



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

John Arntz, Director

Official Filing Form

Declaration of Candidacy

Member, Bay Area Rapid Transit Board of Directors

(CAEC §§ 13, 200, 8020, 8028 (a), 8040, 8064; SF MEC § 260)

Official Filing Form

06A AUG -9 PM 2:09

DEPARTMENT OF ELECTIONS

County Elections Official

By: MS

Date Issued: 8/5

Declaration of Candidacy

I hereby declare myself a candidate for the nomination/election to the office of BART BOARD, DISTRICT 9 to be voted for at the **Consolidated General Election** to be held on **November 5, 2024**, and declare the following to be true:

My name is JOSEPH A SANGIRARDI  
 First Middle/Initial (optional) Last

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:

JOE SANGIRARDI

Print Your Name for Use on the Ballot

HOUSING POLICY DIRECTOR

Print Ballot Designation Requested

Candidate initials box if NO ballot designation is preferred.



Addresses, Telephone, Website and Email

IMPORTANT NOTE: The Department of Elections will publish one of the addresses below in the Official Contact List of Candidates and on the Department website.

- ! ONLY CHECK ONE BOX. Please check the appropriate box to indicate which address you wish to be used for publishing purposes.
- ! If NO BOX IS CHECKED, the first address listed and provided below will be published.
- ! If a day telephone number, website, or email address is provided, that information will also be published.
- ! If an evening telephone number is provided, and is different from day telephone number, it will not be published and it is for DOE use only.

Publish  Mailing Address: 312 CLAY STREET Apt. or Unit # 300

City/State/Zip Code: OAKLAND, CA 94607

Publish  Residence Address (Required): \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Publish  Business Address: \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Telephone (Evening): 918-918-8897

Website: joesangirardi.com

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

**IMPORTANT: Reverse side of page must be completed**

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.

**Character-based name**  
Chinese character-based name to appear on the ballot

4

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.

**Sworn Statement**

5

- 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 67 days before the election.
- If elected, I will qualify and accept the office of Member, Bay Area Rapid Transit Board of Directors and serve to the best of my ability.
- I am at presently the incumbent of the following public office (if any): \_\_\_\_\_
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 9<sup>th</sup> day of August, 2024 X \_\_\_\_\_  
Signature of Candidate

**Oath of Office**

6

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

X \_\_\_\_\_  
Signature of Candidate

**TO BE COMPLETED BY DEPARTMENT PERSONNEL**

**Notary Public or Other Officer**

7

State of California  
City & County of San Francisco  
Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

( Seal ) \_\_\_\_\_ Signature \_\_\_\_\_  
Examined and certified by me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

County Elections Official \_\_\_\_\_

**Registration Confirmation**

8

Date of original registration: \_\_\_\_\_ Date of re-registration \_\_\_\_\_

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

sselections.org  
1 Dr. Carlton B. Goodlett Plce  
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367  
Español (415) 554-4366  
Filipino (415) 554-4310



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 AUG -5 PM 12:12  
 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: ms  
 Date Issued: 8/5

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<sup>th</sup>, 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*.

[Redacted Name]  
8/5/24  
Date

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

Candidate name: JOE SANGIRARDI

Office Sought: BART BOARD, DISTRICT 9

Address (physical or mailing): 312 CLAY STREET #300 OAKLAND, CA 94607

Phone Number: 918-951-1897

Email address: joe for sf@gmail.com

Website: JOESANGIRARDI.COM

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

Candidate Information **2**



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.

**Candidate Information** 1

Candidate Name: JOE SANGINARDI

Office: BART BOARD DISTRICT 9 DIRECTOR Email: [REDACTED]

Home Address: [REDACTED]

Mailing Address: 1c

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

Phone Number(s) Business: \_\_\_\_\_ Home/Mobile: 918-951-1897 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): HOUSING POLICY DIRECTOR

Alternate Ballot Designation(s) 1: HOUSING DEVELOPMENT DIRECTOR

Alternate Ballot Designation(s) 2: HOUSING POLICY ADVOCATE

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 JS

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: *As serve as the Director at a Housing Policy organization, do reviews, write about, & support policy development.*

Current or most recent job title: *DEVELOPMENT DIRECTOR* Start Date: *7/8/23* End Date: *-*

