John Arntz, Director

March 5, 2024, Presidential Primary Election

Acknowledgements Related to:

- County Central Committee & County Council
- Nomination Petition
- Financial Disclosures

| SAN FRANCISCO FILED |
|-----------------------------|
| 2023 OCT 16 PM 2: 51 |
| DEPARTMENT OF ELECTIONS |
| Issued by: Date: Date: 0723 |

| Candidate's name and office sought: | Monika | Rothenbuhler | RCC | AD19 |
|-------------------------------------|--------|--------------|-------|---------|
| Candidate representat | | | | |
| Signature: | , | \ | Date: | 10-6-23 |

Please initial to acknowledge the following:

mpaign Finance:

- Local, state, and federal regulations require candidates and campaigns to disclose certain financial information, including campaign contributions and spending, and conflicts of interest.
- All campaign finance-related inquiries, including requirements and schedules, are to be directed to the San Francisco Ethics Commission or the California Fair Political Practices Commission.

Nomination Petition: September 29—December 6, 2023

- The Nomination Petition form is issued and must be returned during the nomination period above.
- A minimum of valid 20 signatures are required to be submitted prior to or at the time you file your Nomination documents.
- Signers must be registered in the party and district the candidate is running for office.

Petition Signatures and Form:

- Petitions are issued and must be returned as two-sided forms. A front page stapled to a back page will not be accepted.
- All petitions must be submitted in person by the candidate or the candidate's authorized representative. Faxed, emailed, or mailed petitions will not be accepted.
- All information, including the circulator's affidavit, must be completed by hand. Preprinted or typed information will invalidate signatures.
- Incomplete or inaccurate signer information should be crossed out, as it could affect a random sampling.
- Common reasons for invalidated signatures: missing home addresses; P.O. boxes or mailing addresses, rather than home addresses; signer is not a registered San Francisco voter.
- By law the review of nomination signatures is limited to viewing the documents only. Copies via any media device
 or distribution of copies containing voter signatures is not permitted. (CAEC §17100)



San Francisco County DECLARATION OF CANDIDACY

Member of County Central Committee or County Council

March 5, 2024, Presidential Primary Election (Elections Code §§ 20, 200, 7225, 7227, 7420, 7422, 7670, 7672, 7750, 7770, 7772, 7901, 7914, 8001, 8020, 8040, 8064, 13107.3) FILED

For County Elections Officials USE ONLY

SAN FRANCISCO County Elections Official By: Date Issued: 10 06 2023

Official Filing Form

DEPARTMENT OF ELECTIONS County Elections Official Ву: Date Received:

| - | County Elections Official | - |
|---|---------------------------|---|

Candidate Name, and Office

RCCL ADIG I hereby declare myself a candidate for the nomination/election to the office of to be voted for at the Presidential Primary Election to be held on March 5, 2024, and declare the following to be true:

My name is

Publish □ → Mailing Address:

Publish □ →Email:

Middle/Initial (optional)

Rothenbuhler

Apt. or Unit #

Ballot Information Name and ballot designation to appear on the ballot

2

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: Monika Rothenbuhler

Print Your Name for Use on the Ballot

Appointed Incumbent
Print Ballot Designation Requested

Candidate initials box if NO ballot designation is preferred.

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 San Francisco Department of Elections will publish your name and proposed ballot designation. You may also have a mailing address, residential address, email and/or phone number published on the election official's website.

! Please check the appropriate box or boxes to indicate the information you wish to be used for publishing purposes.

| | | City/State/Zip Code: | |
|--------------------------|---|---|----------------|
| | | Publish ☐ → Residence Address (Required): | Apt. or Unit # |
| | | City/State/Zip Code: | references |
| Addresses, Telephone, | 3 | Publish → Business Address: | Apt. or Unit # |
| Website and Email | | City/State/Zip Code: | |
| | | Publish → Telephone (Day): | |
| | | Publish ☐ →Telephone (Evening): | |
| | | Publish → Website | |

| Qualifications | 4 | I meet the statutory and constitutional qualifications for this office (including, but not limited to, citizenship an incumbent of the following public office (if any): C | |
|---|----------|--|--|
| Oath of Office | 5 | I, | at I will bear true faith and allegiance |
| Notary Public or Other Officer | 6 | A notary public or other officer completing this certificate verifies only the identity of the individual who this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Sun | |
| | | Examined and certified by me this day of | , 20 23 . |
| | | Certificate as to Candidate's Political Party Affiliation (Elections Code § 8001) | |
| State of Californ | n Fr | | |
| thereto, or for as lo registration, execut | ong as h | the time of presentation of this declaration and continuously for not less than three months immediately prior to or she has been eligible to vote in the state, the above-named candidate is shown by his or her affidavit of, to be affiliated with the political party the nomination of which he or she seeks, and (2) the istered as affiliated with any other political party within 12 months immediately prior to the filling of this declaration. Prior Registration: Dated on this | County Seal |
| Party F | referen | Dated on this day of, 2025. | 6 2 2 |

