



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

S John Arntz, Director

BALLOT DESIGNATION WORKSHEET

2025 APR 10 AM 10:25
DEPARTMENT OF ELECTIONS

Name of Candidate: RUTH SAPPELT

Office Sought: Health Service Board Commissioner

Daytime Telephone Number: [REDACTED] Evening: [REDACTED]

FAX Number: N/A E-Mail Address: [REDACTED]

Name of Attorney (or other person authorized to act in your behalf)

JOSE SAPPELT Telephone Number: [REDACTED]

FAX Number: N/A E-Mail Address: [REDACTED]

PROPOSED BALLOT DESIGNATION: PEOPLE ANALYTICS AND ENGAGEMENT MANAGER

1st Alternative: _____

2nd Alternative: _____

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.

This designation is my current job title. It describes my role managing the San Francisco International Airport's People Analytics & Engagement unit in its HR function.

Your Job Title: People Analytics and Engagement Manager

Dates in Position: Nov. 2021 - Present

Name of Employer or Business: City & County of San Francisco, San Francisco International Airport

Person(s) who can verify this information: Andrea Caporale or

Name(s): Cynthia Maltez Telephone Number(s): [REDACTED]

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 April, 2025, in San Francisco, CA

(Location)

Candidate's Signature

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

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

中文 (415) 554-4367
Español (415) 554-4366
Filipino (415) 554-4310
Rev. MM.DD.YY



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form
Candidate Statement of Qualifications
CAEC §§ 13307-13308

2025 APR 10 AM 10:25

DEPARTMENT OF ELECTIONS

Candidate Name RUTH SAPPELT
Office Sought San Francisco Health Service Board Member
Election Date May 16 - May 30, 2025 San Francisco Health Service Board Election

Issued by: _____ Date: ____/____/____

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 campaign.services@sfgov.org no later than 5:00 p.m. of the next working day after the close of the nomination period.

Signature of Candidate _____ Date 4/9/25

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.

Name as it will appear with statement: RUTH SAPPELT

My occupation is: PEOPLE ANALYTICS AND ENGAGEMENT MANAGER

My qualifications are: Managing SFO's People Analytics & Engagement unit in SFO's HR Function

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

As People Analytics and Engagement Manager in the People, Performance and Development Division of the San Francisco International Airport (SFO), I champion the health, benefits, and wellness experience of over 1,700 City workers.

Through surveys, focus groups and onsite outreach, I hear from workers across bargaining units - from frontline staff and tradespeople to senior executives. Most recently I led the department-wide employee satisfaction survey, garnering 80% participation. This gives me unique insight and perspective into what is working and what needs improvement for all City workers.

I love our City. I was born and raised here, attended public schools, and still live in San Francisco, sending my own kids to SFUSD. With aging parents, I understand the complexities of caring for family across generations.

As public servants, we make this beautiful City run. We deserve the best care, benefits, and retirement options. I want to make that possible. I will bring a fresh perspective to advocate for all our needs. Hablo Español. [linkedin.com/in/ruthsappelt](https://www.linkedin.com/in/ruthsappelt)

Endorsements include Dr. Fiona Wilson, Health Service Board Commissioner; Susan Solomon, City College of San Francisco and Retired President of United Educators of San Francisco.

2025 Health Service Board Election
AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

I, Susan Solomon wish to endorse (or support)
(Printed name of endorser)

Ruth Sappelt on their
(Name of candidate)

"Candidate Statement of Qualifications", for the office of Health Service Board Member
(Name of office)

in the upcoming 2025 Health Service Board Election.

[Redacted Signature]

(Signature of endorser)

April 2, 2025
(Date)

2025 Health Service Board Election
AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION
USE ORGANIZATION'S LETTER HEAD

The _____ endorse (or support)
(Name of Organization)

_____ on their candidate statement, for the office of
(Name of candidate)

Health Service Board Member in the upcoming 2025 Health Service Board Election.

By: _____
(Printed Name of authorized representative)

Signature: _____
(Signature of authorized representative)

Title: _____
(Authorized officer of the organization)

(Date)

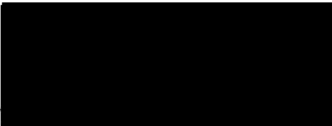
2025 Health Service Board Election
AUTHORIZATION OF ENDORSEMENT BY INDIVIDUAL

I, Fiona Wilson M.D. wish to endorse (or support)
(Printed name of endorser)

Ruth Sappelt on their
(Name of candidate)

"Candidate Statement of Qualifications", for the office of Health Service Board Member
(Name of office)

in the upcoming 2025 Health Service Board Election.


(Signature of endorser)

4/2/25
(Date)

2025 Health Service Board Election
AUTHORIZATION OF ENDORSEMENT BY ORGANIZATION
USE ORGANIZATION'S LETTER HEAD

The _____ endorse (or support)
(Name of Organization)

_____ on their candidate statement, for the office of
(Name of candidate)

Health Service Board Member in the upcoming 2025 Health Service Board Election.

By: _____
(Printed Name of authorized representative)

Signature: _____
(Signature of authorized representative)

Title: _____
(Authorized officer of the organization)

(Date)