

File No. 120956

Committee Item No. 3

Board Item No. 31

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 4, 2012

Board of Supervisors Meeting

Date October 16, 2012

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" 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 and Legislative 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 |
| <input checked="" type="checkbox"/> | <input checked="" 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"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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

Completed by: Alisa Miller Date October 1, 2012
 Completed by: Alisa Miller Date October 11, 2012

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

1 [Appointments, Immigrant Rights Commission - Vera Haile, Haregu Gaime, Teresa Chee, and
2 Elahe Enssani]

3 **Motion appointing Vera Haile, Haregu Gaime, Teresa Chee, and Elahe Enssani, terms**
4 **ending June 6, 2014, to the Immigrant Right Commission.**

5
6 RESOLVED, That the Board of Supervisors of the City and County of San Francisco
7 does hereby appoint the hereinafter designated persons to serve as members of the
8 Immigrant Rights Commission, pursuant to the provisions of Ordinance No. 211-97, for the
9 term specified:

10 Vera Haile, succeeding herself, seat 1, term expired, must have a demonstrated
11 knowledge of and interest in the health, human service, educational, or employment issues
12 that affect immigrants residing in San Francisco, for the unexpired portion of a two-year term
13 ending June 6, 2014.

14 Haregu Gaime, succeeding herself, seat 2, term expired, must have a demonstrated
15 knowledge of and interest in the health, human service, educational, or employment issues
16 that affect immigrants residing in San Francisco, for the unexpired portion of a two-year term
17 ending June 6, 2014.

18 Teresa Chee, succeeding herself, seat 5, term expired, must have a demonstrated
19 knowledge of and interest in the health, human service, educational, or employment issues
20 that affect immigrants residing in San Francisco, for the unexpired portion of a two-year term
21 ending June 6, 2014.

22 Elahe Enssani, succeeding herself, seat 9, term expired, must be an immigrant to the
23 United States who is appointed in accordance with Section 4.101 of the Charter. In addition,
24 members shall have a demonstrated knowledge of and interest in the health, human service,
25

1 educational, or employment issues that affect immigrants residing in San Francisco, for the
2 unexpired portion of a two-year term ending June 6, 2014.

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Board of Supervisors.
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: Immigrant Rights Commission
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): F 1 District 1

Name: Vera Haile

Home Address: 44th Ave, San Francisco

Home Phone: 415 Occupation: Retired Social Worker - Administrator

Work Phone: none

Business Address: none

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary) 30 years working mostly with elderly immigrants in Chinatown at Self Help for the Elderly and in the Tenderloin at Curry Senior Center. Started a SEAsian elders program at Curry. Member World Affairs Council + Calif Immigrant Policy Center

Education: MSW Univ. of Calif. at Berkeley; BA Antioch College in Yellow Springs, Ohio; + Berkeley Professional Studies in India Program.

Business and/or professional experience: Curry Senior Center, Exec. Dir. 1983-96; Self Help for the Elderly, Asst. Dir. 1970-83; CCSF Human Services Agency, Compt. Services Rep. 1968-70

Civic Activities: Advisory Council to Dept. of Aging + Adult Services (co-chair of their legislative committee), Domestic Workers Rights Advocate, member 1455 Health Task Force of Planning for Elders/SAN, American Friends Service Committee

Ethnicity: (optional) White Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, becomes public record)

Date: 5-23-12 Applicant's Signature: (required) Vera Haile
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

04/17/09

STATEMENT OF ECONOMIC INTERESTS

Date Received
 Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Haile Dalenberg Vera Frances

1. Office, Agency, or Court

Agency Name: Immigrant Rights Commission Commissioner
 Division, Board, Department, District, if applicable: Office of Civic Engagement Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: IR Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other _____

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- or-
- The period covered is _____ through December 31, 2011.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
753-44th Avenue San Francisco, CA 94121

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 752-5400 _____

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 public document.

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

Date Signed 3-12-12
 (month, day, year)

Signature Haile Dalenberg
 (File the originally signed statement with your filing official.)