Employer Name or Business: *CALIFORNIA YIMBY*

Person who can verify this information:  
Name: *MISTI CLARK-HOLT* Phone Number(s): *925-408-6490* Email: *misty@cayimby.org*

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: <i>DS</i> |
| 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: <i>DS</i> |
| 3) Use more than three total words for your principal professions, vocations, or occupations?                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent?                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |
| 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: <i>DS</i> |
| 6) Abbreviate the word "retired"?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |
| 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: <i>DS</i> |
| 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: <i>DS</i> |
| 10) Use the name of a political party or political body?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |
| 11) Refer to a racial, religious, or ethnic group?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |
| 12) Refer to any activity prohibited by law?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial: <i>DS</i> |

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

X  *08/09/2024*  
Candidate's Signature Date Signed: Month/Day/Year

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at [www.sos.ca.gov](http://www.sos.ca.gov)).



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	
DATE: 8/9/24	DEPARTMENT OF ELECTIONS
County Elections Official	
By: <u>ms</u>	Date Issued: <u>8/5</u>

Candidate Name: JOE SANGIRARDI  
 Office Sought: BART BOARD, DISTRICT 9

1 Please complete the following sections:

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 nomination period after the close of the nomination period.

Signature of Candidate: [Redacted] Date 8/9/24

2 This statement will be reproduced exactly as written. You may not make changes or corrections after the statement has been submitted. Please type or print neatly. If handwritten information or a revision is unclear, Department staff will interpret the provided information to the best of their abilities. This interpretation is final.

3 Name as it will appear with statement: JOE SANGIRARDI  
 My occupation is: HOUSING POLICY DIRECTOR  
 My qualifications are:

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

My name is Joe and I'm a transit and bike riding, housing organizer, who lives with my husband in the Castro.

I'm an optimist who knows that San Francisco's best days are ahead of her, not in the past. I believe that with hard work we're only a decade away from a modern, world-class transit system. I'm running to make BART safe, clean, and reliable — basic qualities we should expect from public transit.

I'm not a politician and I've never worked for one. I don't owe City Hall any favors and I believe strongly in government accountability. What I do have is years of success fighting for new housing, new transit, new parks, and new urbanism.

It's getting hotter every year, and I'm strongly committed to fighting climate change. Working public transit is essential to stop the looming climate crisis.

If you're tired of the negative politics that are keeping us stuck in the past, join me and let's fight for our future!

Proud to be endorsed by:

BART Board President Bevan Dufty  
 BART Workers Union (AFSCME 3993)  
 San Francisco YIMBY

Senator Scott Wiener  
 Assemblymember Matt Haney  
 Supervisor Rafael Mandelman  
 Supervisor Matt Dorsey  
 Supervisor Catherine Stefani  
 Former SF Democratic Party Chair Honey Mahogany

[www.joesangirardi.com](http://www.joesangirardi.com)



**General Instructions – Candidate Statement**

**1. Submission Deadline**

Candidate statement must be submitted to the Department of Elections no later than 5 p.m., Friday, August 9, 2024. If a Candidate does not file a Candidate Statement with the Department of Elections by that time, the candidate's statement will not appear in the Voter Information Pamphlet. On Monday, August 12, 2024, the Department of Elections will allow Candidates to review and correct typeset Statements.

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

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

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

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

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

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

**3. Word Count (CAEC §§9, 13307)**

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

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

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

**5. Candidate Statement Review Period**

- i. On Monday, August 12, 2024, Candidates will be permitted to review and correct typeset statements.
- ii. Beginning noon on Monday, August 12, 2024, the public may review submitted candidate statements. This period ends Tuesday, August 20, 2024 at noon.

General  
Instructions

4

**AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL**

Date: August 6, 2024

I, Bevan Duffy wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi on their "Candidate Statement of Qualifications", for

(Name of candidate)

the office of BART Director, District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



Signature of endorser

DEPARTMENT OF ELECTIONS  
JUN 11 10 51 AM '24

**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)



**AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL**

Date: 8/9/24

I, \_\_\_\_\_ wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi

(Name of candidate)

\_\_\_\_\_ on their "Candidate Statement of Qualifications", for

the office of BART Board District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.

