

DEPARTMENT OF SAN FRANCISCO

SJohn Arntz, Director

Official Filing Forms - Mayor, Board of Supervisors

Please read the following carefully:

- You must file your declaration of candidacy on the same day as you file your declaration to accept or solicit campaign contributions. SF MEC § 201
- If you are a member of a City board, commission, or other body established by the San Francisco Charter, filing your declaration of candidacy may, with certain exceptions, result in forfeiture of your seat. S.F. Charter § 4.101.1

Issued by:	Date://_	
DEPARTMENT OF ELI	ECTIONS	
2024 JAH 16 PM	2: 36	

Declaration of Intention to Solicit or Accept Contributions For Local Office (CGCC § 1.122(a); SF MEC § 201)		
I, MATIHEW SUSK , hereby declare my int	tention to become a candidate for the office of	
BOARD OF SUPERVICORS DISCRICES Of San Francisco at the forthcoming	election to be held on 11 12 / 5 /2024 Month, day, year	
a	1/16/2024	
Candid	Date	
Declaration of Candidacy (CGCC § 1.122(a); CAEC §§ 13, 200, 8020, 8028(a), 8040, 8064; SF MEC § 201, 210)		
I hereby declare myself a candidate for election to the office of BoA2) or Supplement to be voted for at the General Election to be held on November 5, 2024, and I declare the following to be true: my legal name, as given at birth or as established by marriage, common usage, or habit in all my affairs, or by decree of any court of competent jurisdiction is:		
MATTHEW C SUSK Print first name M. I. Print last name		
Addresses	LN/ BRANKIS OCA QUING	
Home:	HN PRANCISCO CA 94109 State ZIP Code	
Mailing: Number and street City, 5	N PRANCISCO, CA 94109 ZIP Code	
Telephone Number: ; Email:]		
I declare under penalty of perjury under the laws of the State of California that	the foregoing is true and correct.	
Executed on	o, CA	

English (415) 554-4375 Fax (415) 554-7344 TTY (415) 554-4386 sfelections.org 1 Dr. Carlton B. Goodlett Place City Hall, Room 48, San Francisco, CA 94102 中文 (415) 554-4367 Español (415) 554-4366 Filipino (415) 554-4310



John Arntz, Director

Sworn Statement

 I meet the statutory and/or constitution 	onal requirements for this office inc	cluding, but not limited to,	citizenship and residency.
I understand that I may withdraw no	later than 126 days before the elec	ction.	
I am at present the incumbent of the	following public office (if any):		
Ca	Date	116	, 2024.
Oath of Office			
n, MATHEW SUSK of the United States and the Constitution true faith and allegiance to the Constitution this obligation freely, without any ment duties upon which I am about to enter.	ion of the State of California agains aution of the United States and the 0 tal reservation or purpose	st all enemies, foreign and Constitution of the State o	d domestic; that I will bear of California; that I take
State of California County of San Francisco □SS.			
Subscribed and sworn to before me or	n this <u>/6th</u> day of	January	, 2024.
		Marth	
		Notery Public (or other official	al)
Examined and certified by Mary Deputy	Wen this 16th	day of Jan	, 2024.
For Department of Elections Use: 5/	123/2016		
Date of original registration:	Mw . Date of re-registration:	10/31/2023	
English (415) 554-4375	sfelections.org		中文 (415) 554-4367

English (415) 554-4375 Fax (415) 554-7344 TTY (415) 554-4386

1 Dr. Carlton B. Goodlett Place City Hall, Room 48, San Francisco, CA 94102 中文 (415) 554-4367 Español (415) 554-4366 Filipino (415) 554-4310



DEPARTMENT OF SAN FRANCISCO

SA John Arntz, Director

Official	Filing Form
Permiss	sion to Post Personal Information on the Internet
(CAGC §	7928.205)

- No state or local agency shall post the home address or telephone number of any elected or appointed official on the Internet without first obtaining the written permission of that individual.
- For purposes of this section, "elected or appointed official" includes, but is not limited to, all of the following: state constitutional officers; members of the legislature; judges and court commissioners; district attorneys; public defenders; members of a city council; members of a board of supervisors; appointees of the governor; appointees of the legislature; mayors; city attorneys; police chiefs and sheriffs; a public safety official, as defined in section 7920.500; state administrative law judges; federal judges and federal defenders; members of the United States Congress and appointees of the President.