Rec'd in Campos
File No. 120956

Statement for RULES COMMITTEE hearing on Oct 4, 2012
Supervisors Jane Kim, David Campos, and Mark Farrell

I would like to request another term on the Immigrant Rights Commission.

As you know I worked 13 years in Chinatown at Self Help for the Elderly and 13 years in the Tenderloin at North of Market now called Curry Senior Center. I have had extensive experience in human services and health.

The reason for another term was that I think the attitudes toward immigrants are changing and getting better and that we, as a Commission should be able to do more to move that along. Language access is not resisted by as many departments as it once was. I would hope some day we would get to Title 6 of the Civil Rights Act, so we would have to provide every language people need. Languages change. Our latest need seems to be for Arabic, Pastun, Urdu. Looking at Africa, the next we may need could be Woolof.

The Governor and the President have been willing to extend education and hopefully driving to the innocent young people who are now encouraged by the Dream Act.

But where is legalization of the undocumented? It has not moved. I heard Mayor Bloomberg say that we needed them. If we legalized them they would pay more taxes and help build communities. No one is going to deport 11 million, he said. He agreed with Chris Wallace that he was talking about amnesty. Silvani at Stanford and others talk about how the undocumented generate jobs. From the taco truck to Dr. Quinones.

A man from Mexico who climbed the fence to work in Calif. Picking tomatoes. He went to San Joaquin Community college to learn English. When he graduated from there he didn't know there was any where else to go. Now he is a brain surgeon at Johns Hopkins Hospital working with people who have stage 3 & 4 brain tumors and hopes to find a cure.

Those are my long range goals in immigration, language access and amnesty. On the more immediate side, I think we have to keep making the community more accessible and welcoming to immigrants and be unafraid to talk about the important issues.

I am also interested in aging, and I notice that some of the undocumented are aging too. One of the women traveling with the group, NO PAPERS, NO FEAR and getting arrested is now 60 years old, like Mayor Lee. I hope we can make some improvements before they age any more.

Vera Haile



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**

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BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUN 12 AM 11:18
fe

Application for Boards, Commissions and Committees

Application for Appointment to: Immigrants' Rights Commission

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 2

District:

Name: Haregu Gaime

Home Address: — Buchanan St. — San Francisco, CA

Zip: 94610

Home Phone: 415 —

Occupation: Attorney

Work Phone: 415-533-4919

Employer: Self-employed

Business Address: 427 Grand Ave. Oakland, CA

Zip: 94610

Business E-Mail: haregu@gmail.com

Home E-Mail: haregu@ —

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

I am an attorney who fights for the rights of Immigrants in the greater Bay Area. I feel that, San Francisco as an immigrant city, has a lot to offer to the greater community. I am passionate about advocating for all our rights.

Education:

UC Berkeley 1997-2001

USF School of Law 2003-2006

Business and/or professional experience:

Law Offices of Haregu Gaime 2009- Current

Civic Activities:

Member of the Eritrean youth group; Commissioner 2010-2012;

Ethnicity: (optional) Black (African)

Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
(Applications must be received 10 days before the scheduled hearing.)

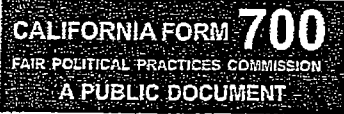
(Please Note: Once Completed, this form, including all attachments, become public record)

Date: 06/11/2012 Applicant's Signature: (required) *[Signature]*

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only

Please type or print in ink

NAME OF FILER (LAST) Gaime (FIRST) Haregu (MIDDLE)

1. Office, Agency, or Court

Agency Name: Immigrants Rights Commission
Division, Board, Department, District, if applicable:
Your Position: Commissioner

If filing for multiple positions, list below or on an attachment.

Agency: Position:

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

- State, Multi-County, City of San Francisco, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
Assuming Office: Date assumed
Candidate: Election Year
Leaving Office: Date Left
The period covered is January 1, 2011, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None."
Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
427 Grand Ave Oakland CA 94610
DAYTIME TELEPHONE NUMBER (415) 533-4919
E-MAIL ADDRESS (OPTIONAL)

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 public document.

