



# CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF ELECTIONS

John 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

SAN FRANCISCO  
FILED  
2024 APR 15 PM 3:16  
DEPARTMENT OF ELECTIONS

Issued by: MDR Date: 04/15/24

## Declaration of Intention to Solicit or Accept Contributions For Local Office

(CGCC § 1.122(a); SF MEC § 201)

I, HENRY I. FLYNN III, hereby declare my intention to become a candidate for the office of MAYOR of San Francisco at the forthcoming election to be held on 11/5/2024.

Print name of candidate Print name of office sought Month, day, year

[REDACTED] 4/15/2024

Candidate 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 MAYOR 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:

HENRY I FLYNN III

Print first name M. I. Print last name

### Addresses

Home: [REDACTED] SF, CA 94108

Number and street City, State ZIP Code

Mailing: [REDACTED] [REDACTED] [REDACTED]

Number and street City, State ZIP Code

Telephone Number: [REDACTED] Fax: [REDACTED]; Email: [REDACTED]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/15, 2024, in SAN FRANCISCO, CA

Date City, State



Sworn Statement

- I meet the statutory and/or constitutional requirements for this office including, but not limited to, citizenship and residency.
- I understand that I may withdraw no later than 126 days before the election.
- I am at present the incumbent of the following public office (if any): NA

[Redacted]  
Candidate

4/15, 2024.  
Date

Oath of Office

I, HENRY FLYNN, 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 discharge my duties upon which I am about to enter.

State of California  
County of San Francisco  SS.

Subscribed and sworn to before me on this 15th day of April, 2024.

[Signature]  
Notary Public (or other official)

Examined and certified by [Signature] this 15th day of April, 2024.  
Deputy

For Department of Elections Use:  
Date of original registration: 10/11/1994 Date of re-registration: 03/11/2008



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

John Arntz, Director

**Official Filing Form**

**Permission to Post Personal Information on the Internet**  
(CAGC § 7928.205)

Official Filing Form

2024 JUN 10 AM 10:24

DEPARTMENT OF ELECTIONS

- 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.

County Elections Official

By: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permissions 1

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 11/5/2024 election.  
*Month, day, year*

If you deny permission, only your name will appear on the qualified candidate list posted on *sfelections.org*.

Car

6/10/2024  
Date

Candidate Information 2

Complete these fields only if you grant permission to post.  
Information to be posted (please print):

Candidate name: \_\_\_\_\_

Office Sought: \_\_\_\_\_

Address (physical or mailing): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Fax: \_\_\_\_\_



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS

SAN FRANCISCO  
John Arntz, Director

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

Official Filing Form
2024 JUN 10 AM 10:24 DEPARTMENT OF ELECTIONS
County Elections Official
By: _____ Date Issued: _____

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:

1

HENRY FLYNN

Print Your Name for Use on the Ballot

Candidate initials box if NO ballot designation is preferred.

SECURITY SPECIALIST (SAN FRANCISCO)

Print Ballot Designation Requested



Name in Chinese Characters

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.

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 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.

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.

HENRY

dir

FLYNN

亨利

飞灵



California Secretary of State  
BALLOT DESIGNATION WORKSHEET

November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

SAN FRANCISCO  
FILED  
2024 JUN 10 AM 10:24

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.**

DEPARTMENT OF ELECTIONS

Candidate Information

1

Candidate Name: HENRY FLYNN

Office: MAYOR Email: MAYORFLYNN SF & GMAIL.COM

Home Address: [REDACTED] SAN FRANCISCO, CA 94108

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Attorney or Other Authorized Person 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): SECURITY SPECIALIST (SAN FRANCISCO)

Alternate Ballot Designation(s) 1: \_\_\_\_\_

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 [REDACTED]

**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):**

- (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.



California Secretary of State  
BALLOT DESIGNATION WORKSHEET

November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

Page 2

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	Justification for use of 1 <sup>st</sup> PVO:		
	I AM A SECURITY SPECIALIST IN SAN FRANCISCO		
	Current or most recent job title:	SECURITY SPECIALIST (SAN FRANCISCO)	Start Date: 1/1/2024 End Date: ACTIVE
	Employer Name or Business:	MARINA GREENS	
Person who can verify this information:			
Name: REGAN CAPONI Phone Number(s): (415) 710-6993 Email: _____			
Justification for use of 2 <sup>nd</sup> PVO:			
Current or most recent job title: Start Date: End Date:			
Employer Name or Business:			
Person who can verify this information:			
Name: Phone Number(s): Email:			
Justification for use of 3 <sup>rd</sup> PVO:			
Current or most recent job title: Start Date: End Date:			
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 |

X [Redacted Signature] proposed ballot designation is likely to be rejected. 6/10/2024  
Date Signed: Month/Day/Year

For your reference, attached [Redacted] 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](http://www.sos.ca.gov)).

