



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)

SAN FRANCISCO

For County
Elections
Officials USE
ONLY

Official Filing Form

2023 10 27 AM 10:47
DEPARTMENT OF ELECTIONS

SAN FRANCISCO ELECTIONS

County Elections Official
By: MS
Date Issued: 10/13/23

Filed In: _____

County Elections Official
By: _____
Date Received: _____

County Elections Official

Candidate
Name, and
Office

I hereby declare myself a candidate for the nomination/election to the office of DCCC Dept 17
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 CEDRIC G. AKBAR
First Middle/Initial (optional) Last

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:

CEDRIC G. AKBAR
Print Your Name for Use on the Ballot
COMMUNITY ADVOCATE
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.

1 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: _____ Apt. or Unit # _____

City/State/Zip Code: S. F. CA _____

Publish → Residence Address (Required): _____ Apt. or Unit # _____

City/State/Zip Code: S. F. CA _____

Publish → Business Address: _____ Apt. or Unit # _____

City/State/Zip Code: _____

Publish → Telephone (Day): _____

Publish → Telephone (Evening): _____

Publish → Website: _____

Publish → 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):

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

Oath of Office

5

I, CEDRIC G. AKBAR, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

X [Redacted Signature]

Signature of Candidate

Notary Public or Other Officer

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 San Francisco

Subscribed and sworn to (or affirmed) before me on this 17th day of October, 2023, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Notary Public Seal)

Signature of Notary Public (or other officer)

[Signature]

Examined and certified by me this 17 day of Oct, 2023.
County Elections Official [Signature]

Certificate as to Candidate's Political Party Affiliation (Elections Code § 8001)

State of California }
County of San Francisco } ss.

I hereby certify that (1) at the time of presentation of this declaration and continuously for not less than three months immediately prior thereto, or for as long as he or she has been eligible to vote in the state, the above-named candidate is shown by his or her affidavit of registration, executed on _____, to be affiliated with the political party the nomination of which he or she seeks, and (2) the candidate has not been registered as affiliated with any other political party within 12 months immediately prior to the filing of this declaration.

County Seal

Prior Registration:	
Party Preference	Timeframe
<u>Dem</u>	<u>11/9/2011-Present</u>
_____	_____

Dated on this 17 day of Oct, 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: CEDRIC G. AKBAR Gender (optional, for translation use only): MALE

Office: DCCC 17 Email: [REDACTED]

Home Address: [REDACTED]

Mailing Address: _____

Business Address: _____

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

Attorney Information 2

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

Address: _____

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

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): COMMUNITY ADVOCATE

Alternate Ballot Designation(s) 1: EXECUTIVE DIRECTOR OF POSITIVE DIRECTIONS

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.



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.

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Justification for use of 1 st PVO:		
Community Advocate		
Current or most recent job title:	Director of Forensics	Start/End Dates: 7/2014
Employer Name or Business:	Westside Community Service	
Person who can verify this information:		
Name:	Dr. Mary Ann Jones	Phone Number(s): 415 425 2626 Email: MAJONES@westside-health.org
Justification for use of 2 nd 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 3 rd 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:

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] 13 Oct '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).



San Francisco County
CHINESE NAME FORM
(SFMEC §401)

SAN FRANCISCO
FILED

2020 OCT 17 10:48

DEPARTMENT OF ELECTIONS

Candidate
Name and
Office

1

Candidate Name: CEDEK C. AKBAR

Office: DCCC District 17

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 13th day of October, 2023 X

[Redacted Signature]

Signature of Candidate

塞德里克·阿克巴

Sāi délǐ kè-ā kè bā