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

Date Signed 03/28/2012 (month, day, year)

Signature (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Haregu Gaime

NAME OF BUSINESS ENTITY
Law Offices Of Haregu Gaime

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Law Firm

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Haregu Gaime

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Law Firm</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>427 Grand Ave</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Legal</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Attorney</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ <small>Street address</small>	
<input type="checkbox"/> \$500 - \$1,000	_____ <small>City</small>	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	
<input type="checkbox"/> OVER \$100,000		

Comments: _____



City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco Immigrant Rights Commission

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 5

District: N/A

Name: Teresa Chee

Home Address: 36th Avenue

Zip: 94122

Home Phone: 415- _____

Occupation: Registered Nurse

Work Phone: N/A

Employer: N/A

Business Address: N/A

Zip: N/A

Business E-Mail: N/A

Home E-Mail: N/A

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

incumbent reapplying for same seat - never had an unexcused absence or tardy. The only one on the commission with medical background.

Education:

BACHELOR'S degree in Nursing

Business and/or professional experience:

worked as a registered nurse - currently not able to work

Civic Activities:

*CATHY PAK #384 - auxiliary member
 Chinese American Democratic Club - member*

SF HOP B Free - volunteer

Ethnicity: (optional)

Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
 (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once Completed, this form, including all attachments, become public record)

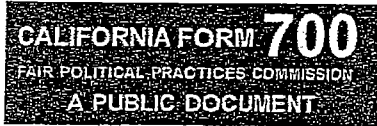
Date: 05/29/2012 Applicant's Signature: (required) *[Signature]*

use Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2012 MAY 30 PM 1:42



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chee Teresa Wai Kuan

1. Office, Agency, or Court

Agency Name
San Francisco Immigrant Rights Commission
Division, Board, Department, District, if applicable
Your Position
Commissioner

If filing for multiple positions, list below or on an attachment.

Agency: Position:

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

- State
Multi-County
City of San Francisco
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
Leaving Office: Date Left
The period covered is January 1, 2011, through the date of leaving office.
Assuming Office: Date assumed
The period covered is through the date of leaving office.
Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

- Check applicable schedules or "None."
Total number of pages including this cover page: 1
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1350 FOUFAUX AVENUE SAN FRANCISCO CA 94124
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 506-9028

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 public document.

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

Date Signed March 10, 2012 (month, day, year)

Signature (File the originally signed statement with your filing official.)



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-7714

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO

2012 JUN 11 PM 12:54

Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco Immigrant Rights Commission AK
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): # 1 or # 2 or # 5 or # 9 District: 4

Name: Gilberto J. Alexander

Home Address: 34th AVENUE SF CA Zip: 94116-1610

Home Phone: (347) _____ Occupation: Artist

Work Phone: (415) 745-1893 Employer: Self-Employed

Business Address: SAME Zip: _____

Business E-Mail: PINTORVENEZDANO@gmail.com Home E-Mail: galexander04@_____

Check All That Apply:

- A citizen of the United States. At least 18 years old on or before Election Day.
- Not in prison or on parole for a felony conviction
- A resident of San Francisco Yes: No: (Place of Residence): _____

Please state your qualifications (attach supplemental sheet if necessary)

Served as the SF Immigrant Rights Commission Program & Access Chairman - a long time of social access

Education: BS in Social Sciences, Tisch School of Arts, Hunter College (CUNY) New York - Studio Arts

Business and/or professional experience: Senior Arts Artist Consultant, Curator, Art Historian, Case Manager, HIV III with the San Francisco Department of Health

Civic Activities: Immigrant Rights Commission 08/2004 - 02/26/2010. Chairman Program and Access Committee

Ethnicity: (optional) Hispanic Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.) (Please Note: Once Completed, this form, including all attachments, become public record)

Date: 6/11/2012 Applicant's Signature: (required) Gilberto J. Alexander
 Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:
 Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



Immigrant Rights Commission Application for Vacant Seats!

