> Mail / Courier	
Comments: _____	<input type="radio"/> OTC	
_____	<input type="radio"/> Fax	







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

Orto Duke, candidate for nomination for  
 (Name of Candidate)

Office: State Assembly

District/Office Number: D 17  
 (Complete only if applicable)

at the March 5, 2024, Presidential Primary Election.

Check ONE category only:

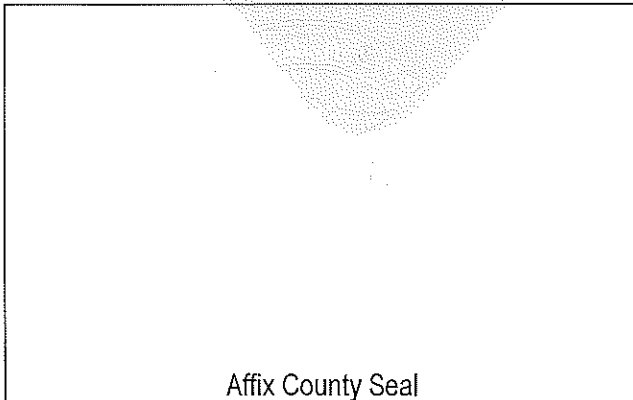
- Statement of valid in-lieu signatures [Complete (A) below]
- Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]
- Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on 11/3/23 contains 45 \* valid signatures.  
 (Date)

(B) The Nomination Paper filed on 11/3/23 contains 45 \* valid signatures.  
 (Date)

\* Provide the number that you are currently certifying.

Dated this 6th day of November, 2023  
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

Marian 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

Otto Duke

(Name of Candidate)

, candidate for nomination for

Office:

State Assembly

District/Office Number:

AD17

(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 11/06/23 contains 3 \* valid signatures.  
 (Date)

(B) The Nomination Paper filed on 11/06/23 contains 3 \* valid signatures.  
 (Date)

\* Provide the number that you are currently certifying.

Dated this 11/07/23 day of NOV, 2023.  
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

[Signature]

Deputy

San Francisco

County

Candidate Otto Duke  
California State Assembly 17th District  
FPPC #1463023  
3009 Mission Street, #210  
San Francisco, CA. 94110

November 13, 2023

Secretary of State  
political reform Division  
1500-11th Street, Room 495  
Sacramento, CA. 95814

Re: Filing Fee for California's Assembly District 17.

Dear Election Official:

Enclosed are two United States Postal Money Orders which total \$1,226.94 the required filing fee for California's Assembly District 17.

Thank you.

Respectfully,

A solid black rectangular box redacting the signature of Otto Duke.

---

Candidate Otto Duke,  
California Assembly District 17.  
FPPC 1463023



**UNITED STATES POSTAL SERVICE** **POSTAL MONEY ORDER**

Serial Number [Redacted] Year, Month, Day 9 Post Office U.S. Dollars and Cents \$1000.00  
 Amount One Thousand Dollars and 00/100 \*\*\*\*\*

Pay to **SECRETARY OF STATE** Clerk 9  
 Address 1500 - 11 STREET RM 495 From OTTO DUKE  
 SACRAMENTO CA 95814 Address 3009 MISSION ST. #210  
 Memo FILING FEE FPCL1463023 SAN FRANCISCO CA 94110

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

**UNITED STATES POSTAL SERVICE** **POSTAL MONEY ORDER**

Serial Number [Redacted] Year, Month, Day 9 Post Office U.S. Dollars and Cents \$226.94  
 Amount Two Hundred Twenty Six Dollars and 94/100 \*\*\*\*\*

Pay to **SECRETARY OF STATE** Clerk 9  
 Address 1500 - 11 STREET RM 495 From OTTO DUKE  
 SACRAMENTO CA 95814 Address 3009 MISSION ST. #210  
 Memo FILING FEE FPCL1463023 SAN FRANCISCO CA 94110

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

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

14-Nov-2023 2:58:41P  
 State Assembly Filing Fee  
 (Reimburse SOS) \$1,226.94

**Total** \$1,226.94  
**CHECK SALE** \$1,226.94

\*\*\* REPRINT \*\*\*

Clower Privacy Policy  
<https://clower.com/privacy>



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: MDR  
 Date Issued: 11/14/23

