

Matt Haney for Assembly 2024
FPPC # 1456530

312 Clay Street, Suite 300
Oakland, CA 94607

First Republic Bank



11/8/2023

PAY TO THE
ORDER OF Secretary of State

\$ 1,226.94

One Thousand Two Hundred Twenty Six and 94/100

DOLLARS

Secretary of State
Political Reform Division
1500 11th Street, #495
Sacramento, CA 95814



MEMO _____



AUTHORIZED SIGNATURE

Security Features. Details on back.



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: MATT HANEY Gender (optional, for translation use only): M

Office: ASSEMBLY MEMBER, AD17 Email: [REDACTED]

Home Address: [REDACTED]

Mailing Address: [REDACTED]

Business Address: [REDACTED]

Phone Number(s) Business: [REDACTED] Home/Mobile: [REDACTED] Fax: [REDACTED]

Attorney Information 2

Attorney Name (or other person authorized to act on your behalf): Amber Matthee

Address: [REDACTED]

Phone Number(s) Business: [REDACTED] Mobile: [REDACTED] Fax: [REDACTED]

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): Assembly member

Alternate Ballot Designation(s) 1: Incumbent

Alternate Ballot Designation(s) 2: NA

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.

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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 2

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: Elected to the California State Assembly on April 19, 2022 and reelected on Nov. 8, 2022		
	Current or most recent job title:	ASSEMBLY MEMBER	Start/End Dates: MAY 2022 - Present
	Employer Name or Business:	CA STATE ASSEMBLY	
	Person who can verify this information: CHIEF CLERK, CA STATE ASSEMBLY		
	Name:	Sue Parker	Phone Number(s): 916-319-2856 Email: sue.parker@asm.ca.gov
	Justification for use of 2 nd PVO: NA		
	Current or most recent job title:	NA	Start/End Dates: NA
	Employer Name or Business:	NA	
	Person who can verify this information:		
	Name:	NA	Phone Number(s): NA Email: NA
	Justification for use of 3 rd PVO: NA		
	Current or most recent job title:	NA	Start/End Dates: NA
Employer Name or Business:	NA		
Person who can verify this information:			
Name:	NA	Phone Number(s): NA Email: NA	

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 11/28/23

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: NA

Justification for
Alternate Ballot
Designation(s) 1

A

Justification for use of 1st PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 2nd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3rd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:

Justification for
Alternate Ballot
Designation(s) 2

B

Justification for use of 1st PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 2nd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3rd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:



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.



(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.



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

John Arntz, Director

**Official Filing Form
Candidate Statement of Qualifications**

CAEC §§ 13307-13308

This form is applicable for the State Assembly, State Senate, and Congressional contests only

Candidate Name Matt Haney
Office Sought State Assembly (AD 17)
Election Date March 5, 2024 Presidential Primary Election

2023 NOV 28 AM 11:45
Issued by: **RECEIVED** Date: 11/13/23

Please complete the following sections:

- I will NOT file a Candidate Statement of Qualifications
- I will file a Candidate Statement of Qualifications
- I will send an electronic copy of my statement in Word format to the Department at publications@sfgov.org no later than 5:00 p.m. of the next working day after the close of the nomination period.

Signature of Candidate [Redacted] Date 11/28/23

This statement will be reproduced exactly as written. You may not make changes or corrections after the statement has been submitted. Please type or print neatly. If handwritten information or a revision is unclear, Department staff will interpret the provided information to the best of their abilities. This interpretation is final.

Name as it will appear with statement: Matt Haney
My occupation is: State Assemblymember
My qualifications are:

← Keep Text Within the Vertical Lines. Word count starts here: →

In my nearly two years as your Assemblymember, I've kept my promise to tackle San Francisco's biggest challenges.

Some of my legislative highlights:

- Led the fight against fentanyl and expanded access to treatment and recovery with mobile pharmacies.
- Eliminated bureaucratic red tape to get desperately needed housing built now.
- Passed first in the nation legislation to protect patients from medication errors and increase staffing at chain pharmacies.
- Capped security deposits at one month of rent and lowered HOA fees to make housing more affordable and accessible.
- Increased paid sick days and raised the minimum wage for health care workers.
- Delivered more funding for schools, public transit, housing and health care.