	Official Filing Form				
02	4 JUN 10 PM 2: 41				
P	TRY MENT OF ELECTIONS				
r					
	County Elections Official				
	Ву:				
	Date Issued:				

		In accordance with California Government Code section 7928.205, I hereby: (please check one)
		grant permission to post information on the internet
		deny permission to post information on the internet
		to the San Francisco Department of Elections on sfelections.org for the
Permissions	1	Month, day, year
		If you demonstrated an interest will appear on the qualified candidate list posted on sfelections.org.
		6/9/2024
		Candidate's signature Date

		Complete these fields only if you gra Information to be posted (please print):	
Candidate Information	2	Candidate name: Office Sought: Address (physical or mailing): Phone Number:	MATHEW SUSK BOARD OF SUPERVISORS D3
		Email address:	
		Website:	VOTESUSK. LOM
		Fax:	
		Email address: Website:	VOTESUSK.COM

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received COVER PAGE

2024 JUN 10 PH 2: 41

A PUBLIC DOCUMENT Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	MODIO TARA MENT OF ELECTION		
Susk	Matthew	Carlton		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms Board of Supervisors	5)			
Division, Board, Department, District,	if applicable	Your Position		
District 3		Candidate		
▶ If filing for multiple positions, list b	elow or on an attachment. (Do no	ot use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Chec	k at least one box)			
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 		
Multi-County		County of San Francisco		
Con Francisco		Other		
3. Type of Statement (Check at	t least one box)			
Annual: The period covered is December 31, 2023.	January 1, 2023, through	Leaving Office: Date Left//(Check one circle.)		
The period covered is . December 31, 2023.	, throu	igh		
Assuming Office: Date assume	ed/	The period covered is/, through the date of leaving office.		
Candidate: Date of Election 11	/5/2024 and office so	ought, if different than Part 1:		
4. Schedule Summary (require	red) ► Total num	ber of pages including this cover page: 8		
Schedules attached				
Schedule A-1 - Investments -	- schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments -	40 15 16 170 170 170	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 (Business or Agency Address Recommended -	Public Documenti	Y STATE ZIP CODE		
(business of rigericy redress recommended		n Francisco CA 94108		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligence in herein and in any attached schedules		reviewed this statement and to the best of my knowledge the information contained adge this is a public document.		
I certify under penalty of perjury un	nder the laws of the State of Cal	lifornia that the forego		
Date Signed (/ / / / / / / / / / / / / / / / / /	0/24	Signature		

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

Investments must be itemized.

CALIFORNIA FORM 70	
FAIR POLITICAL PRACTICES COMMISSI	ON.
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pfizer	Target
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Heathcare	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
8 \$2,000 - \$10,000	3 \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY Prologis	► NAME OF BUSINESS ENTITY Texas instruments
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$100,000 \ \$100,000 \ \$100,000 \ \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000
	truest to the state of the stat
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Lockheed Martin	Sysco
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrials	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
3 \$2,000 - \$10,000	8 \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•
Comments:	

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

Investments must be itemized.

CALIFORNIA FORM 7	10
FAIR POLITICAL PRACTICES COMMIS	SION
Name	

▶	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Morgan Stanley	Blackrock
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Financials	Financials
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
—	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Pepsi	Fastenal
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Retail	Industrials
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	, ,	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
₩	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Abbot	Cisco
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Heathcare	Technology
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	■ \$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	·	-
Co	omments:	

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

Investments must be itemized.

california form 700	l
FAIR POLITICAL PRACTICES COMMISSION	I
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Eli Lilly	Chevron
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY United Healthcare	 NAME OF BUSINESS ENTITY Honeywell
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	l .
Heathcare	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
8 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Motorola	McDonalds
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
8 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•
Cammanto	

