



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Forms

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

FILED
2023 JUL 5 PM 3:34
DEPARTMENT OF ELECTIONS

Issued by: ms Date: 7/5/23

Declaration of Intention to Solicit or Accept Contributions For Local Office

(CGCC § 1.122(a); SF MEC § 201)

I, Myrna Melgar, hereby declare my intention to become a candidate for the office of

Supervisor, District 7 of San Francisco at the forthcoming election to be held on Nov. 5 2024

Candidate's sig:  Date: July 5, 2023

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 Supervisor, Dist. 7 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:

Myrna M. I. Melgar

Addresses

Home:  San Francisco 94127

Mailing: Some  Oakland CA 94607

Telephone Number: ; Fax: _____; Email: 

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

Executed on July 5, 2023, in San Francisco CA 94103





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): Supervisor, District 7

[Redacted] _____, 2023.
 Date 07/05/2023

Oath of Office

I, Myrna Melgar, 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 [Redacted] fully discharge the duties upon which I am about to enter.

State of California
 County of San Francisco SS.

Subscribed and sworn to before me on this _____ day of _____, 2023.

 Notary Public (or other official)

Examined and certified by [Signature] this 5th day of July, 2023.
 Deputy

For Department of Elections Use:
 Date of original registration: 06/20/2006 Date of re-registration: 02/22/2016



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 CO

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.

2024 JUN 10 PM 2:07

DEPARTMENT OF ELECTIONS

Candidate Information

1

Candidate Name: Myrna Melgar

Office: District 7 Supervisor Email: [REDACTED]

Home Address: [REDACTED] San Francisco CA 94127

Mailing Address: [REDACTED] SF CA 94127

Business Address: [REDACTED] Oakland CA 94607

Phone Number: [REDACTED] Home/Mobile: [REDACTED] Fax: -

Attorney or Other Authorized Person Information

2

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

Address: [REDACTED] Oakland CA 94607

Phone Number: [REDACTED] Mobile: 0 Fax: [REDACTED]

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): District 7 Supervisor

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 related to my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. Initials: [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 st PVO: I was elected Supervisor for District 7 of the City + County of San Francisco in November, 2020		
Current or most recent job title:	District 7 Supervisor	Start Date: 1/08/21 End Date: 1/6/25
Employer Name or Business:	City + County of San Francisco	
Person who can verify this information:		
Name:	Angela Calvillo	Phone Number(s): (415) 554-5184 Email:
Justification for use of 2 nd 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 rd 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 |

If the answer to any of these questions is "yes," your proposed ballot designation is likely to be rejected.

X [Redacted Signature] Date Signed: 06/09/2024

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).



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

SAN FRANCISCO
 John Arntz, Director

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

2024 JUN 24 11:05 AM
 Official Filing Form
 DEPARTMENT OF ELECTIONS
 By: JK County Elections Official
 Date Issued: 5/23/24

Candidate Name: Myrna Melgar
 Office Sought: D7 Supervisor

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 no later than 5:00 PM on the day after the close of the nomination period.

Signature of Candidate: [Redacted] Date 6/21/24

2 This statement will be reviewed by the Department of Elections. 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: Myrna Melgar

My occupation is: District 7 Supervisor (Incumbent)
 My qualifications are:

Keep Text Within the Vertical Lines. Word count starts here.

As your Supervisor, I am focusing on practical solutions, not political posturing – to make our neighborhoods safer, housing more affordable, and the Westside a better place for everyone.

I'm delivering practical solutions to public safety—adding \$25 million to put more police officers in Westside neighborhoods, expanding the community ambassador program to keep West Portal, Ocean Avenue and Inner Sunset safe, and securing funding for license plate readers in crime hotspots like the Twin Peaks Overlook.

As a housing policy expert, I've worked on practical solutions to increase housing opportunities and protect tenants so more people can continue to call the Westside home. I've streamlined multi-family housing development and cut through red tape on housing construction and remodeling.

As a longtime Westside resident, nonprofit executive, and mom, I'm deeply committed to our community. I fought to save Laguna Honda Hospital, secured funding for traffic and transit improvements in business corridors, and invested in programs that improve academic success in our public schools.

That's why I'm supported by the San Francisco Labor Council, State Senator Scott Wiener, Assemblymember Phil Ting, District Attorney Brooke Jenkins, Former Supervisor Norman Yee, SF Democratic Party Chair Nancy Tung and dozens more.