Leadership:

- Serve as Majority Whip and previously as Assistant Majority Leader for Policy and Research.
- Chair of the Select Committee on Fentanyl, Opioid Addiction, and Overdose Prevention, finding innovative solutions to get fentanyl off our streets and expand access to treatment.
- Co-founded and Chair the first-ever California Legislative Renters' Caucus to advocate for pro-renter policies.

I'm proud to have a 100% score from Planned Parenthood Affiliates of California for consistently supporting pro-choice policies, and I received an 'A' rating from California Environmental Voters for always voting in favor of environmental justice and protections. I'm continuing my commitment to improving public safety, reducing street homelessness, ensuring our schools and transit systems are properly funded, and combating climate change.

Endorsed by:

- California Professional Firefighters
- California Nurses Association
- California Teachers Association
- California Environmental Voters
- Equality California
- SEIU California
- Planned Parenthood Northern California Action Fund

Learn more at MattHaney.com



VOTE Planned Parenthood Northern California,
a Project of Planned Parenthood Northern California Action Fund

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AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

Date: November 16, 2023

VOTE Planned Parenthood Northern California, a Project of Planned Parenthood Northern California Action Fund, endorses MATT HANEY on their candidate statement for the office of California State Assembly District 17 in the upcoming March 5, 2024 Presidential Primary Election.

By: CHRISTIAN GARCIA
(Printed name of authorized representative)

Signature: 
(Signature of authorized representative)

Title: VICE PRESIDENT OF GOVERNMENT RELATIONS AND COMMUNICATIONS
(Authorized officer of the organization)

P.O. Box 385 Concord, CA 94522

Paid for by VOTE Planned Parenthood, a Project of Planned Parenthood Northern California Action Fund.
VOTE Planned Parenthood, a Project of Planned Parenthood Northern California Action Fund is registered with the California Secretary of State and Federal Election Commission.

SEIU California



1029 K Street
Ground Floor
Sacramento, CA 95814
916.442.3838
Fax: 916.442.0976

3055 Wilshire Blvd.
Suite 1050
Los Angeles, CA 90010
213.368.7400
Fax: 213.381.7348

www.seiuca.org

AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

Date:

The **SEIU CALIFORNIA** endorses **MATT HANEY** on their candidate statement, for the office **California State Assembly, District 17** in the upcoming March 5, 2024 Presidential Primary Election.

By: Angela Tasakos
(Printed Name of authorized representative)

Signature: Angela Tasakos
(Signature of authorized representative)

Title: Director of Administration
(Authorized officer of the organization)

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AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

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Date: November 16, 2023

Equality California endorses **Matt Haney** on their candidate statement, for the office of **Assembly District 17** in the upcoming **March 5, 2024 Presidential Primary Election.**

By: Tom Temprano

Signature:

(Signature of authorized representative)

Title: Managing Director of External Affairs, Equality California

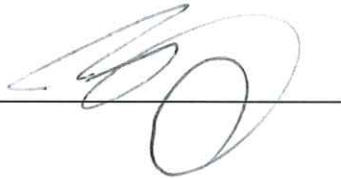
AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

Date:

The **CALIFORNIA ENVIRONMENTAL VOTES** endorses **MATT HANEY** on their candidate statement, for the office **California State Assembly, District 17** in the upcoming March 5, 2024 Presidential Primary Election.

By: Mike Young

Signature: _____

A handwritten signature in black ink, appearing to be 'Mike Young', written over a horizontal line.

Title: Sr. Political & Organizing Director

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AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

President

David B. Goldberg

Vice President

Leslie S. Littman

Secretary-Treasurer

Erika L. Jones

Board of Directors

- Gregory T. Abt
- Jesse Aguilar
- Joseph A. Bartell
- Greg Bonaccorsi
- Kisha S. Borden
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- Wendy L. Eccles
- Robert Ellis
- Margie Granado
- Shelly Y. Gupton
- Mel House
- Taunya M. Jaco
- Angela K. Normand
- Mike Patterson
- Eva Ruiz
- Grant Schuster
- DeWayne Sheaffer
- VanCedric Williams

Executive Director

Joe Boyd

November 16, 2023

The **CALIFORNIA TEACHERS ASSOCIATION** endorses **MATT HANEY** on their candidate statement, for the office **California State Assembly, District 17** in the upcoming March 5, 2024 Presidential Primary Election.

By:

David Goldberg

(Printed name of authorized representative)

Signature:

David Goldberg

(Signature of authorized representative)

Title:

President

(Authorized officer of the organization)

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California Nurses Association



National Nurses United

OUR PATIENTS. OUR UNION. OUR VOICE.

