



## San Francisco Ethics Commission

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### Electronic Document Transmission Cover Sheet

SFEC DOC

A Public Document

During the closure of the Ethics Commission's physical office due to the Order of the Health Officer No. C19-07, the Ethics Commission will now accept certain paper forms via this Electronic Document Transmission Cover Sheet that do not have an existing electronic submission process available at <https://sfethics.org/compliance/e-file>. The forms that can be filed using this cover sheet are: SFEC Form 112a, SFEC Form 142a, FPPC Form 410, FPPC Form 470 (For filers not required to file electronic statements. See SFC&GCC Sec. 1.112), FPPC Form 501, Acknowledgment of Mandatory Campaign Audit, and all campaign consultant forms. **Forms submitted using this cover sheet that are illegible or have an existing electronic submission process will be rejected.**

You may attach a scan, photograph, or electronic PDF of a form to this cover sheet. For SFEC Form 112a, SFEC Form 142a, Acknowledgment of Mandatory Campaign Audit, FPPC Form 470 and FPPC Form 501, you may sign this cover sheet in lieu of completing the verification requirements on the form. For FPPC Form 410 and all campaign consultant forms, you must attach a scan or photograph of the form that includes required signatures on the form. The Ethics Commission will not enforce notarization or original wet signature requirements during the office closure. Forms submitted using this cover sheet per these guidelines will be processed and considered filed as of the date stamp on this cover sheet. **Hard copies with original wet signatures or notarization requirements must be delivered or postmarked and mailed to the Ethics Commission no later than 15 days after the Ethics Commission posts notice on [sfethics.org](http://sfethics.org) that the physical office has re-opened. Subscribe to receive Interested Persons email notices from the Ethics Commission at [sfethics.org](http://sfethics.org).**

**Please note: Do not use this cover sheet to transmit documents or other records for the purposes of an audit or complaint.**

1. FILER INFORMATION	
<b>NAME OF FILER</b>	Austin Marshall
<b>NAME OF PERSON SUBMITTING THIS COVER SHEET</b>	Austin Marshall
<b>COMMENTS</b>	Amended Form 410 for the Mayor Mark Farrell for the Cut the Dysfunctional Bureaucracy Initiative committee.
2. ATTACH FORM	
<b>TYPE OF FORM</b>	FPPC Form 410
The completed form will be appended to this cover page. The attachment must be a legible scan, photograph, or electronic PDF of the form. Illegible attachments will be rejected.	

**3. VERIFICATION**

I have used all reasonable diligence in preparing the statement attached to this cover sheet. I have reviewed the statement attached to this cover sheet and to the best of my knowledge, the information I have provided here is true and complete.

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

**SIGNATURE**

**DATE SIGNED**

**Statement of Organization  
Recipient Committee**

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

**Statement Type**

<input type="checkbox"/> <b>Initial</b>	<input checked="" type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> <b>Termination – See Part 5</b>
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	Date qualification threshold met 03 / 15 / 2024	Date of termination _____/_____/_____

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers				
		1467847 <small>(if applicable)</small>		NAME OF TREASURER <b>Roy Herrera</b>				
NAME OF COMMITTEE <b>Mayor Mark Farrell for the Cut the Dysfunctional Bureaucracy Initiative</b>		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Phoenix</b>	STATE <b>AZ</b>	ZIP CODE <b>85004</b>		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>San Francisco</b>		STATE <b>CA</b>	ZIP CODE <b>94118</b>	AREA CODE/PHONE <b>415-355-4064</b>		
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] <b>San Francisco, CA 94118</b>		E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <b>austin@ha-firm.com</b>		EMAIL ADDRESS OF TREASURER (REQUIRED) <b>roy@ha-firm.com</b>				
COUNTY OF DOMICILE <b>San Francisco</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>San Francisco</b>		NAME OF ASSISTANT TREASURER, IF ANY <b>Austin Marshall</b>				
[REDACTED]		[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Phoenix</b>	STATE <b>AZ</b>	ZIP CODE <b>85004</b>
[REDACTED]		[REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) <b>austin@ha-firm.com</b>				
[REDACTED]		[REDACTED]		NAME OF PRINCIPAL OFFICER(S) <b>Jade Tu</b>				
[REDACTED]		[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>San Francisco</b>	STATE <b>CA</b>	ZIP CODE <b>94118</b>
[REDACTED]		[REDACTED]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) <b>jade.tu.sf@gmail.com</b>				
[REDACTED]		[REDACTED]		AREA CODE/PHONE <b>415-828-6095</b>				
<b>3. Verification</b>								

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/07/2024 By [REDACTED]

Executed on 05/07/2024 By [REDACTED]

Executed on 05/04/2024 By [REDACTED]

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME Mayor Mark Farrell for the Cut the Dysfunctional Bureaucracy Initiative	I.D. NUMBER 1467847
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**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Amalgamated Bank	AREA CODE/PHONE 800-662-0860	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94111

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Mark Farrell	Mayor San Francisco	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Cut the Dysfunctional Bureaucracy Initiative	San Francisco	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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FORM 410**

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COMMITTEE NAME

I.D. NUMBER

## 4. Type of Committee *(Continued)*

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

### Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.