John Arntz, Director

2025 APR TO AM 10: 4.1

BALLOT DESIGNATION WORKSHEET

Name of Candidate: DeJanelle Sovell
Office Sought: San Francisco Health Service Board
Daytime Telephone Number: Evening:
FAX Number: E-Mail Address:
Name of Attorney (or other person authorized to act in your behalf)
Telephone Number:
FAX Number: E-Mail Address:
PROPOSED BALLOT DESIGNATION: PUBLIC Health Professional
1st Alternative: Public Health Advocate
2nd Alternative: Public Health Champin
Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office,
you may submit a copy of your certificate of election or appointment.
Im currently a health program coordinator for the San Francisco Dept. of Public
Health and have been working for them for going on six years.
Your Job Title: Healthcare nesponder Coordinator
Dates in Position: 1/8/24 - CVYYEM
Name of Employer or Business: San Francisco Department of Public Health
Person(s) who can verify this information:
Name(s): Tiffany PitvevaTelephone Number(s):
To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s), and/or occupation(s) that I am entitled to use as my ballot designations pursuant to §13107 of the California Elections Code.
Signed this 9th day of ADVI , 2025, in San Francisco
(Location)



John Arntz, Director

Official Filing Form

Candidate Statement of Qualifications

CAEC §§ 13307-13308

Candidate Name

Office Sought

San Francisco Health Service Board Member

Election Date May 16 - May 30, 2025 San Francisco Health Service Board Election Please complete the following sections: ☐ I will NOT file a Candidate Statement of Qualifications will file a Candidate Statement of Qualifications I will send an electronic copy of my statement in Word format to the Department at campaign.services@sfgov.org no later than 5: day after the close of the nomination period. Signature of Candidate: 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. anelle Name as it will appear with statement: My occupation is: Health coordinator program My qualifications are:

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

As a dedicated public health professional, I am committed to ensuring San Francisco's public employees and retirees receive equitable, high-quality healthcare. My experience with SFDPH in community health education, racial equity, and emergency preparedness, and lived experiences has given me a good understanding of the systemic barriers to care. I will advocate for policies that improve access, affordability, and transparency in our health benefits system. With a background in program coordination and health education, I bring a proactive, equity-centered approach to the Health Service Board.

I am running to ensure all members receive the healthcare they deserve—rooted in fairness, fiscal responsibility, and community well-being. I will work to strengthen member engagement, ensuring that your concerns are heard and addressed. By prioritizing preventative care, mental health services, and cost-effective solutions, we can create a system that supports long-term health and financial sustainability.

I am dedicated to making the Health Service Board more accessible, accountable, and responsive to the needs of its members. Your health and wellbeing matter, and I will work tirelessly to ensure our benefits system reflects that. I would be honored to earn your support and serve as your advocate on the Health Service Board.