OAKLAND
155 Grand Avenue
Suite 100
Oakland CA 94612
phone: 800-287-5021
fax: 510-663-1625

SACRAMENTO
Government Relations
980 9th Street
Suite 700
Sacramento CA 95814
phone: 916-446-5019
fax: 916-446-3880

AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

Date: November 14, 2023

The CALIFORNIA NURSES ASSOCIATION endorses MATT HANEY on their candidate statement, for the office California State Assembly, District 17 in the upcoming March 5, 2024, Presidential Primary Election.

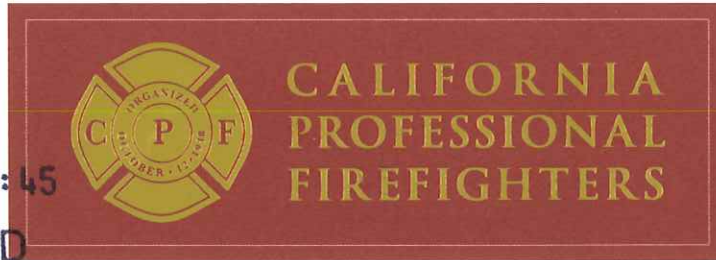
By: Sandra Reding
(Printed Name of authorized representative)

Signature: Sandra Reding
(Signature of authorized representative)

Title: President, California Nurses Association
(Authorized officer of the organization)

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2023 NOV 28 AM 11:45
RECEIVED



AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

Date:

The **CALIFORNIA PROFESSIONAL FIREFIGHTERS** endorses **MATT HANEY** on their candidate statement, for the office **California State Assembly, District 17** in the upcoming March 5, 2024 Presidential Primary Election.

By: Evan McLaughlin

(Printed Name of authorized representative)

Signature: 

(Signature of authorized representative)

Title: Political Director

(Authorized officer of the organization)





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: Matt Haney
 Character-based Name: 楊馳馬
 Character-based Language: Chinese
 Office: State Assembly

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:

see attached example of character-based name used in recent news article.

Dated this 28 day of November, 2022



Signature of Candidate

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

RECEIVED
 2023 NOV 28 AM 11:42
 SAN FRANCISCO
 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.

快訊 **付清學貸買第一棟房 紐約華女省錢有道**

網購星期一來了 折扣力度大

舊金山 / 金山焦點

傾聽民意 **楊馳馬**與華裔居民慶中秋

記者李怡 / 舊金山報導 2023-10-03 02:16 ET

- 
- 
- 
- 
- 



加州眾議員楊馳馬（右一）與華裔民眾一起慶中秋品月餅。（記者李怡 / 攝影）

代表舊金山田德隆區、華埠與南市場街區的加州眾議員楊馳馬（Matt Haney），2日在舊金山華埠與選區的華裔居民們舉行中秋餐敘。楊馳馬說：「今天跟大家一起慶祝中國傳統節日中秋佳節之時，也想表達感謝大家一直以來對我的支持，以及藉此機會傾聽華裔社區的聲音。」

當天約有30餘位華裔選民出席餐敘。楊馳馬說：「身為代表舊金山選區的加州眾議員，公共安全，尤其保護長者安全是我工作的優先考量。同時也在為低收入者、散屋居民、退休人群、長者住房，以及舊金山經濟的復甦等方面申請更多的州府資源。」

楊馳馬感謝去年他從市議員競選為州議員時，華埠社區給予的大力支持。長者爭取更：

世界新聞網為提供更佳的網站體驗，採cookies分析。如繼續瀏覽本網站即表示您同意更多cookies，隱私權聲明可參考我們的「[隱私權與條款](#)」 [more >](#)





楊馳馬表示，會將公共安全工作放在優先位。（記者李怡／攝影）

楊馳馬向本報表示，目前正在積極推進的，是關於加州夜市許可的AB441提案。這項議案將幫助加州各市的農夫市場和夜市獲得長達一年的經營許可證，取代現有每月和季度申請的限制。他說，夜市和農夫市場等定期社區活動，可以透過吸引人流量來振興社區和小商業。但加州公共衛生廳目前沒有為類似定期活動制訂合適的許可。社區活動組織者必須每隔幾個月填寫一份文件並付費，以申請特殊活動許可。如AB441法案通過，將為此類活動創建專用許可證，允許社區活動全年重複舉辦活動，無需重複的文書工作和費用。

