



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

John Arntz, Director

**Official Filing Forms**

SAN FRANCISCO FILED	
2023 JUL 12 PM 12:31	
DEPARTMENT OF ELECTIONS	
Issued by: <u>MS</u>	Date: <u>7/12/23</u>

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

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

(CGCC § 1.122(a); SF MEC § 201)

I, Jen Nossokoff, hereby declare my intention to become a candidate for the office of District Supervisor D1 of San Francisco at the forthcoming election to be held on NOV 5, 2024

[Redacted Signature]  
Candidate's signature

July 12, 2023  
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 District Supervisor D1 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:

Jennifer M. I. A Nossokoff

**Addresses**

Home: [Redacted] San Francisco, CA 94118

Mailing: [Redacted] San Francisco, CA 94118

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 July 12, 2023, in San Francisco, CA

[Redacted Signature]



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS

John Arntz, Director

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): none


 \_\_\_\_\_, 2023.  
Date July 12

Public Office

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

State of California  
 County of San Francisco  SS.

Subscribed and sworn to before me on this 12<sup>th</sup> day of July, 2023.

  
 \_\_\_\_\_  
Notary Public (or other official)

Examined and certified by Matthew Selly this 12<sup>th</sup> day of July, 2023.  
Deputy

**For Department of Elections Use:**  
 Date of original registration: 11/6/12 Date of re-registration: 2/21/23





CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS

SAN FRANCISCO  
John Arntz, Director

Official Filing Form

Permission 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

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

County Elections Official

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 November 5, 2024 election.  
*Month, day, year*

Permissions 1

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

Candidate

May 28, 2024  
*Date*

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

Candidate Information 2

Candidate name: Jen Nossokoff

Office Sought: Supervisor, D1

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

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

Email address: hello@jennossokoff.com

Website: www.jen2024.vote

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



# 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
20 JUN -3 AM 9:47 DEPARTMENT OF ELECTIONS
County Elections Official
By: _____ 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:

Jen Nossokoff

Print Your Name for Use on the Ballot

Candidate initials box if NO ballot designation is preferred.

Physician Assistant

Print Ballot Designation Requested

Name in Chinese Characters

2 Check one option (provide supporting documentation):

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 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.

- 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

sselections.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





SAN FRANCISCO  
27A JUN -3 AM 9:47  
DEPARTMENT OF ELECTIONS

Jen Nossokoff  
San Francisco, CA 94118  
hello@jennossokoff.com  
May 31, 2024

San Francisco Department of Elections  
1 Dr. Carlton B. Goodlett Place, Room 48  
San Francisco, CA 94102

**Subject: Documentation of Established Use and Submission for Approval of My Chinese Name, 高素贞, on the Upcoming November Ballot**

Dear San Francisco Department of Elections,

With profound respect and honor, I write regarding the use of my Chinese name 高素贞 (Gāo Sù Zhēn), bestowed upon me to foster a more inclusive campaign and deepen my connection with our local Chinese community. Each character of this name—高 (Gāo) for ambition, 素 (Sù) for sincerity, and 贞 (Zhēn) for integrity—reflects the core values I strive to embody in my public service. Since receiving this name in July last year, I have proudly used it in numerous interactions with members of the Chinese community, establishing it as an integral part of my identity in public service and as a symbol of my dedication to inclusivity and cultural respect.

The recent decision to alter the policy on Chinese names on ballots mid-cycle places an untenable burden on my campaign. Changing my campaign materials to conform with this new directive would not only entail substantial financial costs but also significant time resources, both of which are prohibitive at this crucial juncture. Such changes would disrupt our campaign's continuity and could confuse and disenfranchise voters who have come to recognize and support the name 高素贞.

Moreover, the timing and nature of this policy change, initiated mid-cycle by my incumbent competitor based on a five-year-old state law that could have been addressed earlier, indicates a clear lack of urgency and sets a concerning precedent that risks the integrity of our electoral process. Allowing incumbents to influence election rules to their advantage and to the detriment of challengers undermines the principles of fair and democratic elections. It is vital that our electoral policies do not permit such disparities that could be manipulated to affect the outcome of an election.

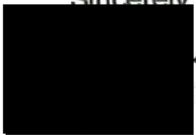
Therefore, I respectfully request that the San Francisco Department of Elections allow the continued use of my established Chinese name, 高素贞, on the November ballot. This measure is essential not only to avoid the undue burden of modifying my campaign but also to maintain fair competition and voter clarity in the upcoming election.



If my Chinese name is denied, I request clear guidance on how to effectively engage the Chinese community if transliterated names are not provided at the time of filing. It is essential that all candidates are given equal opportunities and distinct guidelines to ensure a fair and equitable electoral process.

Thank you for your attention to this critical issue. I trust that your decision will reflect a commitment to maintaining the fairness, transparency, and integrity of our electoral process, supporting the democratic values our city holds dear.

