

DEPARTMENT OF SAN FRANCISCO

SAN FRANCISCO FILED _

Official Filing Forms - Local Office

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

| | | | | Directo |
|-----------|-------|--------|------|-----------|
| DE | PARTI | IENT : | | ECHONS |
| | | | | |
| | A.D. | 0 | Date | NI/m la |
| ied by: / | | | | M/// 1/// |

| Declaration of Intention to | Solicit or | Accept Contributions | For Local Office |
|---------------------------------|------------|----------------------|------------------|
| (CGCC § 1.122(a); SF MEC § 201) | | | |

| (CGCC § 1.122(a); SF MEC § 201) | |
|--|--|
| I, Luis Zamora Print name of candidate | hereby declare my intention to become a candidate for the office of |
| Comm. College Board Print name of office sought | of San Francisco at the forthcoming election to be held on Nov. 5, 2021 |
| | OH/17/2024 |
| Cand | Date |
| Declaration of Candidacy | |
| (CGCC § 1.122(a); CAEC §§ 13, 200, 8020, 8028(a), 8040 | 8064; SF MEC § 201, 210) |
| General Election to be held on November | tion to the office of Comm. College Box to be voted for at the Consolidate to be true: my legal name, as given at birth or as habit in all my affairs, or by decree of any court of competent jurisdiction is: |
| Luis | Zamora |
| Print first name | M. I. Print last name |
| Addresses | |
| Home: | San Francisco, ct 94114 city, state ZIP Code |
| Mailing: | San Francisco, (A 94102 City, State ZIP Code |
| Telephone Number | Fax:; Email: |
| I declare under penalty of perjury unde | the laws of the State of California that the foregoing is true and correct. |
| Executed on H/17 | 2024, in San Francisco, CA |
| | |
| English (415) 554-4375 | sfelections.org 中文 (415) 554-4367 1 Dr. Carlton B. Goodlett Place Español (415) 554-4366 |

TTY (415) 554-4386

City Hall, Room 48, San Francisco, CA 94102

Filipino (415) 554-4310

DOI-DOC-Period 1

Rev. 01.25.19

Sworn Statement

| I meet the statutory and/or constitutional requirements for | this office including, bu | t not limited to, citizenship ar | nd residency |
|--|---------------------------|---|----------------|
| I understand that I may withdraw no later than 67 days bef | ore the election. | V | |
| I am at present the incumbent of the following public office | (if any): | NA | |
| | Date | 117 | 2024. |
| Oath of Office | | | |
| of the United States and the Constitution of the State of California County of San Francisco Subscribed and sworn to before me on this | ornia against all enem | ies, foreign and domestic; than n of the State of California; th | at I will bear |
| The second of the second of | | | |
| Examined and o | day of | April | , 2024 |
| 1 v = _ y* | | 1 : 1 1 ' | |
| For Department of Elections Use: | | TIME | |

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

Date of original registration:_

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

Date of re-registration:

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



DEPARTMENT OF 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 | _ |
|--|---|
| 2024 AUG -9 PM 3: 56 DEPARTMENT OF ELECTIONS | |
| By: Date Issued: | |

| | | In accordance with California Government Code section 7928.205, I hereby: (please check one) | | | | | |
|-------------|------|---|--|--|--|--|--|
| | | grant permission to post information on the internet | | | | | |
| | | □ deny permission to post information on the internet | | | | | |
| | | to the San Francisco Department of Elections on sfelections.org for the | | | | | |
| Permissions | 1 | wonur, day, year | | | | | |
| | | If you denv permission, only your name will appear on the qualified candidate list posted on sfelections.org. | | | | | |
| | | | | | | | |
| | | 8/9/24 | | | | | |
| | | Date | | | | | |
| | -115 | | | | | | |

| | | Complete these fields only if you gra Information to be posted (please print): | |
|--------------------------|---|---|--|
| | | Candidate name: Office Sought: | Lvis Zamora Community College Board |
| Candidate Information | 2 | Address (physical or mailing): | 490 Post St. 1700, SAN Francisco 94105 |
| | | Phone Number: Email address: | luis@lviszamoraforsf.com |
| | | Website: | luis Zamoraforsf. com |
| | | Fax: | |