Ad

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楊馳馬與沒能到場的長者進行電話交流。(記者李怡／攝影)

席間，多位華裔長者就他們關心的低收入群體、長者文化生活支持、無家可歸者以及社區安全等民生問題向楊馳馬提問。

楊馳馬表示，他正在積極推動將加州的醫療保健工作者和家庭護理員時薪增加至25元。為保護長者安全，他與地檢長辦公室密切合作，阻止街頭暴力犯罪。因仇恨犯罪多發生在公車系統，所以他推動增加投資，為公車等公共交通場所增加更多的警力，以保護華裔與長者們的人身和財產安全。

Ad

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楊馳馬（前右三）與其選區華裔居民在舊金山華埠慶中秋餐敘。（記者李怡／攝影）

來自華埠的黃桃菊婆婆說：「楊馳馬支持我們的社區，我們將會支持他。」

楊馳馬去年當選加州眾議員，離他下一個任期選舉還有三年。他表示，這次的聚會就是為表達感謝，傾聽社區聲音，制定更多有利於社區以及華埠的立法政策，受益於民。並期待未來與大家在一起慶祝更多節日。

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周禮樵（左一）是活動的中文翻譯和主持。（記者李怡／攝影）

加州 華裔 華埠

← 上一則
 助捍衛權利 多元性別群體：范士丹是長期盟友

下一則 →
 紐森簽署法案 加強保護租屋者

延伸閱讀



瞻仰范士丹遺容...舊金山周三開放市政廳、周四直播葬禮



罷工領失業救濟金法案 加州州長紐森否決

Ad

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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: M

Date Issued: 11/13/23

Filed in County of: _____

2023 NOV 28 AM 11:41

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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 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 MATT HANEY
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:

MATT HANEY
Print Your Name for Use on the Ballot

ASSEMBLYMEMBER
Print Ballot Designation Requested

Candidate initials box if NO ballot designation is preferred.

MH 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>.)

MH 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: SF CA _____

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

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

Telephone (Day): _____
Telephone (Evening): _____
Website: _____
Email: _____

IMPORTANT: Reverse Side of Page Must Be Completed

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):

ASSEMBLY MEMBER, AD 17

Qualifications

4

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.


Signature of Candidate

(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)
DEMOCRAT	SAN FRANCISCO	2013 - 2023
		-
		-
		-

Voter-Nominated Office Only Political Party History

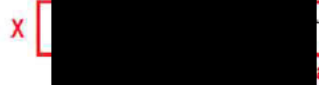
5

*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 28 day of NOVEMBER, 2023


Candidate

Oath of Office

6

I, MATT HANEY, 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, and faithfully discharge the duties upon which I am about to enter.


Signature of Candidate

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 28th day of Nov, 2023 by

Matt Haney, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public or Other Officer

7

(Notary Public Seal)

Signature of Notary Public (or other officer) 

Examined and certified by me this 28th day of Nov, 2023
County Elections Official MDR

WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any declaration of candidacy in the person's possession that is entitled to be filed under the provisions of the Elections Code. (Elections Code § 18202.)

**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)
Haney Matthew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

Assembly District 17

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____



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

- State
- Multi-County _____
- City of _____
- 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 3/5/24 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

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] Sacramento 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 11/28/23 Signature [Redacted] your filing official.)
(month, day, year)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Haney

▶ NAME OF SOURCE (Not an Acronym)

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 12 23	54.75	Event Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Equality California

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 22 23	70.92	Food & Beverage
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

California Democratic Party

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 29 23	72.83	Food & Beverage
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

CA Jewish Legislative Caucus Leadership Foundation

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 31 23	51.27	Dinner & Event Ticket
____/____/____	\$ _____	_____
6 15 23	184.90	Souvenir
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

California Life Sciences

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 1 23	60.21	Gift Bag
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

US Ireland Alliance

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 9 23	250.00	Event Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Matthew Haney

▶ NAME OF SOURCE (Not an Acronym)
Writers Guild of America West

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 5 / 23</u>	<u>250.00</u>	<u>Event Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Medical Association

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 18 / 23</u>	<u>168.46</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California State Council of Laborers

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 7 / 23</u>	<u>115.32</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kate Sanchez

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 14 / 23</u>	<u>55.00</u>	<u>Wine Bottle</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Speaker 2023 Inaugural Fund