Galexander04@ [redacted]

to:

Linda.Wong

06/27/2012 01:11 PM

Cc:

galexander04

Show Details

Gilberto J. Alexander

[redacted] Clayton Street, APT # [redacted]

San Francisco, California 94117-2659

(347) [redacted]

(415) [redacted]

galexander04@ [redacted]

June 27, 2012

Ref: Change of Address

Dear Ms. Wong:

I am hereby notifying your office today that, I have recently moved. **Please make changes on your record, as I recently applied for vacant seats currently available for consideration with the San Francisco Immigrant Rights Commission.**

OLD ADDRESS

Gilberto J. Alexander

2209 34th Avenue

San Francisco, California 94116-1610

(347) 359-8192 (c)

(415) 724-5175 (h)

NEW ADDRESS

Gilberto J. Alexander

[redacted] Clayton Street, APT # [redacted]

San Francisco, California 94117-2659

(347) [redacted]

(415) [redacted] - **NEW NUMBER**

galexander04@ [redacted]

Thank you for help and consideration.

Sincerely,

Gilberto J. Alexander

cc: file



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF CIVIC ENGAGEMENT & IMMIGRANT AFFAIRS

Edwin M. Lee, Mayor
Adrienne Pon, Executive Director

June 25, 2011

To Whom it May Concern,

Please let this letter of reference serve as confirmation that Mr. Gilberto Alexander served on the San Francisco Immigrant Rights Commission from 2004 to 2010, completing terms as both Vice Chair and Program Committee Chair. The Commission is a 15-member advisory body to the Mayor and Board of Supervisors on issues of concern to immigrant and language minority communities in San Francisco.

Mr. Alexander was a very active and involved commissioner who represented the issues of immigrant communities in a fair, balanced and credible manner.

His attendance record and work ethic were excellent. He was instrumental in helping the Commission accomplish its goals and objectives and was always prepared and well-informed. He was also a very hard working Commissioner, always willing to fill in for other Commissioners who were not available. He was well liked by his fellow Commissioners and respectful at all times to the staff.

While serving as the Program Committee Chair, Mr. Alexander took his volunteer responsibilities seriously, helping each year to analyze data submitted by city departments in compliance with the city's language access laws. As vice chair, he was reliable and provided a calm and steady leadership presence to the Commission.

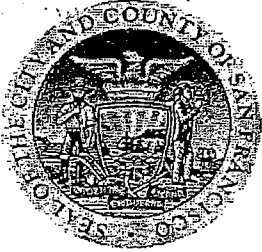
Mr. Alexander is a strong candidate for employment and we hope you will consider his candidacy- you will not be disappointed.

Sincerely,

Adrienne Pon
Executive Director

City and County of San Francisco
Department of Public Health
Population Health and Prevention
COMMUNITY MENTAL HEALTH SERVICES

Galileo Medrano, LCSW
Program Director
Mission A.C.T.
2712 Mission Street
San Francisco, CA 94110
415. 401-2760 Fax 415. 401-2774



6/24/201

To whom it may Concern,

This is a letter in reference to Mr. Gilbert J. Alexander and his work at the Mission A.C.T./Alternatives Program. The program is an outpatient mental health clinic run by the City and County of San Francisco. The clinic is a wrap around, intensive case management program working with primarily African American males who are chronically and persistently mentally ill. The case managers are members of an interdisciplinary team using a variety of interventions to help clients manage their symptoms, substance use issues, coordinating primary care, discharges from inpatients units, doing individual counseling and group therapy among other activities.

Mr. Alexander performed these duties. He developed good rapport with his clients, maintained good relationships with his colleagues and other providers. He was very reliable, completed tasks assigned to him promptly. I am confident he will do well in any endeavor. His employment was from 10/12/2003 to 6/26/2009.

If you require additional information do not hesitate to contact me.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Galileo Medrano".

Galileo Medrano, L.C.S.W.
Program Director

RIIS SETTLEMENT

Jacob A. Riis Neighborhood
Settlement House

July 1, 2003

To whom it May Concern:

I highly recommend Mr. Gilbert J. Alexander for employment in your organization, he has been a dedicated and important member of our Leadership team at Jacob Riis. I have attempted to illustrate his positive impact on the agency and the community we serve.