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: Luis Zamorci Office: City College Board Email: 1v1s@/viszamoraforsf.com Home Address: Mailing Address: Same as above Business Address: N/A Phone Number(s) Business: N/A Home/Mobile: (415) 521-4544 Fax: N/A |
|--|--|---|
| Attorney or Other Authorized Person Information | 2 | Attorney Name (or other person authorized to act on your behalf): Address: N/A Phone Number(s) N/A Business: N/A Mobile: N/A Fax: N/A |
| (a) Your of (b) The fu (c) "Appoint to som (d) "Incum public | urrent Il title o inted [i ne othe bent" office | principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")]. of the public office you currently occupy and to which you were elected. 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 er office. 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 and seek election to the same office. Incumbent" if you were appointed to your current elective public office and seek election to the same office. |
| Proposed Ballo Designation(s) | H | Proposed Ballot Designation(s): Community Relations Director Alternate Ballot Designation(s) 1: V/A Alternate Ballot Designation(s) 2: V/A |

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

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

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

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

- (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.

| known as | PVOs |), com | plete a justification section for each separate PVO. |
|--|---|--|--|
| Justification use of Probable Ballot Designation If you are proposing alternate be designation please proving justification use of those Page 3. | allot ns, vide | 4 | Justification for use of 1st PVO: My CUTTENT TOTAL HITTER ST Director of Community Relations and Executive Affairs." Business and Attached. Current or most recent job title: Dir. of Community Relations is Start Date: Present Employer Name or Business: City and County of Sav Francisco Person who can verify this Information: Name: Kathe Puriter Phone Number(s): 415) 235 - 8990 Email: Start Date: W/A Employer Name or Business: N/A Person who can verify this information: Name: N/A Phone Number(s): N/A Email: N/A Current or most recent job title: N/A Start Date: N/A Email: N/A Current or most recent job title: N/A Employer Name or Business: N/A Current or most recent job title: N/A Employer Name or Business: N/A Person who can verify this information: NAME: N/A Start Date: N/A End Date: N/A Employer Name or Business: N/A Person who can verify this information: Name: N/A Phone Number(s): N/A Email: N/A Employer Name or Business: N/A Person who can verify this information: Name: N/A Phone Number(s): N/A Email: N/A Email: N/A |
| Before sig | ning bel | ow, an | swer/initial the following questions. Does your proposed ballot designation: |
| 1) U 2) N 3) U 4) S 5) R 6) A 7) P 8) U 9) U 10) U 11) R 12) R | Use only a Non-judici Use more Suggest a Refer to a Abbreviate Place the w Use a wor Use the ma Refer to a | a portion al cand than th n evalu status e the wo word "ret d or pre ord "ret ame of racial, | Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Incumbent" for an elective office to which you were appointed? Initial diales: Use only the word "Initial diales: Initial diales: Use on the words it modifies? Example: Accountant, retired and "Yes No Initial diales: Use of "Yes No I |
| X L | | | Date Signed: Month/Day/Year |
| For your i | | | 5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish |

SAN FRANCI CO FILED 2024 AUG - 9 PM 3: 5.4 BEPARTHENT OF ELECTIONS



DAVID CHIU CITY ATTORNEY

LUIS A. ZAMORA
DIRECTOR OF COMMUNITY
RELATIONS AND EXECUTIVE AFFAIRS

OFFICE OF THE CITY ATTORNEY
CITY HALL, ROOM 234
1 DR. CARLTON B. GOODLETT PLACE
SAN FRANCISCO, CA 94102

DIRECT: (415) 554-4748 RECEPTION: (415) 554-4700 Luis.A.Zamora@sfcityatty.org



DEPARTMENT OF ELECTIONS John Arn

John Arntz, Director

| For the Ballot (CAEC §§ 13104, 13106- 13107, 13211.7; SF MEC §§ 205, 225, 401) | 2024 A | C - 9 PH Official Filing Form |
|---|--------|--|
| (| DEPART | HENT OF ELECTIONS |
| | | |
| | | County Floritons Official |
| * | | 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

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

Candidate initials box if NO ballot designation is preferred.