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 29 / 23</u>	<u>109.86</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>6 / 30 / 23</u>	<u>141.74</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>6 / 30 / 23</u>	<u>85.94</u>	<u>Souvenir</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 23</u>	<u>80.93</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>1 / 12 / 23</u>	<u>66.63</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>4 / 18 / 23</u>	<u>66.14</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Haney

- 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.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>ideateLABS</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>CITY AND STATE <u>Studio City, CA</u> [REDACTED]</p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>3/31/23</u> - <u>4/1/23</u> AMT: \$ <u>2,865.85</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>travel, lodging & meals related to delegation trip</u></p> <p>▶ If Gift, Provide Travel Destination <u>Colombia</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Tides Advocacy/Smart Justice CA obo JK Irwin Fnd</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>CITY AND STATE <u>San Francisco, CA</u> [REDACTED]</p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>2/2/23</u> - <u>2/4/23</u> AMT: \$ <u>1,556.64</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>travel, lodging & meals related to policy summit</u></p> <p>▶ If Gift, Provide Travel Destination <u>San Diego, CA</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>California Life Sciences</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>CITY AND STATE <u>Sacramento, CA</u> [REDACTED]</p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>2/28/23</u> - ___/___/___ AMT: \$ <u>380.15</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>travel, lodging & meals related to policy summit</u></p> <p>▶ If Gift, Provide Travel Destination <u>Yountville, CA</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>California YIMBY Education Fund</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>CITY AND STATE <u>Sacramento, CA</u> [REDACTED]</p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>11/5/23</u> - <u>11/12/23</u> AMT: \$ <u>11,000</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>travel, lodging & meals related to policy summit</u></p> <p>▶ If Gift, Provide Travel Destination <u>London, England & Paris, France</u></p>

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

Name
Matthew Haney

- 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)
California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
San Francisco, CA [REDACTED]

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

DATE(S): 2/9/23 - 2/10/23 AMT: \$ 1,007.49
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description lodging and meals related to policy summit

▶ If Gift, Provide Travel Destination Napa, CA

▶ NAME OF SOURCE (Not an Acronym)
GiveDirectly, Inc.

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
New York, NY [REDACTED]

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

DATE(S): 8/3/23 - 8/12/23 AMT: \$ 667.12
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description travel and lodging related to delegation trip

▶ If Gift, Provide Travel Destination Kenya

▶ 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: _____

DEPARTMENT OF ELECTIONS

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

28-Nov-2023 11:34:42A

Transaction [REDACTED]
1 17th Assembly District \$1,572.00
Candidate: Matt Haney

Total Taxes \$0.00

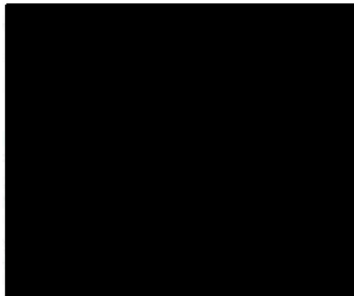
Total \$1,572.00

CREDIT CARD SALE \$1,572.00
AMEX 1006

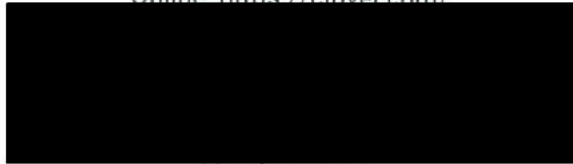


MATTHEW HANEY

I agree to pay the above amount per the
cardholder and/or merchant agreement



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



Merchant Copy

Clover ID [REDACTED]
Payment [REDACTED]

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

Matt Haney

(Name of Candidate)

, candidate for nomination for

Office: CA Assembly

District/Office Number: # 17

(Complete only if applicable)

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

Check ONE category only:

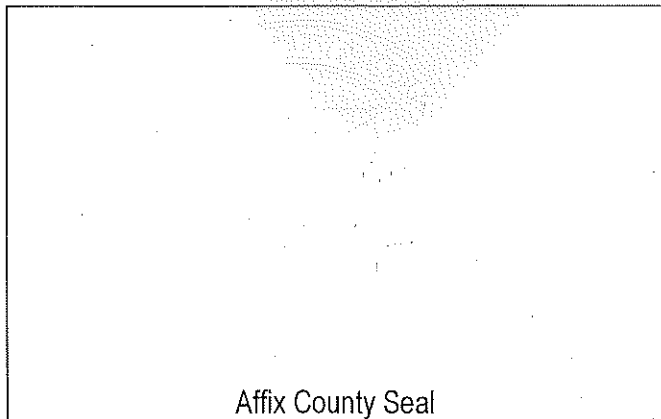
- Statement of valid in-lieu signatures [Complete (A) below]
- Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]
- Statement of valid nomination signatures [Complete (B) below]