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

Investments must be itemized.

california form 70	0
FAIR POLITICAL PRACTICES COMMIS	SION
Name	

NAME OF DUOISEOU CREEKY	A MANE OF DUOLSEGO ENTITY
NAME OF BUSINESS ENTITY Broadcom	► NAME OF BUSINESS ENTITY Eaton
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
lechnology	Industrials
FAIR MARKET VALUE	FAIR MARKET VALUE
\$10,000 - \$10,000 \$10,000 - \$1,000,000 \$100,000 \$1,000,000	\$10,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$1000
tomasi · · · · · · · · · · · · · · · · · · ·	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY Merck	► NAME OF BUSINESS ENTITY EXXON
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
3 \$2,000 - \$10,000	8 \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbvie	Bank of America
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Heathcare	Financials
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <u>\$10,001 - \$100,000</u>	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
VOMOTIVED DIOLOGED	ACQUIRED DISPOSED
Comments:	

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

Investments must be itemized.

CALIFORNIA FORM 7	00
FAIR POLITICAL PRACTICES COMM	SSION
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple	Microsoft
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 <u>\$10,001 - \$100,000</u>
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stack Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY Google	► NAME OF BUSINESS ENTITY Visa
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
8 \$2,000 - \$10,000 \$10,001 - \$100,000	8 \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Mastercard	Invitation Homes
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Finance	Real Estate
FAIR MARKET VALUE	FAIR MARKET VALUE
\$ 2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments	

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

Investments must be itemized.

CALI	FORN	IA FOF	RM 7	M	7
FAIR P	OLITICAL	PRACTIC	ES COM	MISSI	ON

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
US Bancorp	Yum Brands
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Finacials	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 S10,001 - \$160,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY Nike	► NAME OF BUSINESS ENTITY Intuit
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$10,001 - \$10,000 \$10,000 \$10,000	\$10,001 - \$100,000 S10,000 Over \$1,000,000
Tentre -	Named Samuel
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF AFFEIGABLE, LIST DATE.	IF AFFEIGABLE, LIST DATE.
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amergen	IVANIE OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	
FAIR MARKET VALUE	FAIR MARKET VALUE
8 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70	00
FAIR POLITICAL PRACTICES COMMIS	SION
Name	

- 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Divvy Homes	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
300 Montgomery St	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Strategy and Operations	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other (Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
ADDITES (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOSINESS ACTIVITY, IF ANY, OF LENDER	Land
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
S500 - \$1,000	City
S1,001 - \$10,000	Guarantor
S10,001 - \$100,000	[Guaranion
OVER \$100,000	Other
	(Describe)
Comments:	

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.

MATHEW SUSK Candidate Name: OF SUPERVISORS D3 Email: MATT Q VOTE SUSK, COM Home Address: Candidate Information SE 94109 Mailing Address: Business Address: Phone Number(s) Home/Mobile Business: Attorney or Attorney Name (or other person authorized to act on your behalf): Other Authorized 2 Address: Person Phone Number(s) N/A Information NIA NIA Business: 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) Proposed Ballot Designation(s): BUSINESSMAN SAFETY DIRECTOR

Alternate Ballot Designation(s) 1: BUSINESSMAN

Alternate Ballot Designation(s) 2:

If your proposed ballot designation is pursuant to Elections Code § 13107(a)(3):

The professions, vocations or occupations relied upon to support my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. **Initial**

Translation of Proposed Designation: Gender specific translations will default to the masculine form for uniformity in translation unless you specify otherwise: () Masculine () Feminine