Gilbert J. Alexander worked for Jacob A. Riis Neighborhood Settlement House, Inc from 1/2/01 until his resignation on 6/30/03 as the **Immigration Outreach Coordinator**. Gilbert implemented and directed the agency's initial Immigration/Refugees Assistance Program funded by the NYC Department of Youth & Community Development. In the 2 years that Mr. Alexander provided leadership to the program we received a "Satisfactory" or better rating from the City.

As the program coordinator, Mr. Alexander conducted major presentations to various City wide agencies, implemented and directed a comprehensive social services and adult education programs that provided assistance to immigrants and refugees residing in the Queensbridge houses the nations' largest public housing development. Services provided include but not limited to:

- Translation
- Family budgeting
- Consumer education
- Housing Assistance
- Advocacy
- General immigrant related issues
- English Second Language (ESL)
- Developed the first bi-lingual computer class
- Integrated his clients into other programs at Riis.

Mr. Alexander's previous professional experience in government organizations allowed him to bring a level of program organization to the agency that increase the effectiveness of other program areas. Some of his major accomplishments outside of his main duties were:

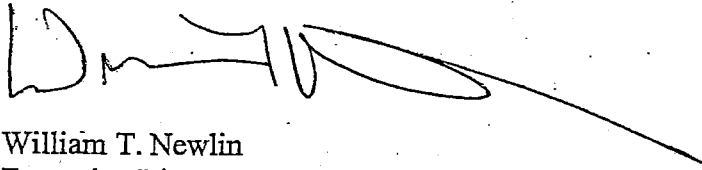
- Developed agency's initial "Quality Control Guideline."

- Founded the Riis Latin Stars, a cultural group formed to increase participation of the Hispanic/Latino population in the agency.
- Instrumental in the coordination of agency wide community events.

Another strength of Gilbert lies in the area of supervision and guiding those who report to him. He has an excellent feel for getting the best out of his supervisees. This skill has been invaluable during this period of transition, he has worked with the new Coordinator and we are comfortable that it will be a smooth transition.

In closing, I feel extremely confident in saying that Gilbert will add value to any organization that elects to employ him. Please feel free to contact me for any additional information: bnewlin@riissettlement.org
Or 718-784-7447X112.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Newlin', with a long horizontal flourish extending to the right.

William T. Newlin
Executive Director

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Alexander Gilberto J

1. Office, Agency, or Court

Agency Name: Immigrant Rights Commission Commissioner
 Division, Board, Department, District, if applicable: _____
 Your Position: _____

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2012 SEP 24 PM 12:30

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

- State
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other _____

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

- Annual:** The period covered is January 1, 2011, through December 31, 2011.
- or-
- The period covered is _____ through December 31, 2011.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
 635 Clayton Street, APT #4 San Francisco CA 94117
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (415) 863-7920 galexander04@aol.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 public document.

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

Date Signed September 24, 2012
 (month, day, year)

Signature _____
 (File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name Gilbert Joseph Alexander

▶ 1. BUSINESS ENTITY OR TRUST

Gilbert Joseph Alexander OVSG
Name
635 Clayton Street, APT #4 SF, California 94117
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/11
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other _____	
YOUR BUSINESS POSITION _____	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED
<input type="checkbox"/> \$100,001 - \$1,000,000	____/____/11
<input type="checkbox"/> Over \$1,000,000	DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/11
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other _____	
YOUR BUSINESS POSITION _____	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

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Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED
<input type="checkbox"/> \$100,001 - \$1,000,000	____/____/11
<input type="checkbox"/> Over \$1,000,000	DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-7714

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2012 JUN 25 AM 10:07

Application for Boards, Commissions and Committees *MG*

Application for Appointment to: Immigrant Rights Commission
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 9

District: N/A

Name: Elahe Enssani

Home Address: Lansdale Ave, San Francisco, CA

Zip: 94127

Home Phone: 415- _____

Occupation: Professor

Work Phone: 415-777-4287

Employer: San Francisco State University

Business Address: 1600 Holloway Ave., San Francisco, CA

Zip: 94132

Business E-Mail: enssani@sfsu.edu

Home E-Mail: elahe.enssani@_____

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

Please see attached

Education:

Please see attached

Business and/or professional experience:

Please see attached

Civic Activities:

please see attached

Ethnicity: (optional) Iranian-America

Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
 (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: 06/20/12 Applicant's Signature: (required)

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Education:

Ph.D., Civil/Environmental Engineering, University of California, Berkeley. Winner of University of California's Chancellor's Patent Fund Award for partial satisfaction of doctoral dissertation.