\_\_\_\_\_  
Signature of endorser

DEPARTMENT OF ELECTIONS  
2024 AUG -9 21 29:10

**AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION**

USE ORGANIZATION'S LETTERHEAD

Date: 8/9/24

The SF YIMBY endorses (or supports)

(Printed name of endorser)

Joe Sangirardi

(Name of candidate)

\_\_\_\_\_ on their candidate statement, for the office of

Bart Board D9

(Elective office)

\_\_\_\_\_ in the upcoming November 5, 2024 Consolidated

General Election.

By: Laura Fogg Fote  
(Printed Name of authorized representative)

Signature: 

Title: Executive Director  
(Authorized officer of the organization)

**AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL**

Date: 8/6/24

I, Matt Haney wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi

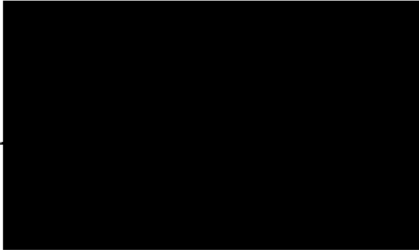
(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of BART Board District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



DEPARTMENT OF ELECTIONS  
2024 AUG -9 PM 2:10

**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)

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 8/6/24

I, MATT DORSEY wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi

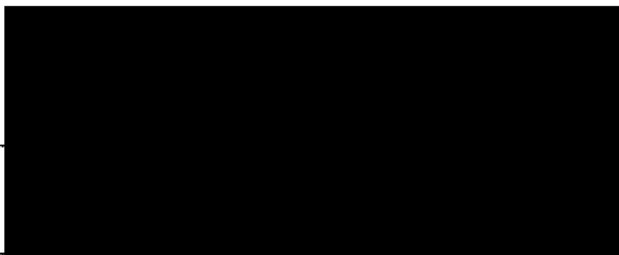
(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of BART Board District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



DEPARTMENT OF ELECTIONS  
2024 AUG -9 PM 2:10

8/6/24 3:00

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)

**AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL**

Date: 8/6/24

I, Catherine Stefani wish to endorse (or support)  
(Printed name of endorser)

JOE SANGUARDI on their "Candidate Statement of Qualifications", for  
(Name of Candidate)

the office of BART DIRECTOR, DISTRICT 9 in the upcoming November 5, 2024 Presidential  
(Elective office)

General Election.



Signature of endorser

SAVED  
2024 AUG -9 PM 2:10  
DEPARTMENT OF ELECTIONS

**AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL**

Date: 8/6/24

I, Honey Marogany wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi

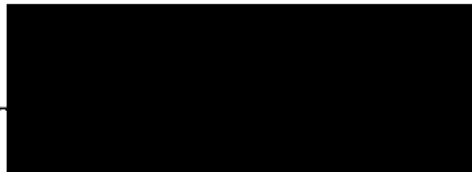
(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of BART Board District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



2024 AUG -9 PM 2:10  
DEPARTMENT OF ELECTIONS

SAVING THE 9TH

**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)

**AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL**

Date: 8-6-24

I, Refael Mandelman wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi

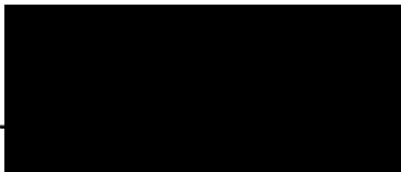
(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of BART Board District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



DEPARTMENT OF ELECTIONS  
2024 AUG -9 PM 2:10

SAN FRANCISCO

**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)

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

Date: 8/8/24

I, Scott Wiener wish to endorse (or support)

(Printed name of endorser)

Joe Sangirardi

(Name of candidate)

on their "Candidate Statement of Qualifications", for

the office of BART Board District 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.



DEPARTMENT OF ELECTIONS  
2024 AUG 12 PM 4:40  
SANTANA 00

AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION

USE ORGANIZATION'S LETTERHEAD

Date: 8/9/24

The SAL CRUZ endorses (or supports)

(Printed name of endorser)

JOE SANGIRARDI on their candidate statement, for the office of

(Name of candidate)

BART BOARD DISTRICT 9 in the upcoming November 5, 2024 Consolidated

(Elective office)

General Election.

