

Manuel Noris-Barrera

San Francisco, CA

90-7162/3222

11 / 21 / 23
Date

Pay to the
Order of

SECRETARY OF STATE.

\$ 1,226.⁹⁴

One thousand two hundred & twenty six & ⁹⁴/₁₀₀ Dollars

Security Features Details on Back.

THANK YOU!

For STATE ASSEMBLY FILING FEE

MP



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
Manuel Nolas Barrera, candidate for nomination for
 (Name of Candidate)

Office: State Assembly AD 17

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

at the March 5, 2024, Presidential Primary Election.

Check ONE category only:

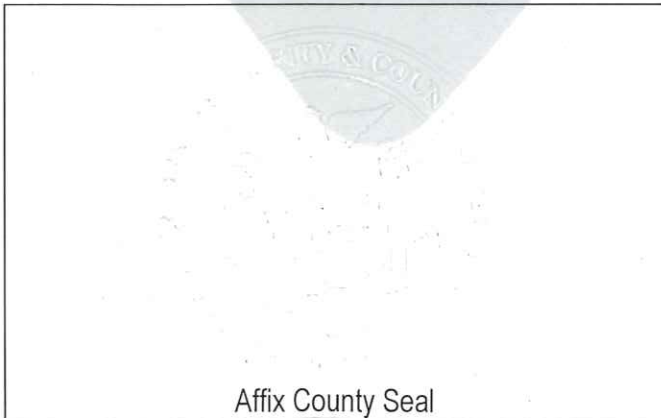
- Statement of valid in-lieu signatures [Complete (A) below]
- Statement of valid in-lieu signatures AND nomination signatures [Complete (A) & (B) below]
- Statement of valid nomination signatures [Complete (B) below]

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

(B) The Nomination Paper filed on 12/05/23 contains 22* valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 5th day of December, 2023
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL
[Signature]
 Deputy



County



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

John Arntz, Director
**SAN FRANCISCO
ELECTIONS**

**Official Filing Form
Candidate Statement of Qualifications**

CAEC §§ 13307-13308

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

2023 DEC -8 AM 9: 21

RECEIVED

Candidate Name MANUEL NORIS-BARRERA

Office Sought STATE ASSEMBLY DISTRICT 17

Election Date March 5, 2024 Presidential Primary Election

Issued by: _____

Date: ___/___/___

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: _____

Date 12/07/23

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: MANUEL NORIS-BARRERA

My occupation is: BUSINESS OWNER / REALTOR / FATHER

My qualifications are:

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

My Name is Manuel Noris-Barrera, and I am honored to announce my candidacy for the Assembly District 17 seat. Our district is facing significant challenges, and I am committed to tackling the issues that matter most to us: mental health, drug abuse, crime, homelessness, and unemployment.

I firmly believe that everything is intertwined, and solving one issue will create a domino effect to fix them. As your representative, I will work tirelessly to implement comprehensive strategies that address the root causes of these challenges, fostering a safer, healthier, and more prosperous future for San Francisco.

I am eager to leverage my diverse qualifications as a business owner, father, and realtor. Committed to utilizing every aspect of my experience and skills.

With a business background, I'll promote policies attracting new businesses, investing in job training, and stimulating economic growth it's vital for our prosperity.

As a father, I understand the importance of a safe and thriving community for our families.

As a realtor, I'll advocate for mental health funding, humanize homelessness, and streamline SF planning and zoning to make the process more efficient. By cutting red tape, I aim for swift solutions to our pressing housing needs

Not a career politician but a dedicated community member, I bring fresh perspectives and effective solutions.

If elected, I'll actively work to repeal Prop 47 and Prop 19, the "Death-Tax"

I'm not just asking for your vote; I'm seeking your partnership in building a safer, healthier, and more prosperous San Francisco.

Sincerely,

Manuel Noris-Barrera



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

Manuel Noris-Barrera, 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]

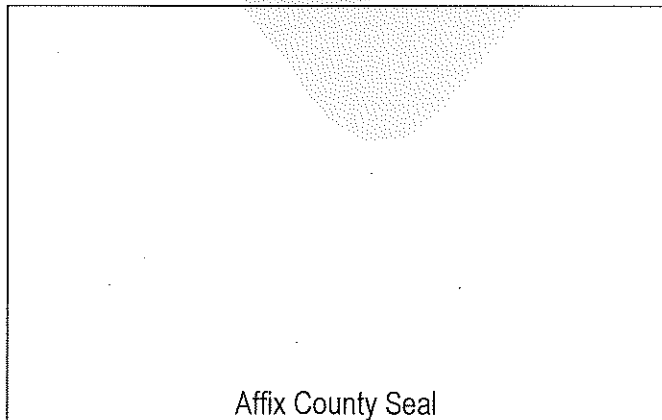
Statement of valid nomination signatures [Complete (B) below]

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

(B) The Nomination Paper filed on 12/7/23 contains 6 * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this 7th day of December, 2023
 (Month) (Year)



COUNTY ELECTIONS OFFICIAL

Matthew Selby
 Deputy

San Francisco
 County



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

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

Manuel Noris-Barrera

, 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 _____ contains _____ * valid signatures.
 (Date)

(B) The Nomination Paper filed on 12/7/23 contains 13 * valid signatures.
 (Date)

* Provide the number that you are currently certifying.