I'm working daily to make the Westside the best it can be. Let's continue building a vibrant, safe, and welcoming community together.

MyrnaMelgar.com

June 5, 2024

To Whom It May Concern,

I, Nancy Tung, wish to endorse candidate Myrna Melgar on her "Candidate Statement of Qualifications" for the office of San Francisco Supervisor, District 7, in the upcoming November 5, 2024 Consolidated General Election.

By signing below, I agree to lend my name, title, and headshot for use on any and all campaign materials, and in the ballot designation.



Chair, San Francisco Democratic Party

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DEPARTMENT OF ELECTIONS

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 6/8/24

I, Norman Yee wish to endorse (or support)

(Printed name of endorser)

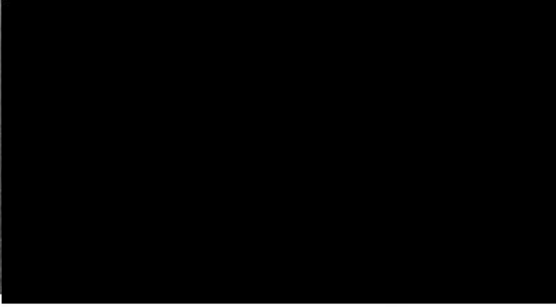
Myrna Melgar on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of D7 Supervisor in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: _____

I, _____ wish to endorse (or support)

(Printed name of endorser)

_____ on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of _____ in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.

Signature of endorser

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2024 JUN 10 PM 2:07
DEPARTMENT OF ELECTIONS

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 6/7/24

I, Brooke Jenkins wish to endorse (or support)

(Printed name of endorser)

Myrna Melgar on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of D7 Supervisor in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



Signature of endorser

AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

USE ORGANIZATION'S LETTERHEAD

Date: _____

The _____ endorses (or supports)

(Printed name of endorser)

_____ on their candidate statement, for the office of

(Name of candidate)

_____ in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.

By: _____

(Printed Name of authorized representative)

Signature: _____

(Signature of authorized representative)

Title: _____

(Authorized officer of the organization)

DEPARTMENT OF ELECTIONS

2024 JUN 10 PM 2:07

SAN FRANCISCO
FILE

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 6/7/24

I, Phil Ting wish to endorse (or support)

(Printed name of endorser)

Myrna Melgar on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of SUPERVISOR DISTRICT 7 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



Assembly member

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: _____

I, _____ wish to endorse (or support)

(Printed name of endorser)

_____ on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of _____ in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.

Signature of endorser

2024 JUN 10 PM 2:07
DEPARTMENT OF ELECTIONS

SAN FRANCISCO
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AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 6/8/24

I, Scott Weiner wish to endorse (or support)

Myrna Melgar on their "Candidate Statement of Qualifications", for

the office of D7 Supervisor in the upcoming November 5, 2024 Consolidated

General Election.



AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: _____

I, _____ wish to endorse (or support)

_____ on their "Candidate Statement of Qualifications", for

the office of _____ in the upcoming November 5, 2024 Consolidated

General Election.

Signature of endorser

SAN FRANCISCO
FILED
2024 JUN 10 PM 2:07
DEPARTMENT OF ELECTIONS



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

John Arntz, Director

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

Official Filing Form
2024 JUN 10 PM 2:06 DEPARTMENT OF ELECTIONS
By: <u>HR</u> County Elections Official Date Issued: <u>5/23/24</u>

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

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

1 Myrna Melgar
Print Your Name for Use on the Ballot

Candidate initials box if NO ballot designation is preferred.

District 7 Supervisor
Print Ballot Designation Requested

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.

Name in Chinese Characters

2 **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.