Print Ballot Designation Requested

Name in Chinese

Characters

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.

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.

Rev. 01.25.19

| MEMBER, COUNTY CENTRAL COMMITTEE, ASSEME | SI V DIS | TDICT 17 | |
|---|----------|---|---------|
| 縣中央委員會委員,州眾議院第17選區 | JET DI | TRICT II | |
| Vote for no more than Fourteen / 與不超過十四人 | | | |
| PETER GALLOTTA 彼得·加洛塔 | | SYDNEY SIMPSON 悉尼 | |
| Clean Energy Manager / 清潔能源經理 | 0 | Registered Nurse / 註冊護士 | (|
| KRISTIN HARDY 克里斯汀·哈迪 | 0 | JOSHUA RUDY OCHOA 約書亞·魯迪 | n·奥喬亞 / |
| Medical Records Clerk / 醫療記錄文員 | | Community Organizer / 社區組織者 | (|
| EMMA HEIKEN 艾瑪·海肯 | | LUIS A. ZAMORA 路易斯·A·扎莫拉 | - |
| Public Policy Analyst / 公共政策分析師 | | Executive Affairs Director / 執行事務總監 | |
| LILY HO 何元麗 Public Safety Director / 公共安全總監 | 0 | MATT DORSEY 麥德誠 San Francisco Supervisor / 三編市市議員 | |
| JOHN AVALOS 艾華樂 | | SAL ROSSELLI 薩爾·羅塞利 | |
| Affordable Housing Organizer / 可負擔住房組織者 | 0 | Healthcare Union President / 醫護保健工會主席 | |
| CEDRIC G. AKBAR 塞德里克·G·阿克巴 | 0 | JANE KIM 金貞妍 | (|
| Community Advocate / 社區倡議者 | | Statewide Organizing Director / 州際組織總監 | |
| NANCY TUNG 湯曉慧 Chief Prosecutor / 首席檢察官 | 0 | BILAL MAHMOOD 馬百樂 | |
| FRANK TIZEDES 弗蘭克·泰茲德斯 | _ | Climate Nonprofit Director / 氣候非牟利總監 ANITA MARTINEZ 安妮塔·馬丁內茲 | |
| Workforce Talent Strategist / 勞動力人才策略師 | 0 | Retired College Teacher/退休大學教師 | (|
| MICHAEL LAI 賴天宸 | 0 | | (|
| Early Education Director / 早期教育主任 | | | |
| JEREMY LEE 李銘富 | 0 | | |
| Affordable Housing Manager / 可負擔任房經理 LAURANCE LEM LEE 林灼世 | | | |
| Small Business Owner / 小商業業主 | 0 | | |
| PETER HO LIK LEE 李浩力 | 0 | | / |
| Business Owner / Parent / 商業業主 / 家長 | | | 1 |
| TREVOR CHANDLER 陳澤維 | 0 | | (|
| Public School Teacher / 公立學校教師 | | | |
| VICK CHUNG 鍾晓雲 Member, Community College Board / 社區大學董事會成員 | 0 | | (|
| CHRISTOPHER CHRISTENSEN 克里斯多福·克里斯滕森 | | | |
| Union Organizer / 工會組織者 | 0 | | (|
| CARRIE BARNES 凱莉·巴恩斯 | 0 | | (|
| Community Organizer / Mom / 社區組織者 / 母親 | | - | |
| PATRICK BELL 派崔克·貝爾 Union Plumber / 工會水態匠 | 0 | | (|
| GLORIA BERRY 歌莉婭·貝理 | _ | | |
| Public Servant / Mother / 公務員 / 母親 | 0 | | (|
| ADOLFO VELASQUEZ 阿道夫·維拉奎茲 | 0 | | (|
| Educator / 教育工作者 | | | |
| MICHAEL NGUYEN 阮忠誠 | 0 | | (|
| Attorney / LGBTQ Advocate / 律節 / LGBTQ倡議者 LYN WERBACH 琳·韋巴赫 | | | |
| LYN VVERDACH 林·星巴赫 School Administrator / COO / 學校行政人員 / 營運長 | \circ | | (|
| JOE SANGIRARDI 喬·桑吉拉油 | 0 | | |
| Housing Policy Director / 住房政策總監 | 0 | | (|