Dated this

7th

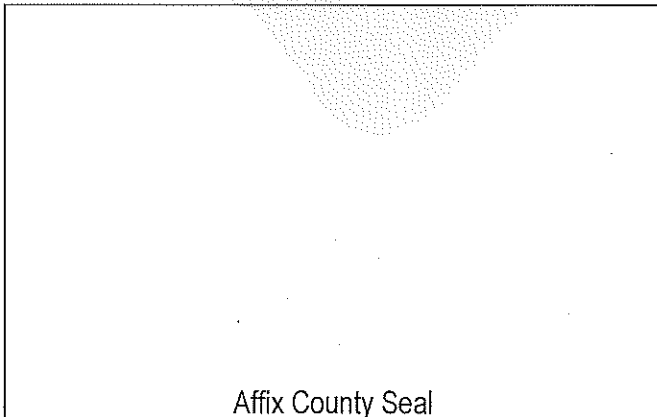
day of

December

(Month)

2023

(Year)



Affix County Seal

COUNTY ELECTIONS OFFICIAL

Matthew Selby

Deputy

San Francisco

County

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):

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.

X

[Redacted Signature]

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)
REPUBLICAN	SAN FRANCISCO	2013 - 2017 2017
NPR	SAN FRANCISCO	2017 - 2023
REPUBLICAN	SAN FRANCISCO	2013 - 2017
REPUBLICAN	SAN FRANCISCO	2023 - 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:

X Party Preference: REPUBLICAN

(Insert the name of the qualified political party as disclosed upon your affidavit of registration)

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

Dated this 8 day of DECEMBER, 2023 X

[Redacted Signature]

Signature of Candidate

I, MANUEL NORIS-BARRERA, 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.

Oath of Office

6

X

[Redacted Signature]

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 8th day of December, 2023, by Manuel Noris-Barrera approved 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)

[Redacted Signature]

Examined and certified by me this 7th day of December, 2023

County Elections Official [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: MANUEL NORIS-BARRERA Gender (optional, for translation use only): _____

Office: STATE ASSEMBLY DISTRICT 17 Email: _____

Home Address: _____

Mailing Address: _____

Business Address: _____

Phone Number(s) Business: _____ Home/Mobile: _____ Fax: _____

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): BUSINES-OWNER / REDTOR

Alternate Ballot Designation(s) 1: N/A

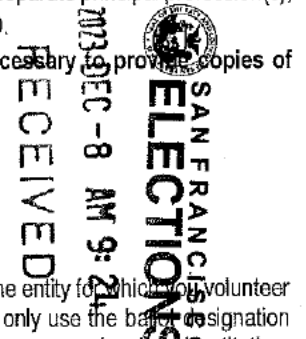
Alternate Ballot Designation(s) 2: N/A

In the spaces provided on the next page(s):

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/) separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation. (Note: It is not necessary to provide copies of **Certificates of Election if you are currently a seated member for a voter-nominated office**).
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. **Do not submit originals.**

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.





California Secretary of State
BALLOT DESIGNATION WORKSHEET

March 5, 2024, Presidential Primary Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)
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:	BUSINESS OWNER	
	Current or most recent job title:	OWNER	Start/End Dates: 05/05/2012
	Employer Name or Business:	LITTLE HEAVEN.	
	Person who can verify this information:	Name: MANUEL NORD. Phone Number(s): (415) 824-1293 Email: little.heaven.inc@gmail.com	
4	Justification for use of 2 nd PVO:	RESTOR.	
	Current or most recent job title:	RESTOR	Start/End Dates: 2021
	Employer Name or Business:	EXP REALTY. OF CALIFORNIA	
	Person who can verify this information:	Name: Debbie N. Phone Number(s): (888) 584-9427 Email: www.exprealty.com	
4	Justification for use of 3 rd PVO:	N/A.	
	Current or most recent job title:		Start/End Dates:
	Employer Name or Business:		
	Person who can verify this information:	Name: Phone Number(s): Email:	