Master of Engineering, Civil Engineering, University of California, Berkeley. Highest Honor.

Master of Science, Chemical Engineering, University of California, Berkeley. Highest Honor.

Bachelor of Science, Chemical Engineering, Sharif University of Technology, Tehran, Iran. Highest Honor.

Business and /or professional experience:

Associate Professor & Chair, for the Civil Engineering, School of Engineering, San Francisco State University, present.

President, Applied Technology and Science, San Francisco, California, present.

Assistant to Chief Administrative officer, City and County of San Francisco, San Francisco, California.

Project Manager/Senior Engineer, Dames & More (now URS Corporation), San Francisco, California.

Consultant to: United Nations Environmental Programme (UNEP), and United Nations Development Programme (UNDP).

Past president, American Institute of Chemical Engineers-(AIChE), Northern California section.

Civic Activities:

Chair, Nowruz at City Hall (annual Celebration of Persian New Year at San Francisco City Hall)

Co-founder, Iranian-American Chamber of Commerce (IACC).

Member, Committee for Encyclopedia Iranica.

- Chair, Subcommittee: Awards in Science & Engineering"

Founder, CWEST (Committee for Women's Education on Science and Technology), San Francisco State University, San Francisco, California.

Past Board Member, National Iranian American Council (NIAC)
Board of Directors, Affordable Housing Associates, Berkeley, California,
2001-2003.

Honors:

Selected as one of *Top 100 scientists in 2005*, by International Biographical Center,
Cambridge, England.

Listed as one of the *Extraordinary Women Engineers* in the Book: *Extraordinary Stories
of How They Changed Our World*, to be published by American Society of Civil
Engineers (ASCE) in October 2005.

"*Chemical/Environmental Engineering Excellence Award in Professional Development*",
April 21, 2000, Awarded by American Institute of Chemical Engineers (AIChE)-
Northern California Section.

Listed in the *Who's Who Registry of USA*, New York, USA, 1992 edition.

Listed in the *Who's Who of Professional and Business Women*, International Biographical
Center, Cambridge, England, 1992 edition.

"*International Woman of the Year for services to environmental engineering and
technology*," 1991-1992.

Selected by the International Biographical Center, (IBC), Cambridge, England.

Statement of Qualifications

By

Dr. Elahe Enssani, PhD, PE, Meng.

I was born in Tehran, Iran and came to the United States to attend graduate school. I made my home here.

I daresay that being an immigrant, has been the hardest thing I have ever done in my life.

When I came to this country, there was no community of Iranians. In the past twenty years, my passion has been to organize Iranian Americans as a community of immigrants and encourage its members to become active participants of a Civil Society.

As a professor at San Francisco State University, I have gotten to see many more immigrants and I have developed an understanding of the common themes of what it means to be an immigrant in San Francisco, especially from economic, cultural, educational, family, and gender points of view.

As a woman immigrant from a Middle Eastern country, I have come into contact with many women such as myself and have realized some of the unique issues facing women immigrants from these countries. These issues range from cultural isolation to lack of a voice in expressing their true selves and vision.

Writing and speaking on the issues regarding immigration and also mentoring recent immigrants, have always been my passion.

STATEMENT OF ECONOMIC INTERESTS

Date Received
 09/24/12

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Enssami (FIRST) Elahi (MIDDLE) _____

1. Office, Agency, or Court

Agency Name Immigrant Rights Commission
 Division, Board, Department, District, if applicable _____ Your Position Commissioner

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of San Francisco
 City of San Francisco Other _____

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

Annual: The period covered is January 1, 2011, through December 31, 2011.
 -or-
 Assuming Office: Date assumed _____ through _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: _____

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
 -or-
 None - No reportable interests on any schedule

5. Verification

5 Third St, Ste 1010, San Francisco, CA 94103
 MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (415) 640-7754 E-MAIL ADDRESS (OPTIONAL) elahi@i-r-c.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 public document.