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

SAN FRANCISCO  
FILE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) 2024 JUN 10 AM 10:24  
FLYNN HENRY I  
DEPARTMENT OF ELECTIONS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

MAYOR

Division, Board, Department, District, if applicable

Your Position

► 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
- Multi-County \_\_\_\_\_
- City of SAN FRANCISCO
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is \_\_\_\_\_ through December 31, 2023.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Date of Election 11/5/2024 and office sought, if different than Part 1: MAYOR

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

[Redacted] SF CA 94108  
 [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 6/10/2024 Signature [Redacted]

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
MARINA GREENS

ADDRESS (Business Address Acceptable)  
3109 FILLMORE St. (SAN FRANCISCO)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
SECURITY SPECIALIST (SAN FRANCISCO)

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address _____ City _____</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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Comments: \_\_\_\_\_





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

John Arntz, Director

Candidate Statement of Qualifications  
(CAEC §§ 13307-13308)  
November 5, 2024, General Election

Official Filing Form

Candidate Name: HENRY FLYNN  
Office Sought: MAYOR

By: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

Please complete the following sections:

- 1  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](mailto:publications@sfgov.org) no later than 5:00 PM on the last day of the nomination period.  
 Signature of Candidate: \_\_\_\_\_ Date 6/10/2024

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.*

3 Name as it will appear with statement: HENRY FLYNN  
 My occupation is: SECURITY SPECIALIST (SAN FRANCISCO)  
 My qualifications are:

Keep Text Within the Vertical Lines. Word count starts here

[www.MayorFlynn.info](http://www.MayorFlynn.info)

Henry Flynn Native Son

Henry Flynn: 4th Generation San Francisco Native, Working Class -- not a politician.

Henry Flynn: Born in 1976 at St. Mary's Hospital (Fulton / Stanyan) -- Year of the Dragon.

Henry Flynn: Attended all City Schools -- Star of the Sea, Sacred Heart, City College of San Francisco, San Francisco State University.

Henry Flynn: I work as a Security Specialist in San Francisco, typically street level in high traffic areas pro-actively watching out for Our City.

Henry Flynn: I Listen to Locals City-Wide every day as I ride Muni / Public Transportation (continually for the last 20 years), walk the streets of SF, actively volunteer in Our Community and (again) vigilantly work street level in high traffic areas watching out for San Franciscans... and pass out dog treats -- Dogs are integral at Protecting and Unifying Our Community and deserve as many treats as their owners will allow.

Henry Flynn: 4th Generation San Francisco Native, Working Class -- not a politician.

Henry Flynn Native Son



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

John Arntz, Director

via email

SAN FRANCISCO, CA  
2024 JUN 11 PM 1:08  
DEPARTMENT OF ELECTIONS

6/11/2024

Contest: Mayor  
Candidate Name: Henry Flynn

Re: November 5, 2024 Consolidated General Election Ballot Designation  
**Proposed Ballot Designation: Security Specialist (San Francisco)**

Dear Mr. Henry Flynn,

The Department has challenged the use of "Security Specialist (San Francisco)" as your ballot designation. A proposed designation must accurately state the candidate's principal professions, vocations or occupations, be factually accurate, descriptive of the candidate's principal profession, vocation or occupation, and must be neither confusing nor misleading.

The Department, will, however, accept the use of "Security Specialist" or "Dispensary Security Specialist" as they meet the standards of the Elections Code and more closely reflects your occupation and vocation.

When reviewing ballot designations associated with candidates' occupations and titles, the Department applies Section 13107(a)(3) of the California Elections Code, and Section 20716 (a) of Title 2, Division 7, Chapter 7 of the California Code of Regulations. Please review these provisions for further guidance.

Please contact this office immediately to provide an alternative designation which conforms to the requirements of the law. You may contact us by phone at (415) 554-4375 or by fax at (415) 554-7344.

Sincerely,

Campaign Services Division

To the Department of Elections,

I request that my ballot designation be changed to read:

SECURITY SPECIALIST

(not more than 3 words)

6/11/2024  
Date