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

- | | | |
|--|---|---------|
| 1) Use only a portion of the title of your current elected office? | <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] 12/08/23
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, Title 18, Section 101.2)

Page 3



SAN FRANCISCO
ELECTIC

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

2023 DEC 8 AM 9:24

Justification for
Alternate Ballot
Designation(s) 1

A

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

Justification for
Alternate Ballot
Designation(s) 2

B

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



California Secretary of State
BALLOT DESIGNATION WORKSHEET

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

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
 STATEWIDE CANDIDATE: CHARACTER-BASED NAME FORM
 (Elections Code § 13211.7)



2023 DEC -8 AM 9:24

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

1

Candidate Name: MANUEL NORIS-BARRERA RECEIVED

Character-based Name: _____

Character-based Language: _____

Office: STATE ASSEMBLY DISTRICT 17.

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:*

Character-
 based name
 Attach
 supporting
 documents

2

Dated this 8 day of DECEMBER, 2023

X

Signature of Candidate

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

李·明杰



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.

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 SAN FRANCISCO
ELECTIONS

2023 DEC -8 AM 9:24

RECEIVED

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
(File this cover page first)



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) **2023 DEC -8 AM 9:24**
NORIS-BARRERA MANUEL **RECEIVED**

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
STATE ASSEMBLY
Division, Board, Department, District, if applicable Your Position
DISTRICT 17 ASSEMBLY MEMBER

► 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.
- or- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 03/05/2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

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 12/07/2023 Signature [REDACTED]
(month, day, year) *(File the originally signed paper statement with your filing official.)*

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

*Investments must be itemized.
Do not attach brokerage or financial statements.*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY
AMERICAN MULTI-CINEMA

GENERAL DESCRIPTION OF THIS BUSINESS
ENTERTAINMENT

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

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

IF APPLICABLE, LIST DATE:
01 / 01 / 22 _____ / _____ / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FANNIE MAE

GENERAL DESCRIPTION OF THIS BUSINESS
MORTGAGES

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

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

IF APPLICABLE, LIST DATE:
01 / 01 / 22 _____ / _____ / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GAMESTOP

GENERAL DESCRIPTION OF THIS BUSINESS
ELECTRONICS

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

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

IF APPLICABLE, LIST DATE:
01 / 01 / 22 _____ / _____ / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
HYCROFT MINING HOLDING

GENERAL DESCRIPTION OF THIS BUSINESS
MINING

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

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

IF APPLICABLE, LIST DATE:
01 / 01 / 22 _____ / _____ / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MULLEN AUTOMOTIVE INC

GENERAL DESCRIPTION OF THIS BUSINESS
AUTOMOBILE MANUFACTURING

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

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

IF APPLICABLE, LIST DATE:
01 / 01 / 22 _____ / _____ / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SUNDIAL GROWERS

GENERAL DESCRIPTION OF THIS BUSINESS
CANNABIS PRODUCER

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

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

IF APPLICABLE, LIST DATE:
01 / 01 / 22 _____ / _____ / 22
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

NORIS ENTERPRISE INC.
 Name
 2348 MISSION ST. SAN FRANCISCO CA 94110
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
 FOOD & BEVERAGE INDUSTRY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 01 / 01 /22 01 / 01 /22
 \$2,000 - \$10,000
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT CORPORATION
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION OWNER

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

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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 22 / / 22
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

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

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 22 / / 22
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 22 / / 22
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

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

Comments: _____



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director
 SAN FRANCISCO

Application for Voter Registration Information

FILED
 2023 NOV 21 AM 8:37
 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	NORIS-BARRERA, MANUEL		
	Last	First	M.I.
Government-issued Identification			
	Number	State	Exp. Date
Residential Address	[REDACTED] SAN FRANCISCO CA, [REDACTED]		
	Building Number & Street	City, State	Zip Code
Business Address	[REDACTED] SAN FRANCISCO CA, [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.

Name			
	Last	First	M.I.
Government-issued Identification			
	Number	State	Exp. Date
Residential Address			
	Building Number & Street	City, State	Zip Code
Business Address			
	Building Number & Street	City, State	Zip Code
Contact	()		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	Method of Delivery	
<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 checked="" 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.

My intent it's to reach out to REPUBLICAN voters and potential supporters.

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: 11/21/23

OFFICE USE ONLY

Deputy's Initials: <u>MD/K</u>	Method of Receipt	<input checked="" type="radio"/> APPROVED <input type="radio"/> DENIED
Date: <u>11/21/23</u>		
ID Check & Copied: <u>✓</u>	<input type="radio"/> Mail / Courier	
Comments: _____	<input checked="" type="radio"/> OTC	
	<input type="radio"/> Fax	