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

Date Signed 09/24/2012
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

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

1. BUSINESS ENTITY OR TRUST					
<p><u>Applied Technology & Science</u> Name</p> <p><u>5 3rd St., Ste 1010, SF CA 94103</u> Address (Business Address Acceptable)</p>					
<p>Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2</p>					
GENERAL DESCRIPTION OF BUSINESS ACTIVITY					
<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table border="0"> <tr> <td>/ / 11</td> <td>/ / 11</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	/ / 11	/ / 11	ACQUIRED	DISPOSED
/ / 11	/ / 11				
ACQUIRED	DISPOSED				
<p>NATURE OF INVESTMENT</p> <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other					
<p>YOUR BUSINESS POSITION _____</p>					

1. BUSINESS ENTITY OR TRUST					
<p>Name _____</p> <p>Address (Business Address Acceptable) _____</p>					
<p>Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2</p>					
GENERAL DESCRIPTION OF BUSINESS ACTIVITY					
<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table border="0"> <tr> <td>/ / 11</td> <td>/ / 11</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	/ / 11	/ / 11	ACQUIRED	DISPOSED
/ / 11	/ / 11				
ACQUIRED	DISPOSED				
<p>NATURE OF INVESTMENT</p> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other					
<p>YOUR BUSINESS POSITION _____</p>					

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
<p>N/A</p>	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
<p> </p>	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST					
<p>Check one box:</p> <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY <u>N/A</u>					
<p>Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____</p>					
<p>Description of Business Activity or City or Other Precise Location of Real Property _____</p>					
<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table border="0"> <tr> <td>/ / 11</td> <td>/ / 11</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	/ / 11	/ / 11	ACQUIRED	DISPOSED
/ / 11	/ / 11				
ACQUIRED	DISPOSED				
<p>NATURE OF INTEREST</p> <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____					
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached					

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST					
<p>Check one box:</p> <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY					
<p>Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____</p>					
<p>Description of Business Activity or City or Other Precise Location of Real Property _____</p>					
<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table border="0"> <tr> <td>/ / 11</td> <td>/ / 11</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	/ / 11	/ / 11	ACQUIRED	DISPOSED
/ / 11	/ / 11				
ACQUIRED	DISPOSED				
<p>NATURE OF INTEREST</p> <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____					
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached					

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: September 22, 2012

Date Established: June 6, 1997

Active

IMMIGRANT RIGHTS COMMISSION

Contact and Address:

Adrienne Pon
Immigrant Rights Commission
City Hall, Room 352
San Francisco, CA 94102

Phone: (415) 554-7028

Fax: (415) 554-4849

Email: Adrienne.Pon@sfgov.org

Authority:

Added by Board of Supervisors Ordinance No. 211-97; Administrative Code Section 5.201.

Board Qualifications:

The Immigrant Rights Commission consists of fifteen voting members. Eleven voting members are appointed by the Board of Supervisors. The other four voting members are appointed by the Mayor.

At least eight members shall be immigrants to the United States who are appointed in accordance with Section 4.101 of the Charter. The remaining members must have a demonstrated knowledge of and interest in the health, human service, educational, or employment issues that affect immigrants residing in San Francisco and shall reflect the geographic, ethnic, and sexual orientation population of San Francisco.

The term of each member of the Commission shall be two years, provided however that the members first appointed shall, by lot, classify their terms so that eight members shall serve a term of three years and seven members shall serve a term of two years. In the event a vacancy occurs during the term of office of any member, a successor shall be appointed to complete the unexpired term of the office vacated in a manner similar to that for the initial member.

The Immigrant Rights Commission shall advise and make recommendations to the Board of Supervisors and the Mayor about issues affecting immigrants residing in San Francisco.

Report: The Commission shall render an annual written report pursuant to Ordinance No. 211-97.

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

Sunset Date: None

"R Board Description" (Screen Print)