By: SAL CRUZ

Signature:

Title: PRESIDENT

(Authorized officer of the organization)

DEPARTMENT OF ELECTIONS  
2024 AUG 12 PM 4:40  
SANTANA 00

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SANGIARDI JOSEPH ANTHONY

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) BAY AREA RAPID TRANSIT BOARD OF DIRECTORS CANDIDATE, DISTRICT 9 DIRECTOR  
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 SAN FRANCISCO, ALAMEDA, CONTRA COSTA
- City of \_\_\_\_\_
- 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: BART BOARD, DISTRICT 9 DIRECTOR

**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 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 8/9/24  
(month, day, year)

Signature [Signature]  
(File the originally signed paper statement with your filing official.)



# Instructions Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

## Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission) you may be required to file separate and distinct statements with each agency. To simplify your filing obligations, in some cases you may instead complete a single expanded statement and file it with each agency.
  - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

### Example:

Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

## Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.

- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the "other" box and enter the county or city in which the agency has jurisdiction.

### Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

<b>1. Office, Agency, or Court</b>	
Agency Name (Do not use acronyms) Feather River Irrigation District	
Division, Board, Department, District, if applicable N/A	Your Position Board Member
* If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
Agency: N/A	Position: _____
<b>2. Jurisdiction of Office (Check at least one box)</b>	
<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County <u>Yuba &amp; Sutter Counties</u>	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

## Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2023 annual statement, **do not** change the pre-printed dates to reflect 2024. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2024, through December 31, 2024, will be disclosed on your statement filed in 2025. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

## Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; or if you have nothing to disclose on any schedule, check the "No reportable interests" box. Please **do not** attach any blank schedules.

## Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original "wet" signature unless filed with a secure electronic signature. (See page 3 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

**When you sign your statement, you are stating, under penalty of perjury, that it is true and correct.** Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name: SARAH ANN DUBO

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
HUMAN RIGHTS CAMPAIGN

ADDRESS (Business Address Acceptable)  
WASHINGTON, DC  
1640 RHODE ISLAND AVE, NW 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
EMPLOYEE FULL TIME EMPLOYEE

YOUR BUSINESS POSITION  
EMPLOYEE

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  
 DEPARTMENT OF EDUCATION  
CALIFORNIA JIMBO

ADDRESS (Business Address Acceptable)  
1121 L ST. STE. 210 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
FULL TIME EMPLOYEE

YOUR BUSINESS POSITION  
EMPLOYEE

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

Comments: \_\_\_\_\_

**Instructions – Schedule C**  
**Income, Loans, & Business Positions**  
**(Income Other Than Gifts and Travel Payments)**

**Reporting Income:**

Report the source and amount of gross income of \$500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was \$500 or more during the reporting period.

The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency's conflict of interest code.

**Reporting Business Positions:**

You must report your job title with each reportable business entity even if you received no income during the reporting period. Use the comments section to indicate that no income was received.

**Commonly reportable income and loans include:**

- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse's or registered domestic partner's income - **report the employer's name and all other required information**
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10.)
- Incentive compensation (See Reference Pamphlet, page 12.)

**Reminders**

- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

**You are not required to report:**

- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- Income from a PERS retirement account.

(See Reference Pamphlet, page 12.)

**To Complete Schedule C:**

**Part 1. Income Received/Business Position Disclosure**

- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of \$10,000 or more. (See Reference Pamphlet, page 8.) **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

**Part 2. Loans Received or Outstanding During the Reporting Period**

- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
  - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
  - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

\_\_\_\_\_ 2:10

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
MICROSOFT CORPORATION

ADDRESS (Business Address Acceptable)  
FULL TIME EMPLOYEE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

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)

**▶ 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

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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: \_\_\_\_\_

**Instructions – Schedule C**  
**Income, Loans, & Business Positions**  
**(Income Other Than Gifts and Travel Payments)**

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- Incentive compensation (See Reference Pamphlet, page 12.)

**Reminders**

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- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

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- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
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(See Reference Pamphlet, page 12.)

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- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of \$10,000 or more. (See Reference Pamphlet, page 8.) **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
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- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
  - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
  - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.