(A) The Petition In Lieu of Filing Fee filed on _____ contains _____ * valid signatures.
 (Date)

(B) The Nomination Paper filed on Nov 28 2023 contains 42 * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 28th day of November, 2023
 (Month) (Year)



Affix County Seal

COUNTY ELECTIONS OFFICIAL

Holly Air
 Deputy

San Francisco
 County

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Haney Matthew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

Assembly District 17

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____



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

- State
- Multi-County _____
- City of _____
- 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 3/5/24 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 6

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 _____ Sacramento CA _____
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 _____ _____

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/1/23
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Matthew Haney

▶ NAME OF SOURCE (Not an Acronym)
California Tribal Business Alliance

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 20 23</u>	<u>54.75</u>	<u>Event Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CA Jewish Legislative Caucus Leadership Foundation

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 31 23</u>	<u>51.27</u>	<u>Dinner & Event Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u>6 15 23</u>	<u>184.90</u>	<u>Souvenir</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u>3 6 23</u>	<u>7.00</u>	<u>Cookies</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Equality California

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 22 23</u>	<u>70.92</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Life Sciences

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 1 23</u>	<u>60.21</u>	<u>Gift Bag</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 29 23</u>	<u>72.83</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
US Ireland Alliance

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 9 23</u>	<u>250.00</u>	<u>Event Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Matthew Haney

▶ NAME OF SOURCE (Not an Acronym)
Writers Guild of America West

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 20 23</u>	<u>250.00</u>	<u>Event Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Medical Association

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 18 23</u>	<u>168.46</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California State Council of Laborers

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 7 23</u>	<u>115.32</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kate Sanchez

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 14 23</u>	<u>55.00</u>	<u>Wine Bottle</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Speaker 2023 Inaugural Fund

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 29 23</u>	<u>109.86</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>6 30 23</u>	<u>141.74</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>6 30 23</u>	<u>85.94</u>	<u>Souvenir</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 11 23</u>	<u>80.93</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>1 12 23</u>	<u>66.63</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u>4 18 23</u>	<u>66.14</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

Name
Matthew Haney

▶ NAME OF SOURCE *(Not an Acronym)*
Rendon for Assembly 2022

ADDRESS *(Business Address Acceptable)*
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 20 23</u>	<u>104.88</u>	<u>Jacket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

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

Name
Matthew Haney

- 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)
ideateLABS

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
Studio City, CA [REDACTED]

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

DATE(S): 3/31/23 - 4/1/23 AMT: \$ 2,865.85
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description travel, lodging & meals related to delegation trip

▶ If Gift, Provide Travel Destination Colombia

▶ NAME OF SOURCE (Not an Acronym)
Tides Advocacy/Smart Justice CA obo JK Irwin Fnd

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
San Francisco, CA [REDACTED]

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

DATE(S): 2/2/23 - 2/4/23 AMT: \$ 1,556.64
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description travel, lodging & meals related to policy summit

▶ If Gift, Provide Travel Destination San Diego, CA

▶ NAME OF SOURCE (Not an Acronym)
California Life Sciences

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
Sacramento, CA [REDACTED]

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

DATE(S): 2/28/23 - ____/____/____ AMT: \$ 380.15
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description travel, lodging & meals related to policy summit

▶ If Gift, Provide Travel Destination Yountville, CA

▶ NAME OF SOURCE (Not an Acronym)
GiveDirectly, Inc.

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
New York, NY [REDACTED]

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

DATE(S): 8/3/23 - 8/12/23 AMT: \$ 667.12
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description travel and lodging related to delegation trip

▶ If Gift, Provide Travel Destination Kenya

Comments: _____

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

Name
Matthew Haney

- 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)
California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
[REDACTED]

CITY AND STATE
San Francisco, CA [REDACTED]

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

DATE(S): 2 9 23 - 2 10 23 AMT: \$ 1,007.49
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description lodging and meals related to policy summit

▶ If Gift, Provide Travel Destination Napa, CA

▶ 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: _____