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

西區的社區倡導者

到MyrnaMelgar.com加入支持梅義加

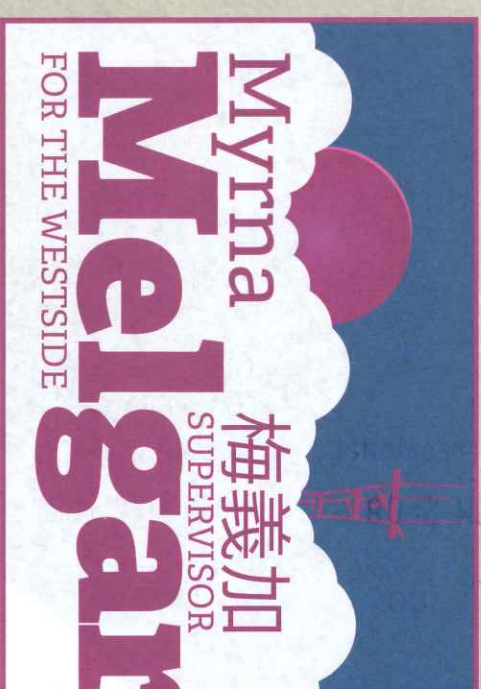
與第七區市參事候選人梅義加的問題與答

梅義加是正在競選第七區市參事，她是一名城市規劃師、經濟發展和房屋政策專家，並且多年來居住在西區。我們與梅義加坐下來談談她的經驗以及她為什麼能成為一名有力的市參事。



梅義加你好，請問你在競選什麼？為什麼西區的居民要關心這事？

你問得很好！我正在競選下一任的市參事，接替已背書支持我的現任市參事余鼎昂，讓



梅義加的普普薩 (Pupusa) 食譜



梅義加小時候和家人為了逃離薩爾瓦多的內戰，偕家移民到三藩市。像許多移民到三藩市的人一樣，藩市為梅義加一家提供了安居之所和經濟機會，使得以繼續上大學和研究院。梅義加在很多方面都與的根保持著連繫，包括烹調祖母的普普薩食譜，這

是什麼讓你與其他競選市參事的候選人有所不同？

最大的不同是我的工作經驗和能力。作為前市長紐森辦公室的購屋計劃主任，我幫助擴展了購屋的機會。作為計劃委員會的主席，我既創建所需的房屋，又同時保護我們社區的特色。我還管理著一個大型非牟利機構，該機構提供了非常重要的課後計劃給本地學生。我也幫助管理另一間非牟利機構，並通過支援數百家本地的小商業，去創造就業機會並振興了社區。很多候選人會跟你說他們想做什麼，但是，我是唯一一個擁有為社區做實事的真正經驗的人。

你想讓西區的居民了解有關你的什麼？

我喜歡住在西區！在過去十年，我與丈夫多納休和三個女兒一起住在英格西台。我是一名城市規劃師，負責管理三藩市的購屋計劃，我也擔任規劃委員會的主席，亦管理大型非牟利機構，為小商業和低收入家庭提供服務。我小時候就和家人從薩爾瓦多移民到三藩市。西區對我來說很特別，我想與大家一起成為市參事會的冠軍。

有沒有一些關於你的事情是大多數人都不知道的？

我喜歡這個問題！大多數人不知道我能說流利的英語、西班牙語和法語，並且會說瑞典語。平日時，我喜歡園藝和烹飪（看看附件有我家的普普薩（“Pupusa”，即是粟米餡餅）食譜）。我也是一位熱愛森巴的舞者！

你還有什麼話想告訴我們？

感謝您閱讀此問與答，請記住要投票！這次選舉我們都將通過郵寄方式投票，選票將於10月到達。在您的選票中，請將第七區市參事的第一選擇標記為梅義加，並盡快將選票寄回。如果您有任何疑問或想要談論更多，請隨時與我們聯繫！您可以電郵myrna@myrnamelgar.com或致電(415)347-1404

梅義加競選市參事 我們社區的領導人

材料

- 4杯馬薩(Masa)粉
- 1.5杯以下其中一種能融化的芝士：
queso asadero、Oaxaca或Mozzarella
- 1.5杯以下其中一種的咸硬芝士：
queso duro viejo、Parmesan或pecorino romano
- 6安士以下其中一種忌廉：酸忌廉、墨西哥瓦多忌廉
- 2湯匙蒜粉

準備

按照馬薩粉包裝上的說明（貼士：要用暖水而不是水）準備好，然後放置一旁。餡料：將所有芝士放物搞碎機搞碎。在一個碗中，將芝士、蒜粉與酸合，搞拌至像麵團。如果仍然很碎散，你可以加水。將烤架加熱到375度。將馬薩粉麵團搓成像夫球般大，用濕了水的手將麵團壓平，並加入一芝士餡料，把麵團包著芝士餡料，然後小心地將麵團壓平。把普普薩每面烤約3分鐘，直到將其止（它們會出現金黃色一點點，麵團會變熱變乾可以到YouTube看看梅義加的芝士普普薩煮！影片邊看邊煮！



