John Arntz, Director

FILED

March 5, 2024, Presidential Primary Election

Acknowledgements Related to:

County Central Committee & County Council

Nomination Petition

Signatur

Financial Disclosures

ZOZ3 SEP 29 AM 11: 15
DEPARTHENT OF ELECTIONS

Date: 4/29/25

issued by: MDIL

Date: 9/29/23

Candidate's name and office sought:	Philip	Lovis	Win 9, Mer	a bev. Republic	an Countyle Herallovan
Candidate representation's name (if an		,		/ /	

Please initial to acknowledge the following:

Campaign 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)

John Arntz, Director

Application for Voter Registration Information

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 at 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)

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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:

Ø	<u>ELECTION PURPOSES:</u> 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.	
0	<u>POLITICAL PURPOSES:</u> 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.	
0	<u>SCHOLARLY RESEARCH:</u> Voter registration information must be made available to students and professors conducting research regarding voting, registration patterns, trends, etc.	
0	JOURNALISTIC PURPOSES: Voter registration information must be made available to members of the press.	
0	GOVERNMENTAL PURPOSES: Voter registration information must be made available to applicable government agen	cies.

Supporting Documents

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

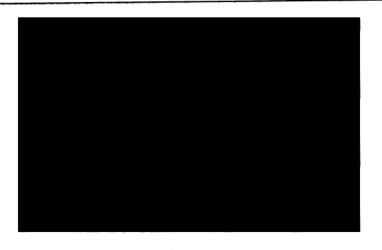
- Photo ID (government-issued) of the requestor and / or the applicant
- Written authorization on letterhead from the candidate or committee board member or on institutional letterhead from the requesting government agency, or educational institution on behalf of the requestor
- Press Credentials (if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

Applicant Information

Name	Wing	Philip	L.
	Last	First	M.I.
Government-issued		CA	12/15/24
Identification	Number	State	Exp. Date
Residential			
Address	Building Number & Street	City, State	Zip Code
Business Address	NA	MA	NA
	Building Number & Street	City, State	Zip Code
Contact		Email:	

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:	
equested Inform		Chases from the following autiency	8
Voter Registration	ext (.txt) and Excel (.xisx) lormat	s. Choose from the following options:	thod of Delivery
~ -	\ Pallet Peturns	ino	thou of Benvery
Vote-By-Mail (VBM (Available starting)	30 days prior to Election Day)	E-mail (no fee)	USB drive (\$5.00 fee)
Voter Registration	& VBM Ballot Returns	CD-ROM (\$0.75	fee) View on office terminal
	State	ment of Intended Use	
' /	Nomination Sig	н	* 1
Lunderstand that	at if approved this application is	good for one colondar year	
Shu	at, if approved, this application is g	on of the registration information, a cop	ny or any portion thereof to any
person organiz		written authorization from the California	
I understand the	at willful violation of these provision	ons is a misdemeanor. (CAEC §18109)	
an amount equa	al to \$0.50 multiplied by the numb	sation for any unauthorized use of each er of times each registration record is u	
17111	anner. (CA Admin Code Title 2, Div.		dha aan ah aan ah
without any ur	ALL MITOR GLOSIONO ONLI GOTO PROCOR	to the California Secretary of State in	the most expedient time possible and
. mateurany an			11/12/21
pplicant Signature			Date: 11/13/24
ease print and sign by har			
	V	OFFICE USE ONLY	Mathed of D
		Deputy's Initials:	Method of Receipt
		Date: 11/15	O E-mail O Mail / Courier
	*	ID Check & Copied:	OTC DENIED
		Comments:	O Fax
			I V FdX





San Francisco County **DECLARATION OF CANDIDACY**

Member of County Central Committee or County Council

Official Filing Form

March 5, 2024, Presidential Primary Election (Elections Code §§ 20, 200, 7225, 7227, 7420, 7422, 7670, 7672, 7750, 7770, 7772, 7901,

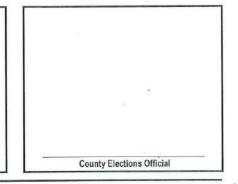
7914, 8001, 8020, 8040, 8064, 13107.3) SAN FRANCISCO

For County Elections Officials USE ONLY

Date Issued:

Filed in: SAN FRANCISCO DEPARTMENT OF ELECTIONS

> inty Elections Official Date Received:



Candidate Name, and Office

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 Middle/Initial (optional)

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:

Print Your Name for Use on the Ballot

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.