Please use the same transliteration but drop the middle initial "A.". My name on the Nov. 5th, 2024 ballot will be "Luis Zamora".



| Candidate Statement of Qualifications | | |
|--|---|--|
| 2024 AU | IG-9 PM 3:55 | |
| DEPART | MENT OF ELECTIONS | |
| 14242 V | | |
| | County Elections Official By: | |
| | Date Issued: | |
| | | |
| S | | |
| | | |
| | Department at publications@sfgov.org | |
| | nomination period. | |
| Da | te_ <u>6/9/24</u> | |
| | nges or corrections after the statement | |
| | a revision is unclear, Department staff will | |
| | on is ilital. | |
| Name as it will appear with statement: Luis Zamora My occupation is: Community Relations Director | | |
| FILE | | |
| count starts | here: | |
| | of format to the ne close of the not make char information or this interpretation | |

I'm running for College Board because I know firsthand how important community colleges

I'm the first in my family to go to college, I earned my Associate's Degree from a community college, and I worked full time while doing it. I have personally benefited from schools like City College, and I know what it takes to help students succeed.

City College of San Francisco hasn't been accountable to our community, and we've seen declining enrollment, painful curriculum cuts, and a financial crisis that puts our accreditation at risk. CCSF provides invaluable opportunities for residents, but only if we are smart, responsible, and forward looking. We need leadership that is accountable, who make strategic investments to boost enrollment and provide new opportunities for our students.

I'm an LGBTQ+ activist, renter, union member, and community volunteer with a proven track record of getting things done. As an Immigrants Rights Commissioner, I fought against Trump-era immigration policies, and I'm a proud delegate to the California Democratic Party where I chair the LGBTQ+ Caucus.

I'm endorsed by Speaker Emerita Nancy Pelosi, Attorney General Rob Bonta, Mayor London Breed, State Senator Scott Wiener, Assemblymember Matt Haney, Assessor-Recorder Joaquín Torres, Supervisors Rafael Mandelman, Myrna Melgar, Joel Engardio, and Matt Dorsey, and current and former CCSF Trustees Shanell Williams, Alex Randolph, Steve Ngo, and Equality California.

Learn more: https://luiszamoraforsf.com/

Candidate Statement of Qualifications



DEPARTMENT OF ELECTIONS

| I, Nancy Pelos. wish to endorse Luis Zamora for the |
|---|
| office of San Francisco City College Board of Trustees, in the upcoming November 5, |
| 2024 Election, and hereby authorize the use of my name on his "Candidate |
| Statement of Qualifications," and any other official elections or campaign material |
| and literature. |
| Signature of Endorser |
| Member of Gravess Title (for identification purposes) |
| 8/9/2029 Date |
| |

| 0 1 0 1 | 2024 AUG -9 PH 3-30 |
|---|--|
| I, hob Donta w | rish to endorse Luis Zamora for th |
| office of San Francisco City College Board of | Trustees, in the upcoming November . |
| 2024 Election, and hereby authorize the | use of my name on his "Candidat |
| Statement of Qualifications," and any other | official elections or campaign materia |
| Signature of Endorser | |
| California Attorney General Title (for identification purposes) | era |
| 8-7-24 | |
| Date | ~ |