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

3

- (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 Proposed Ballot Designation(s) If you are proposing alternate ballot designations, please provide justification for use of those on Page 3.	4	Current or most recent job title: SHEMPloyer Name or Business: Derson who can verify this informable. Justification for use of 2nd PVO: AM THE NET GROES BOX Current or most recent job title: S	Phone Number(s): 873 600 SAFETY DIRECTOR LD OF DIRECTORS. SAFETY DIRECTOR SAFETY DIRECTOR SAFETY DIRECTOR SAFETY DIRECTOR	Start Date: By O 0094 Email: FOR PUSS Start Date: //	100 MANY MOUSTRIES 121 End Date: 11] 23 Support Qdivy. com
	S	Current or most recent job title:		Start Date:	End Date:
	- 15	Employer Name or Business:			
		Person who can verify this inform	nation:		
		Name:	Phone Number(s):	Email:	
1) Use only 2) Non-judic 3) Use more 4) Suggest 2 5) Refer to 2 6) Abbreviat 7) Place the 8) Use a wo 9) Use the w 10) Use the n 11) Refer to 2	a portion ial candidate than threan evaluate status () te the word "redired or prefered or prefered or area of a racial, refered or area of a racial, refered or area.	of the title of your current elected off dates: Use only the word "Incumbent' ee total words for your principal profe at the control of you, such as outstanding, lear Veteran, Activist, Founder, Scholar), rd "retired? stired" after the words it modifies? Examinating the words after the words as "former" red" along with a current profession, a political party or political body? eligious, or ethnic group? ty prohibited by law?	"for an elective office to which you were apportunessions, vocations, or occupations? ading, expert, virtuous, or eminent? rather than a profession, vocation, or occupation.	itions? tion, or occupation? irefighter/Teacher	Yes No Initia
х					6/10/2024

Date Signed: Month/Day/Year



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Chair: Matt Susk ☑ safety@rhnsf.org

The Chair shall promote the safety of the neighborhood and its residents by acting as a liaison with the City's Police Department (specifically the Central and Northern Districts) and Fire Department. The Chair shall promote the organizing of the blocks within Russian Hill Neighbors' territory; encourage Russian Hill residents to participate in emergency preparedness training which the chair shall also coordinate; and work with the Safety Committee to develop an overall Disaster Plan for the Russian Hill area.



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

John Arntz, Director

(CAEC §§ 13104, 13106-13107, 13211.7; SF MEC §§ 205, 225, 401)

Official Filing Form County Elections Official Date Issued:

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)

Ballot Information Name and ballot designation to

appear on the ballot

1

I request my name and ballot designation to appear on the ballot as follows:

M ATHEW SUSK
Print Your Name for Use on the Ballot

Candidate initials box if NO ballot designation is preferred.

BUSINESSMAN / SAFETY DIRECTOR

Print Ballot Designation Requested



may provide documentation of established use of a name in Chinese.

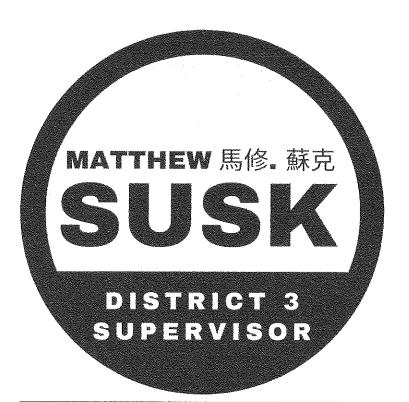
If a candidate has a character-based name by birth, that can be verified by birth certificate or other valid identification, the candidate may use that name on the ballot instead of a phonetic transliteration. A candidate who does not have a character-based name by birth, but who identifies by a particular character-based name and can demonstrate that the they have 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.

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

Name in Chinese Characters

Check one option (provide supporting documentation):

- ☐ 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.
- I have a character-based name by birth and am providing supporting documentation of this name.



MATTHEW 馬修. 蘇克 SUSK

FOR D3 SUPERVISOR



D	E	PARTMENT OF ELECTIONS	John Arntz, Director		
Candidate Sta	Official Filing Form				
(CAEC §§ 133			La San Carlot		
November 5, 2	202	4, General Election 2024 JUH	10 PM 2: 41		
		DEPARTH	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Candidate Nar	ne:	MATHEW SUSK	County Elections Official By:		
Office Sought:	7	BOARD OF SUPERVISORS D3	Date Issued:		
		Please complete the following sections:			
		☐ I will NOT file a Candidate Statement of Qualifications			
	1	☐ I will file a Candidate Statement of Qualifications			
		will send an electronic copy of my statement in Word format to t			
		no later than 5:00 p.m. of the next working day after the close of Signature of Candidate:	Date 6110/24		
	2	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: MATHEW SUSK	Taken to threat		
	3	My occupation is: BUSINESSMAN / SAFETY DIR	ECTOR		
		My qualifications are:			
←	_	Keep Text Within the Vertical Lines. Word count star	ts here:		
			. "		
N d	latt eca	thew Susk is a third-generation San Franciscan. He has worked in the	e private sector for the past		