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 Name: | Monika | Rothe | n buhlerGender (| optional, for translat | tion use only): | F | | |
|---|-----------|---------|--|----------------------|---------------------|---------------------|------------------------|-----------------|------------------|-------|-------|
| | | | Office: RCC | L AD | 19 | Ema | | | | | |
| Candida | Candidate | 1 | Home Address: | | | | | | | | |
| miorina | LIOII | | Mailing Address: | | | | | | | | |
| | | Į. | Business Address Phone Number(s) Business: | | | | | | | | |
| | | | Dusiness. | | | | | | | | |
| | | | Attorney Name (or oth | ner person authorize | ed to act on your b | ehalf): | | | | | |
| Attorney | | 2 | Address: | | | | | | DER | 70 | (0 |
| | | | Phone Number(s) Business: | | | Mobile: | | Fax: | ART | 30 83 | Z |
| You ma | ay selec | et as y | our ballot designati | on one of the fol | llowing designa | ations: | | | THE T | 3- | E A |
| (a) (b) | | | principal profession(of the public office yo | | | | ree words, separat | ted by a slast | ("/")]. <u>m</u> | AW I | MOISO |
| (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) | | | | | | our current | | | | | |
| (e) | | | ncumbent" if you were | | ur current electiv | e public office and | seek election to th | e same office | | | |

Proposed Ballot Designation(s)

| Proposed Ballot Designation(s): | Appointed | Incumbent | |
|------------------------------------|-----------|-----------|--|
| Alternate Ballot Designation(s) 1: | * | | |
| Alternate Ballot Designation(s) 2: | | | |

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

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

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

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



If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.

| | 22 | Justification for use of 1st PVO: | 0111 |
|-----------------------------------|----------|---|---------------------------------|
| | | appointed to RCCC as a delegate by a vote by the | e REEC |
| | | Justification for use of 1= PVO: appointed to RCCC as a delegate by a vate by the in spring of 2021 | |
| | | 11/2/11/19 01 2-2 | |
| | | Current or most recent job title: taxi driver Start/End D | lates: March 2014-passit |
| | | Employer Name or Business: 5-elf | / |
| | | | |
| | | Person who can verify this information: (5)2 | -12 11 0 cmil |
| | | Name: Jacob Rothenbulk Phone Number(s): 993-135 Z Email: | Jalu Korthanbuhler 9 min |
| Justification for use of Proposed | | Justification for use of 2 nd PVO: | |
| Ballot | | i i | |
| Designation(s) | | | |
| If you are proposing | | | |
| alternate ballot | 4 | Current or most recent job title: Start/End D | ates: |
| designations, please provide | | Employer Name or Business: | |
| justification for | | Person who can verify this information: | |
| use of those on Page 3. | | Name: Phone Number(s): Email: | |
| r ago o. | | Justification for use of 3rd PVO: | |
| | | | |
| | | | |
| | | | |
| | | Current or most recent job title: Start/End D | ates: |
| | | Employer Name or Business: | |
| | | Person who can verify this information: | |
| | | | |
| | | Name: Phone Number(s): Email: | |
| D. (| i . i | # W 10 - 4 H - 4 H - 5 | |
| | | answer/initial the following questions. Does your proposed ballot designation: | |
| | | n of the title of your current elected office? idates: Use only the word "Incumbent" for an elective office to which you were appointed? | □Yes ☑ No Initi □Yes ☑ No Initi |
| | | ree total words for your principal professions, vocations, or occupations? | □Yes ☑ No Initi |
| | | ation of you, such as outstanding, leading, expert, virtuous, or eminent? | □Yes ☑∕No Initi |
| | | (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? | □Yes ☑ No Initi |
| Abbrevia | te the w | ord "retired? | □Yes ☑ No Init |
| Place the | | etired" after the words it modifies? Example: Accountant, retired | □Yes ☑ No Init |
| | | efix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation? | □Yes ⊡No Init |
| | | ired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher | □Yes □/No Initi |
| , | | a political party or political body? | □Yes □/No Init |
| | | religious, or ethnic group? | □Yes □No Init |
| 12) Refer to | • | ity prohibited by law? | □Yes □ No Init |
| | If t | he an | to be rejected. |
| v | | | 1. 62 |
| Х | | 10/ | ルルク |
| | | 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).



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2023 OCT 27 AM 11: 36

| Candidate Name and Office | 1 | Candidate Name: Monika Rothenbuhler Office: RCCC AD 19 |
|---------------------------------|---|---|
| Chinese Name | 2 | The names of candidates appear on the official ballot in traditional Chinese characters as well as in English. The Department of Elections can provide this transliteration or translation for candidates for local office, or the candidate may provide documentation of established use of a name in Chinese. The California Secretary of State provides Chinese transliterations for candidates running for state and federal offices. Check one box below and attach supporting documents if applicable: request that the Department of Elections, working with a qualified Chinese-language translator, provide a Chinese transliteration or translation of my name for all materials where it is legally required. I am providing documentation of established use of a particular Chinese transliteration or translation of my name for the Department to review. I understand that the Department's decision whether to accept a proposed transliteration or translation is final. Dated this |