

File No. 100681

Committee Item No. 4  
Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date June 3, 2010

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget Analyst Report                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER

(Use back side if additional space is needed)

- |                                     |                          |                 |
|-------------------------------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |

Completed by: Linda Wong

Date May 28, 2010

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



1 [Appointment, Juvenile Probation Commission – Joseph Arellano]

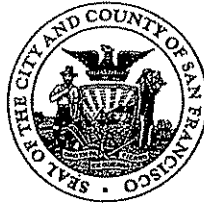
2  
3 **Motion rejecting the Mayor’s appointment of Joseph Arellano to the Juvenile Probation**  
4 **Commission, for the term ending January 15, 2014.**

5  
6 WHEREAS, Pursuant to Charter Section 3.100, the Mayor has submitted a  
7 communication notifying the Board of Supervisors of the appointment of Joseph Arellano to  
8 the Juvenile Probation Commission, received by the Clerk of the Board on May 24, 2010; and

9 WHEREAS, Under Charter Section 3.100, the Board of Supervisors has the authority  
10 to reject the appointment by a two-thirds vote (eight votes) within thirty days following  
11 transmittal of the Mayor’s Notice of Appointment, and the failure of the Board to reject the  
12 appointment by two-thirds vote within the thirty day time period shall result in the appointee  
13 continuing to serve as appointed; and

14 WHEREAS, The Board of Supervisors, by Motion 01-34, established a process to  
15 review the Mayor’s appointment to the Juvenile Probation Commission; now, therefore, be it

16 **MOVED, That the Board of Supervisors hereby rejects the Mayor’s appointment of**  
17 **Joseph Arellano to the Juvenile Probation Commission, for the term ending January 15, 2014.**



**Notice of Appointment**

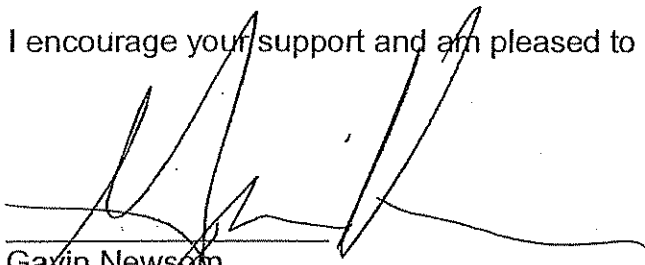
May 21, 2010

Honorable Board of Supervisors:

I hereby reappoint Joseph Arellano to serve as member of the Juvenile Probation Commission for a 4-year term commencing January 15, 2014, in accordance with the 1996 Charter, Section 3.100, (17).

I am confident that Joseph Arellano will serve our community well. Attached are his qualifications to serve, which demonstrate how the appointment represents the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of this appointment.

  
Gavin Newsom  
Mayor

BY AK

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2010 MAY 24 AM 9:25

OFFICE OF THE MAYOR  
SAN FRANCISCO



*ig: Rules Clerk*  
*c: COB, Leg Dep, Adm Dep*  
GAVIN NEWSOM

May 21, 2010

Angela Calvillo  
Clerk of the Board  
San Francisco Board of Supervisors  
City Hall, Room 244  
1 Carlton B. Goodlett Place  
San Francisco, California 94102

Dear Ms. Calvillo:

Pursuant to the Charter Section 3.100 (17), I have appointed Joseph Arellano as a member of the Juvenile Probation Commission effective today, May 21, 2010. Joseph Arellano has been appointed to fill a seat previously held by Susana Rojas and will expire on January 15, 2014.

Please see the attached resume which will illustrate that Joseph Arellano's qualifications allow him to represent the communities of interest, neighborhoods and diverse populations of the City and County.

Should you have any questions, please contact my Director of Appointments, Matthew Goudeau at 415-554-6674.

Sincerely,

Gavin Newsom  
Mayor

A handwritten signature in black ink, appearing to be "Gavin Newsom", written over a horizontal line.

BY \_\_\_\_\_ AK

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2010 MAY 24 AM 9: 25

## EDUCATION

University of Colorado, School of Arts and Sciences, Boulder, CO  
B.A. Political Science, May 2005

## EXPERIENCE

OFFICE OF MAYOR GAVIN NEWSOM, SAN FRANCISCO, CA JULY 2006 – PRESENT  
Interim Communications Director/Press Secretary

- Provide on-the-record, background, and off-the-record comment to local, state, and national media.
- Conduct on-camera interviews in English and Spanish.
- Staff Mayor Newsom daily at press conferences and provide on-site media support.
- Pitch story ideas to print, radio and television journalists and generate positive media coverage for the Mayor's Office.
- Draft press releases, media advisories, Op-Eds, background pieces, fact sheets and other materials.
- Create and manage large-scale media events, including Mayor Newsom's State of the City Address, Inaugural Address, Budget Address, and Town Hall meetings.
- Oversee web and new media communications strategy
- Advance press events to develop the shot and troubleshoot any logistical issues.

OFFICE OF STATE SENATOR JACKIE SPEIER, SAN MATEO, CA JULY 2005 – JULY 2006  
District Representative

- Staffed and represented Senator Speier at legislative events, and spoke on her behalf.
- Drafted formal writings and correspondence for the Senator, including Op-Ed pieces, press releases, bill letters, constituent responses, and personal letters.
- Prepared daily press briefings for the Senator and staff, compiled from a wide-range of local, state, and national publications.

OFFICE OF CONGRESSMAN MARK UDALL, WESTMINSTER, CO SEPT. 2004 – DEC. 2004  
Intern

- Drafted numerous formal writings for the Congressman, including submissions to the Congressional Record, Op-Ed pieces, press releases, constituent responses, and personal correspondence.

## SKILLS

### FLUENT SPANISH SPEAKER

### APPLE AND PC PROFICIENT

Microsoft Office (all apps.) Lotus Notes  
Adobe Photoshop Lexis-Nexis

## PERSONAL

- *Second Generation San Franciscan:* In the 1950's, my family moved to San Francisco from Nicaragua.
- *Travel Enthusiast:* I enjoy taking trips and have visited many places all over the globe.
- *Fan of the Outdoors:* Biking, hiking, jogging, basketball, tennis, and flag-football.

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST) <b>Arellano</b>	(FIRST) <b>Joseph</b>	(MIDDLE) <b>Arthur</b>	DAYTIME TELEPHONE NUMBER <b>(415) 554-6608</b>
MAILING ADDRESS (Business Address Acceptable) <b>1 Dr. Carlton B. Goodlett Place</b>	STREET <b>Room 291</b>	CITY <b>San Francisco, CA</b>	STATE <b>CA</b>
	ZIP CODE <b>94102</b>	OPTIONAL: E-MAIL ADDRESS <b>joe.arellano@sfgov.org</b>	

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

Name of Office, Agency, or Court:  
**Mayor's Office**

Division, Board, District, if applicable:  
**Mayor's Office of Communications**

Your Position:  
**Deputy Communications Director**

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

County of **San Francisco**

City of **San Francisco**

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

▶ Total number of pages including this cover page: **2**

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

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

Date Signed **3/23/10**  
(month, day, year)

Signature **Joseph Arthur Arellano**  
(File the originally signed statement with your filing official.)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE  
Newsom for California Exploratory Committee

ADDRESS (Business Address Acceptable)  
4104 24th Street #766

CITY AND STATE  
San Francisco, CA 94114

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

DATE(S): 3/17/09 - 3/19/09 AMT: \$ 405.45  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Reimbursement for campaign travel; Spanish language media outreach and media support

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

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