Sincerely,



高素贞

Jen Nossokoff  
高素贞

*I hereby affirm that the information provided in this letter is true and accurate to the best of my knowledge and belief.*





California Secretary of State  
BALLOT DESIGNATION WORKSHEET

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

This entire form must be completed, or it will not be accepted, and you will not be entitled to a ballot designation. DO NOT LEAVE ANY RESPONSE SPACES BLANK. If information requested is not applicable, please write "N/A" in the space provided, otherwise the information MUST be provided. UPON FILING, THIS WORKSHEET WILL BE A PUBLIC DOCUMENT.

SAN FRANCISCO  
JUN -3 AM 9:47  
DEPARTMENT OF ELECTIONS

**Candidate Information** 1

Candidate Name: Jen Nossokoff

Office: Supervisor, D1 Email: hello@jennossokoff.com

Home Address: [REDACTED] SF, CA 94118

Mailing Address: [REDACTED] #1479 SF, CA 94108

Business Address: n/a

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

**Attorney or Other Authorized Person Information** 2

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

Address: [REDACTED] Sacramento, CA 95814

Phone Number(s) Business: [REDACTED] Mobile: n/a Fax: n/a

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): Physician Assistant

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 [REDACTED] support my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. **Initi**

Translation of Proposed Designation: Gender sp [REDACTED] 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 board-certified Physician Assistant with a license to practice medicine in California. License # PA 20952 verify at search.dea.ca.gov

Current or most recent job title: Vice President of Clinical Medicine, Physician Assistant Start Date: Jan 2021 End Date: Nov 2021

Employer Name or Business: BayPLS

Person who can verify this information:  
Name: Salu Ribeiro Phone Number(s): 415-300-4436 x213 Email: salu@bayareapls.com

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 |

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

X  Signature Date Signed: Month/Day/Year 06/03/2024

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](http://www.sos.ca.gov)).



**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Date Initial Filing Received  
*Filing Official Use Only*

SAN FRANCISCO  
FILED

2024 JUN -3 AM 9:15  
DEPARTMENT OF ELECTIONS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Nossokoff Jen

**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, District 1

Your Position

Candidate

► 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 San Francisco
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: \_\_\_\_\_

**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)  
[Redacted] San Francisco CA 94118

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
[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 May 30, 2024  
(month, day, year)

Signature \_\_\_\_\_  
(File the original with your filing official.)

# 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.*

Name  
**Jen Nossokoff**

▶ NAME OF BUSINESS ENTITY  
**Cerebral**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Online mental healthcare**

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  
**Metrical**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Online shopping cart intervention using AI**

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  
**Truespot**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Real Time Location Services**

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  
**Sawa Credit**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Savings and banking for the unbanked**

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  
**Trek Health**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Revenue cycle management AI for doctors**

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  
**Nestor**

GENERAL DESCRIPTION OF THIS BUSINESS  
**HR analytics software**

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: \_\_\_\_\_



# 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.*

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>Jen Nossokoff</b>

▶ NAME OF BUSINESS ENTITY  
**Tuuth Fairy**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Revenue cycle management software for dentists**

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  
**AI Optics**

GENERAL DESCRIPTION OF THIS BUSINESS  
**AI powered optical diagnostic device**

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  
**Moichor**

GENERAL DESCRIPTION OF THIS BUSINESS  
**AI powered veterinary lab tests**

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  
**Schwab U.S. REIT ETF**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Exchange Traded Fund investing in diversified U.S. real estate**

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: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jen Nossokoff

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Justworks Employment Group LLC

ADDRESS (Business Address Acceptable)  
PO Box 7119 Church Street Station, NY, NY 10008

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

YOUR BUSINESS POSITION  
Chief Operating Officer

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:

NAME OF LENDER\* \_\_\_\_\_

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

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

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

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

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
County Elections Official
By: _____
Date Issued: _____

Candidate Name: Jen Nossokoff  
Office Sought: Supervisor, D1

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 p.m. of the next working day after the close of the nomination period.

Signature of Candidate: \_\_\_\_\_ Date May 28, 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: Jen Nossokoff

My occupation is: Physician Assistant  
My qualifications are:

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

It's time for bold, decisive leadership on San Francisco's Upper West Side. I'm Jen Nossokoff, and I'm running for Supervisor because I believe in taking action and delivering results.

Our district faces critical challenges—safety concerns, inadequate transportation solutions, and quality of life disparities—that demand immediate and innovative solutions. As an experienced healthcare professional, I know how to tackle complex problems head-on. I led the first city-sponsored COVID-19 vaccine clinic in the district, ensuring vulnerable residents had access to life-saving health services.

My vision for the district includes:

- Safer Neighborhoods
  - Strategic policing and community-driven safety measures to reduce crime and protect residents.
- Enhanced Transportation
  - Expanding and improving transit options to reduce car dependency and make our streets safer.
- Healthier Environment
  - Promoting health outcomes through sustainable urban development, equitable policies, and stable housing.

I'm not just talking about change; I'm committed to making it happen. As a Moms Demand Action candidate training program graduate, I am dedicated to growing strong, connected communities. My experience as a public school parent, long-term renter turned homeowner, and healthcare provider equips me with the skills and determination to lead.

Vote Jen Nossokoff as your #1 choice for Supervisor.

Learn more at [www.Jen2024.vote](http://www.Jen2024.vote).

Thank you for your support,

Jen Nossokoff