Filed in County of: \_\_\_\_\_

2023 NOV 25 PM 2:48  
 DEPARTMENT OF ELECTIONS

County Elections Official  
 By: MDR  
 Date Received: 11/16/23

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 State assembly district 17  
 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 Otto J Duke  
 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: Democrat

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:

Otto Duke  
 Print Your Name for Use on the Ballot

Cancer Resource CEO  
 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: "N/A" Apt. or Unit # "N/A"  
 City/State/Zip Code: "N/A"

Publish  → Residence Address (Required) [REDACTED] Apt. or Unit # [REDACTED]  
 City/State/Zip Code: San Francisco/CA/[REDACTED]

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

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

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 [Redacted Signature]

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)
Democratic	San Francisco	2013 - 2023
		-
		-
		-

\*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:

✓ Party Preference: Democrat

(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 16th day of November, 2023 X [Redacted Signature]

Signature of Candidate

Oath of Office

6

I, Otto Duke, 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 [Redacted Signature]

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 16th day of Nov., 2023 by

[Redacted Name], 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)

Examined and certified by me this 16th day of Nov., 2023 County Elections Official [Redacted Signature]





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: Otto Duke Gender (optional, for translation use only): M

Office: State Assembly District 17 Email: [REDACTED]

Home Address: [REDACTED]

Mailing Address: [REDACTED]

Business Address: "N/A"

Phone Number(s) Business: "N/A" 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): Cancer Resource CEO

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.



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 <sup>st</sup> PVO: CONTACT (415) 994-7435 FOR VERIFICATION OF EMPLOYMENT VISIT WWW.PROSTATECANCERRESOURCE.ORG COPIES OF PAYROLL CHECKS AVAILABLE			
	Current or most recent job title:	CHIEF EXECUTIVE OFFICER	Start/End Dates: 1/3/2023 - PRESENT	
	Employer Name or Business:	PROSTATE CANCER RESOURCE		
	Person who can verify this information:			
	Name:	DAVID JONES, PRESIDENT	Phone Number(s): (415) 994-7435	Email: CANCER-PROSTATE@YAHOO.COM
	Justification for use of 2 <sup>nd</sup> PVO: "N/A"			
	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"
	Justification for use of 3 <sup>rd</sup> PVO: "N/A"			
	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] 11/16/2023

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](http://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 1<sup>st</sup> PVO:

"N/A"

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"

Justification for use of 2<sup>nd</sup> PVO:

"N/A"

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"

Justification for use of 3<sup>rd</sup> PVO:

"N/A"

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"

Justification for  
Alternate Ballot  
Designation(s) 2

B

Justification for use of 1<sup>st</sup> PVO:

"N/A"

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"

Justification for use of 2<sup>nd</sup> PVO:

"N/A"

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"

Justification for use of 3<sup>rd</sup> PVO:

"N/A"

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"



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 4

*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 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: Otto Duke

Character-based Name: 八块布

Character-based Language: Chinese

Office: State Assembly District 17

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:*

Google Translate

Dated this 16<sup>th</sup> day of November, 2023

X

Signature of Candidate

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

SAN FRANCISCO  
 FILED  
 2023 NOV 16 PM 2:48  
 DEPARTMENT OF ELECTIONS





*For your reference, Elections Code section 13211.7 is reproduced below:*

(a) (1) In jurisdictions required to provide translated ballot materials pursuant to Section 203 of the federal Voting Rights Act of 1965 (52 U.S.C. Sec. 10503), as that section may be amended from time to time, any ballot that provides a translation of a candidate's name shall contain a phonetic transliteration of the candidate's name, except as provided in subdivision (b).

(2) This section applies only to character-based languages, including, but not limited to, Mandarin Chinese, Cantonese, Japanese, and Korean.

(3) If a candidate's name is to appear on the ballot in more than one jurisdiction in an election, all of those jurisdictions required to provide translated ballot materials pursuant to Section 203 of the federal Voting Rights Act of 1965 (52 U.S.C. Sec. 10503) shall use the same phonetic transliteration or character-based translation of the name.

(4) (A) In a jurisdiction in which separate ballots containing translations of the candidates' names are printed in different languages, both the alphabet-based names and the translations of the candidates' names, for candidates that have translated names, shall appear on the translated ballot.