| I, Lordn Breed | wish to endorse Luis Zamora for the | | | | | | |
|---|---|--|--|--|--|--|--|
| office of San Francisco City College Board of | of Trustees, in the upcoming November 5, | | | | | | |
| 2024 Election, and hereby authorize the | ne use of my name on his "Candidate | | | | | | |
| Statement of Qualifications," and any oth | Statement of Qualifications," and any other official elections or campaign material | | | | | | |
| Signature of Endorser | | | | | | | |
| Title (for identification purposes) | | | | | | | |
| 7-29-24 Date | | | | | | | |

| Date: <u>JULY 26, 2024</u> | DEPARTMENT OF ELECTIONS |
|---|---------------------------------|
| I, Scott WIENETZ wish to endorse (o | or support) |
| (Name of Candidate) on their "Candidate Sta | atement of Qualifications", for |
| the office of Course Carefe Form the upcoming Nov (Elective office) | ember 5, 2024 Presidential |
| G | |

BEPARIMENT OF ELECTIONS OAQUIN TORRES wish to endorse Luis Zamora for the office of San Francisco City College Board of Trustees, in the upcoming November 5, 2024 Election, and hereby authorize the use of my name on his "Candidate Statement of Qualifications," and any other official elections or campaign material

Title (for identification purposes)

Date Zozu

SAN FILED

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL 3: 55

| I, Rafal Mardolman wish to endors | EPARTHENI OF |
|--|--------------------------|
| i, wish to endor | se Luis Zamora for the |
| office of San Francisco City College Board of Trustees, in the | e upcoming November 5, |
| 2024 Election, and hereby authorize the use of my n | name on his "Candidate |
| Statement of Qualifications," and any other official election | ons or campaign material |
| and literature. | |
| ser er | |

Title (for identification purposes)

7/11/24 Date

SAH FRANCISCO

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

| LICIA MIG-9 11 |
|---|
| I, Wyna Melgar wish to endorse Luis Zamora for the |
| office of San Francisco City College Board of Trustees, in the upcoming November 5, |
| 2024 Election, and hereby authorize the use of my name on his "Candidate |
| Statement of Qualifications," and any other official elections or campaign material |
| and literature |
| |
| Signature of Endorser |
| Title (for identification purposes) |
| 7/11/24 |

I, Joe Eryardio wish to endorse Luis Zamora for the office of San Francisco City College Board of Trustees, in the upcoming November 5, 2024 Election, and hereby authorize the use of my name on his "Candidate Statement of Qualifications," and any other official elections or campaign material

SF Board of Supervisor

Title (for identification purposes)

7/30/24

SANTELANCISCO

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL 3: 55

I, MATT DORSEY wish to endorse Luis Zamora for the office of San Francisco City College Board of Trustees, in the upcoming November 5, 2024 Election, and hereby authorize the use of my name on his "Candidate Statement of Qualifications," and any other official elections or campaign material and literature.

Signature of Endorser

Title (for identification purposes)

SAN FRANCI. CO

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

I, Share | Wi wish to endorse Luis Zamora for the office of San Francisco City College Board of Trustees, in the upcoming November 5, 2024 Election, and hereby authorize the use of my name on his "Candidate Statement of Qualifications," and any other official elections or campaign material

Signature of Endorser

City (slege Trustel
Title (for identification purposes)

Date

SAN FRANCE CO

AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL 9 PM 3: 55

I, Alex Pandoph wish to endorse Luis Zamora for the office of San Francisco City College Board of Trustees, in the upcoming November 5, 2024 Election, and hereby authorize the use of my name on his "Candidate Statement of Qualifications," and any other official elections or campaign material

Signature of Endorser

SF Cits College Touries, Trustee, Resident, Board of Touries (Conformer)

Title (for identification purposes)

SAN FRANCI CO

| ACTIONIZATION OF ENDORSEMENT BI INDIVIDUAL |
|---|
| I, Stue wish to endorse Luis Zamora for the office of San Francisco City College Board of Trustees, in the upcoming November 5, |
| 2024 Election, and hereby authorize the use of my name on his "Candidate |
| Statement of Qualifications," and any other official elections or campaign material |
| |
| Truster, City College of San Franciso (Ret) Title (for identification purposes) |
| Date 7 3 24 |

AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION 2074 AUG -9 PM 3: 55

| 1 | | 200 | | | | |
|---|----------|----------|----------|----------|-------|-----|
| The EQUALITY CALIFORNIA | endorses | Luis Za | mora fo | or the o | ffice | of |
| San Francisco City City College Board of Trus | | | | | | |
| Election, and hereby authorize the use | of the o | organiza | tion's r | name | on | his |
| "Candidate Statement of Qualifications," | and any | other | official | electio | ons | or |
| can ature. | | | | | | |
| Sign | | | | | | |
| SHAY FRANCO CIATOREN | | | | | | |
| Print Name of Authorized Representative | | | | | | |
| POLITICAL DIRECTOR | | | | | | |
| Position with Organization | | | | | | |
| 7/91/24 | | | | | | |
| Date | | | | | | |

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Filing Official Use Only COVER PAGE SAMERANGE CO

| Please type or print in ink. | | | | 902/1 ALIC -9 F | PH 3: 55 | | | |
|---|--|---------------|-----------------------|---|-----------------------------|-----|--|--|
| NAME OF FILER (LAST) | (FIRST) | | | (MIDDLE) | | | | |
| Zamora, Luis | | | | DEPARTMENT OF | ELECTIONS | | | |
| 1. Office, Agency, or Court | | | | | | | | |
| Agency Name (Do not use acronyms | 5) | | | Biles b | | | | |
| City and County of San Fran | ncisco | | | | | | | |
| Division, Board, Department, District, | if applicable | | Your Position | n | | | | |
| Community College District | | | Member | of the Board of Tru | ustees | | | |
| ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) | | | | | | | | |
| Agency: | | | Position: | | | | | |
| 2. Jurisdiction of Office (Chec | k at least one box) | | | | | | | |
| State | | | | tired Judge, Pro Tem Jud Jurisdiction) | dge, or Court Commissione | r | | |
| Multi-County | | | County of | San Francisco | | | | |
| San Francisco | | | | | | | | |
| 3. Type of Statement (Check at | t least one box) | | | | | | | |
| Annual: The period covered is December 31, 2023. | | | Leaving | Office: Date Left (Check one | | | | |
| -or- The period covered is . December 31, 2023. | | _, through | | period covered is January ving office. | y 1, 2023, through the date | | | |
| Assuming Office: Date assume | ed/ | _ | ☐ The p | eriod covered is | , throu | gh | | |
| Candidate: Date of Election | 1/05/2024 and o | ffice sought, | if different than Par | rt 1: | | | | |
| 4. Schedule Summary (requi | red) ▶ Total | l number | of pages includ | ding this cover pag | ie. | | | |
| Schedules attached | , | | or puges mone | and core. pag | | | | |
| Schedule A-1 - Investments - | - schedule attached | | Schedule C - Inco | ome, Loans, & Business | Positions - schedule attack | hed | | |
| Schedule A-2 - Investments - | - schedule attached | | Schedule D - Inco | ome – Gifts – schedule a | attached | | | |
| Schedule B - Real Property - | - schedule attached | | Schedule E - Inco | ome – Gifts – Travel Pay | ments - schedule attached | ł | | |
| -or- None - No reportable | interests on any sched | lule | | | | | | |
| 5. Verification | moreote on any conca | u.o | | | | | | |
| MAILING ADDRESS STREET | | CITY | | STATE | ZIP CODE | _ | | |
| (Business or Agency Address Recommended - | Public Document) | San Er | ancisco | CA | 94114 | | | |
| DAYTIME TELEPHONE NUMBER | | Salifi | EMAIL ADDRESS | UA . | 34114 | - | | |
| (415) 521-6546 | | | luiszamora.sf(| @gmail.com | | | | |
| | 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 <u>public document</u> . | | | | | | | |
| I certify under penalty of perjury u | I certify under penalty of perjury under the laws of the State of California that t | | | | | | | |
| Date Signed 8/9/5 |) | Si | gnature | | | | | |
| | | | | | | | | |