區的社區倡導者

ar.com加入支持梅義加

參事候選人梅義加的問與答

第七區市參事, 她是一名城市規劃師、經濟發展和房屋政策專家, 並且多年
們與梅義加坐下來談談她的經驗以及她為什麼能成為一名有力的市參事。



梅義加的普普
薩(Pupusa)
食譜



梅義加小時候和家人為了逃離薩爾瓦多的內戰, 便舉
家移民到三藩市。像許多移民到三藩市的人一樣, 三



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

SAN FRANCISCO CO FILED

2024 JUN 10 PM 2:08

1634837

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) DEPART (MIDDLE) OF ELECTIONS Melgar, Myrna Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Board of Supervisors Your Position Supervisor

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

- State Multi-County City of Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

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

4. Schedule Summary (required)

Total number of pages including this cover page: 7

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 (Business or Agency Address Recommended - Public Document) San Francisco CA 94103 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 03/30/2024 (month, day, year)

Signature

SAN FRANCISCO
FILED
2024 JUN 10 PM 2:08
DEPARTMENT OF ELECTIONS

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Myrna Elizabeth Melgar

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
City and County of San Francisco	Children & Families First Commission	Commissioner	Annual 1/1/2023 - 12/31/2023	060600029-NFH-0029
City and County of San Francisco	Enhanced Infrastructure Financing District Public	Member	Annual 1/1/2023 - 12/31/2023	060600029-NFH-0029
City and County of San Francisco	Board of Supervisors	Supervisor	Annual 1/1/2023 - 12/31/2023	060600029-NFH-0029

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Melgar, Myrna Elizabeth

2024 JUN 10 PM 2:08

DEPARTMENT OF ELECTIONS

▶ NAME OF BUSINESS ENTITY
Bitcoin

GENERAL DESCRIPTION OF THIS BUSINESS
Cryptocurrency

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other Cryptocurrency
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

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SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Melgar, Myrna Elizabeth

1. BUSINESS ENTITY OR TRUST

Donahue & Goldberg, LLC Name 1008 Pennsylvania Ave SE Washington, DC 2003 Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS Law Partnership - Sean Donahue (spouse) FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED 23 DISPOSED 23 NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION Partner (spouse)

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED 23 DISPOSED 23

NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST

Name Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED 23 DISPOSED 23 NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED 23 DISPOSED 23

NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

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SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Melgar, Myrna Elizabeth

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Symphony
ADDRESS (Business Address Acceptable)
201 Van Ness Ave
San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Arts Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 23	\$ 170.00	Lunar New Year
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SF General Hospital Foundation
ADDRESS (Business Address Acceptable)
2789 25th Street
San Francisco, CA 94110
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philanthropy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 09 / 23	\$ 150.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Children's Council of San Francisco
ADDRESS (Business Address Acceptable)
445 Church St
San Francisco, CA 94114
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit childcare organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 23	\$ 125.00	Childcare Champions Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SAN TRAMP CO
FILED

2024 JUN 10 PM 2:00

DEPARTMENT OF ELECTIONS

SCHEDULE E Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Melgar, Myrna Elizabeth

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Mission Economic Development Agency
ADDRESS (Business Address Acceptable)
2301 Mission Street
CITY AND STATE
San Francisco, CA 94110
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 07 / 21 / 23 - 07 / 23 / 23 AMT: \$ 1,666.18
(If gift)

▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description UnidosUS National Conference

▶ If Gift, Provide Travel Destination Chicago, Illinois

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments: _____





**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 PM 2:07

DEPARTMENT OF ELECTIONS

By: HE County Elections Official

Date Issued: 5/23/24

- 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.

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 06/10/24 election.
Month, day, year

Permissions 1

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

[Redacted] 6/10/24
Date

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

Candidate Information 2

Candidate name: Myrna Melgar

Office Sought: District 7 Supervisor

Address (physical or mailing): 58 West Portal Ave #289
SF CA 94127

Phone Number: _____

Email address: melgar407@gmail.com

Website: myrnamelgar.com

Fax: -