(B) If a jurisdiction is unable to comply with subparagraph (A) due to limitations of its existing voting system, any new voting system purchased by the jurisdiction after July 1, 2020, shall be able to accommodate the requirements of subparagraph (A).

(b) If a candidate has a character-based name by birth, that can be verified by birth certificate or other valid identification, the candidate may use that name on the ballot instead of a phonetic transliteration. A candidate who does not have a character-based name by birth, but who identifies by a particular character-based name and can demonstrate to the local elections official that the candidate has been known and identified within the public sphere by that name over the past two years, may use that name instead of a phonetic transliteration.

**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)  
Duke Otto

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

State Assembly, District 17

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: \_\_\_\_\_

SAN FRANCISCO  
FILED  
7:23 NOV 5 6 PM 2:48  
DEPARTMENT OF ELECTIONS

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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.
- Candidate:** Date of Election March 05, 2024 and office sought, if different than Part 1: State Assembly District 17

**4. Schedule Summary (required)**

▶ Total number of pages including this cover page: \_\_\_\_\_

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[Redacted] San Francisco CA [Redacted]  
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 11-13-2023  
(month, day, year)

Signature [Redacted]  
(File the originally signed paper statement with your filing official.)

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only



Date of election if applicable: (Month, Day, Year)  
03/05/2023

Statement covers period from 07/01/2023 through 11/12/2023

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled Sponsored
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER  
1463023

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
OTTO DUKE FOR ASSEMBLY 2024

## Treasurer(s)

NAME OF TREASURER  
David Jones

MAILING ADDRESS  
[REDACTED]

CITY  
San Francisco

STATE  
CA

ZIP CODE  
94110

AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing

Executed on 11/13/2023 Date  
By [REDACTED] Signature of Treasurer or Assistant Treasurer  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent



**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Otto Duke for Assembly 2024

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
State Assembly District 17

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
SF CA

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 07/01/2023  
through 11/12/2023

Page 3 of 4

CALIFORNIA FORM **460**

I.D. NUMBER  
1463023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Otto duke for Assembly 2024

## Contributions Received

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3 \$ <u>100.00</u>	\$ <u>100.00</u>
2. Loans Received..... Schedule B, Line 3 <u>0</u>	
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$ <u>100.00</u>	\$ <u>100.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3 <u>0</u>	
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 \$ <u>100.00</u>	\$ <u>100.00</u>

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4 \$ <u>77.75</u>	\$ <u>77.75</u>
7. Loans Made..... Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 \$ <u>77.75</u>	\$ <u>77.75</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 \$ <u>77.75</u>	\$ <u>77.75</u>

## Expenditures Made

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance..... Previous Summary Page, Line 16 \$ <u>22.25</u>	
13. Cash Receipts..... Column A, Line 3 above <u>100.00</u>	
14. Miscellaneous Increases to Cash..... Schedule I, Line 4 <u>0</u>	
15. Cash Payments..... Column A, Line 8 above <u>77.75</u>	
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>100.00</u>	

## Current Cash Statement

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ <u>0</u>	
18. Cash Equivalents..... See instructions on reverse \$ <u>0</u>	
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ <u>0</u>	

## Cash Equivalents and Outstanding Debts

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
20. Contributions Received \$ <u>0</u>	\$ <u>100.00</u>
21. Expenditures Made \$ <u>0</u>	\$ <u>0</u>

1/1 through 6/30 7/1 to Date

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

03 / 05 / 2023 \$ 77.75

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2023  
through 11/12/2023

Page 4 of 4

NAME OF FILER

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/15/2023	David Jones [REDACTED] San Francisco, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Davy Jones Enterprise	\$100.00	\$100.00	03/05/2024
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$ 100.00</b>						

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 100.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ 100.00**

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee



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)  
Duke Otto

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly, District 17

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 \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2022, through December 31, 2022.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2022.  The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election March 05, 2024 and office sought, if different than Part 1: State Assembly District 17

4. Schedule Summary (required)

▶ Total number of pages including this cover page: \_\_\_\_\_

Schedules attached

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[Redacted] San Francisco CA [Redacted]  
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 11-13-2023  
(month, day, year)

Signature [Redacted]  
(File the originally signed paper statement with your filing official.)