Hill with his wife. Susk is deeply rooted in the community he hopes to represent, is focused on revitalizing San Francisco, and will ensure District 3 is a vibrant, inclusive, and thriving part of the city for generations to come.

Susk's campaign is built on three key promises: safe streets (fully fund SFPD), thriving businesses (cut small business fees), and government accountability (quantifiable success metrics).

With a decade of experience in the private sector Susk has demonstrated his business acumen by advising government pension plans, founding a successful laundry business, and helping thousands of renters become homeowners through a real estate startup. His diverse professional background equips him with a well-rounded perspective on economic development and community needs.

Susk's educational background includes a BA from St. Lawrence University and an MBA from Georgetown University. These achievements, combined with his hands-on business experience, have prepared him for the Board of Supervisors.

Matthew Susk will use his unique skill set and deep personal connection to make a lasting and positive impact on District 3 and San Francisco.

John Arntz, Director

General Instructions - Candidate Statement

1. Submission Deadline

Candidate statement must be submitted to the Department of Elections no later than 5 p.m., Tuesday, June 11, 2024. If a Candidate does not file a Candidate Statement with the Department of Elections by that time, the candidate's statement will not appear in the Voter Information Pamphlet. On Wednesday, June 12, 2024, the Department of Elections will allow Candidates to review and correct typeset Statements.

Candidates are strongly encouraged to submit an electronic copy with the signed and dated hard copy of their statement (Microsoft Word format preferred). Where a discrepancy exists between the hard copy and electronic copy, the hard copy will be relied upon for all purposes.

The statements filed shall remain confidential until the expiration of the filing deadline. (CAEC §13311)

2. Statements are printed as submitted, no changes or corrections after the filing deadline

Type or print your statement neatly. Proofread your statement carefully before submitting it. Statements will be printed as submitted. You may not make changes or corrections after the deadline for filing. Errors in spelling, punctuation, grammar, or intent will not be corrected by any official agency.

Nothing in this section shall be deemed to make any statement or the authors thereof free from any civil or criminal action or penalty because of any false, slanderous, or libelous statement offered for printing or contained in the Voter Information Pamphlet.

Any candidate who knowingly makes a false statement of a material fact in a Candidate's Statement, with the intent to mislead the voters in connection with their campaign for nomination or election to a nonpartisan office, is punishable by a fine not to exceed one thousand dollars (\$1,000).

General Instructions

4 3. Word Count (CAEC §§9, 13307)

- i. Candidate statement is limited to a maximum of 200 words
- ii. The 200-word count begins after the preprinted introduction: "My qualifications are:"
- iii. "San Francisco" and other proper nouns count as one word. Each name, including middle initial, will count as a word.
- iv. If you include the names of nominators or supporters, the names and any identification will be counted towards the 200-word limit. If you include names of people for whom you have not submitted a Nomination Paper, you must include letters of endorsement from these individuals with original signatures.
- v. The statement of each candidate will be printed in type of uniform size and darkness, and with uniform spacing. Bold, italic, and underlined text will not be used.

4. Restrictions (CAEC §13307, 18351) Your statement shall not include any of the following:

- i. Your party affiliation
- ii. Membership activity in partisan political organizations
- iii. Reference to other candidates for office or to another your qualifications

5. Candidate Statement Review Period

- i. On Wednesday, June 12, 2024, Candidates will be permitted to review and correct typeset statements.
- ii. Beginning noon on Wednesday, June 12, 2024, the public may review submitted candidate statements. This period ends Monday, June 24, 2024 at noon.