Addresses, Telephone, Website and Email

	Publish ☐ → Mailing Address:		
	City/State/Zip Co		•
	Publish ☐ → Residence Addre		·
	City/State/Zip Co		
3	Publish ☐ → Business Addres		
	City/State/Zip Co		
	Publish → Telephone (Day):		
	Publish → Telephone (Eveni		
	Publish → Website:		
	Publish ☐ →Email:		

Qualifications	4	I meet the statutory and constitutional qualifications for this office (including, but not limited to, citizenship and residency). I am at present an incumbent of the following public office (if any): 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 by the second the second date of the second date of the second date of the second date.
Oath of Office	5	I, Philip Lovis Wing, 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 menta reservation or purpose of everyone and that I will well and faithfully discharge the duties upon which I am about to enter.
Notary Public or Other Officer	6	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 Subscribed and sworn to (or affirmed) before me on this proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature of Notary Public (or other officer) Examined and certified by me this County Elections Official
thereto, or for as lo registration, execute candidate has not b	t (1) at thing as he	Certificate as to Candidate's Political Party Affiliation (Elections Code § 8001) ss. the time of presentation of this declaration and continuously for not less than three months immediately prior 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 tered as affiliated with any other political party within 12 months immediately prior to the filing of this declaration. Prior Registration: Dated on this County Elections Official County Elections Official

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: Philip L Republican County Office: Central County Home Address Mailing Addres Business Address: Phone Number(s) Business:	-DVis Wing Gender (ontional See ADIA) Em	for translation use only):	
Attorney Information	2	Attorney Name (or other person authorize Address:	ed to act on your behalf):		
700 - 2010 - 20 - 20 - 20 - 20 - 20 - 20		Phone Number(s) Business:	Mobile:	Fax:	9

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. D Z Proposed Ballot Designation(s): **Proposed Ballot** 3 Designation(s) Alternate Ballot Designation(s) 1: Alternate Ballot Designation(s) 2: SMOL In the spaces provided on the next page(s): 9
- - (a) Describe why you believe you are entitled to use the proposed ballot designation.
 - (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
 - (c) Attach any documents or exhibits that you believe support your proposed ballot designation. (Note: It is not necessary to provide copies of Certificates of Election if you are currently a seated member for a voter-nominated office).
 - (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
 - (e) Any supporting documents will not be returned to you. Do not submit originals.

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

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

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

		Justification for use of 1s	170.		
			NOVE		
		Current or most recent job	title:	Start/End Dates:	
		Employer Name or Busine	2SS:		
		Person who can verify th	nis information:		
	R	Name:	Phone Number(s):	Email:	
reation for f Proposed nation(s)		Justification for use of 2 ^r	nd PVO;		
ing te ballot	4	Current or most recent job	title:	Start/End Dates:	
ations, provide		Employer Name or Busines	ess:		
ation for those on		Person who can verify th	nis information:		
nose on		Name:	Phone Number(s):	Email:	
		Justification for use of 3	rd PVO:		
		Current or most recent job	title:	Start/End Dates:	
		Employer Name or Busines	ess:		
		Person who can verify th	nis information:		
		Name:	Phone Number(s):	Email:	

Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed? Use more than three total words for your principal professions, vocations, or occupations? Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? Pefer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? Abbreviate the word "retired? Place the word "retired" after the words it modifies? Example: Accountant, retired Use a word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation?	Init
4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? ☐Yes ☑No 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? ☐Yes ☑No 6) Abbreviate the word "retired? ☐Yes ☑No 7) Place the word "retired" after the words it modifies? Example: Accountant, retired ☐Yes ☑No	Init
5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? Cyes ☑ No Abbreviate the word "retired? Place the word "retired" after the words it modifies? Example: Accountant, retired □Yes ☑ No □Yes ☑ No	Init
6) Abbreviate the word "retired? 7) Place the word "retired" after the words it modifies? Example: Accountant, retired □Yes ☑ No	Init
7) Place the word "retired" after the words it modifies? Example: Accountant, retired	Init
	Init
8) Use a word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation or occupation?	Init
of ose a word of prefix (except fettied) such as former of ex- to fetel to a former profession, vocation, of occupation?	Init
9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher	Init
10) Use the name of a political party or political body? □Yes ☑/No	Init
11) Refer to a racial, religious, or ethnic group? □Yes ᅜNo	Init
12) Refer to any activity prohibited by law? □Yes ☑Yos ☑Yos ☑Yos ☑Yos ☑Yos ☑Yos ☑Yos ☑Yo	Init

x Deposed ballot designation is likely to be rejected.

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).

Candidate
Name and
Office

Candidate Name: Philip Louis Wing

雷亦封勞

Office: Member, Republican County Central Committee

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:

- I 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 13 day of Wovember, 20 23

2023 NOV 53 AM 10: 52

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