

File No. 150983

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 8, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input 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 and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (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 type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<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: Alisa Somera Date October 2, 2015

Completed by: _____ Date _____



Board of Supervisors
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, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): 3, 4 District: 4

Name: Edward Lee

Home Address: Vicente St. Zip: 94116

Home Phone: 913- Occupation: Consultant

Work Phone: Employer: Self-Employed

Business Address: 3090 Vicente St. #205 Zip: 94116

Business E-Mail: Home E-Mail: elee08@

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [X] No [] If No, where registered:

Resident of San Francisco [X] Yes [] No If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a child of immigrant parents, who came to this country from South Korea to seek a better life for their children. I grew up watching their struggle to assimilate to a new country, and overcome adversity in language access, racism, and economic difficulties. My parents were able to overcome these challenges to become professors in Computer Science and Pharmacy, which is a testament to the promising impact they can make in our city. Witnessing their journey has helped me understand how important it is to create legislation that will enable immigrants to have opportunities to thrive.

Further, my experience working for the White House, as the Associate Director for Asian American and Pacific Islander outreach has given me a unique perspective on the health, educational, human service and employment issues that affect immigrants. During my tenure in the White House, I have been an active participant in the immigration coalition that helped shape the political discourse around immigration at the executive level. My experience mobilizing immigrants and advocating on their behalf within the halls of the White House has shaped my understanding of this community and enables me to be an effective voice for them as part of this commission.

Finally, my unique background as a 29 year old Korean American in the San Francisco tech community helps me to provide a unique voice to this commission, as my perspective is reflective of the millennial generation. I hope to provide a voice that will bring their voice and ideas to the table.

Business and/or professional experience:

- Associate Director, White House Office of Public Engagement: Oversaw engagement and communication to the Asian American and Pacific Islander community; Participated in the White House coalition for Comprehensive Immigration Reform
- Special Assistant, US Department of Education: Engaged teachers, parents and students on Education reform policy; produced social media content that bridged the Obama administration with key Education stakeholders.
- Media Consultant: advised corporations, nonprofits and advocacy organizations through consultations, and media content production; clients include Mcdonalds, the White House, World Vision, San Francisco City Impact, and Bill And Melinda Gates Foundation

Civic Activities:

- Founded a non-profit film production group that produces activism films that raise awareness and activism for various social causes, including Domestic Violence, HIV/AIDS, Global Poverty, and sex trafficking; as part of this organization, I directed and produced over 100 videos that have generated over 35 million viewson YouTube;
- Produced documentary films that help shine a light on the stories of those in need; produced a feature length documentary in South Korean about women in prostitution; produced a documentary about a teenager who grew up in the inner city of San Francisco, learning to overcome adversity of growing up in poverty to become the first in his family to graduate high school; produced a documentary in Indonesia about HIV/AIDS patients who have created a community soccer team to rally support and awareness for their cause.

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.)

Date: 08/19/2015 Applicant's Signature: (required) Edward Lee

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Lee Edward Young

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Immigrant Rights Commission
 Division, Board, Department, District, if applicable Your Position
 Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
 -or- The period covered is _____, through December 31, 2014.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 02

- 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)
_____ Vicente St _____ San Francisco CA 0 94116

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (913) _____ elee08@_____

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 08/20/2015 Signature Edward Lee
(month, day, year) (File the originally signed statement with your filing official.)

Digitally signed by Edward Lee
 DN: cn=Edward Lee, o, ou, email=elee08@gmail.com, c=US
 Date: 2015.08.20 22:58:14 -07'00'

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Edward Lee

▶ 1. BUSINESS ENTITY OR TRUST

Edward Young Lee
Name
12905 Hadley St. Overland Park, KS 66213
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Sole Proprietorship

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u>01</u> / <u>15</u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 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.)

None or Names listed below
Jubilee Project

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): vacant seat District:

Name: Andrei Romanenko

Home Address: Zip:

Home Phone: (415) Occupation: immigration attorney

Work Phone: (415) 997-8144 Employer: Law Office of Andrei Romanenko

Business Address: 785 Market 1600, San Francisco, CA Zip: 94103

Business E-Mail: andreiromanenko@gmail.com Home E-Mail: andreiromanenko@

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [X] No [] If No, where registered:

Resident of San Francisco [X] Yes [] No If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I immigrated from Belarus in 2001 and I am now a naturalized US citizen. I speak six languages and deal with the immigrant community on a daily basis. I represent immigrants in San Francisco Immigration Court, before USCIS, and ICE. I volunteer as a pro bono attorney of the day in San Francisco Immigration Court and as an immigration attorney with La Raza. I provide free consultations on immigration issues to low-income people in San Francisco and the Bay Area.

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 SEP 16 AM 9:30

Business and/or professional experience:

Four years of practicing immigration law in San Francisco and the Bay Area. Experience with removal defense, family and employment immigration. Appellate practice before the BIA and the Ninth Circuit Court of Appeals. Interpretation at USCIS interviews and translation of documents, supervision of paralegals, case managers, and other office support staff. Conducting presentations on employment and family immigration, doing outreach to the community, volunteering.

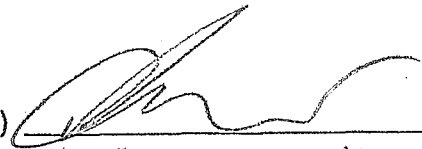
Civic Activities:

I am an active member of Belarusian community in San Francisco, a founding member of Belarusian-American Association in Northern California since 2002. I am an active member of San Francisco Treasure Island community. My contribution to the community has been recognized by an award from Good Neighbors of Treasure Island Organization.

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.*)

Date: 09/15/2015 Applicant's Signature: (required)



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROMANENKO Andrei

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Immigrant Rights Commission

Division, Board, Department, District, if applicable

Your Position

vacant seat

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed _____
- The period covered is _____ through the date of leaving office.
- Candidate: Election year 2015 and 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

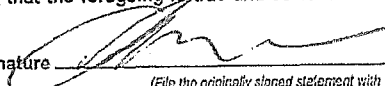
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 Market San Francisco CA 94103

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (415) andreiromanenko@

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 09/15/2015
(month, day, year)

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

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Andrei ROMANENKO

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Law Office of Andrei Romanenko

ADDRESS (Business Address Acceptable)
785 Market 1600, San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
practice of immigration law

YOUR BUSINESS POSITION
immigration attorney

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Kerosky Purves and Bogue

ADDRESS (Business Address Acceptable)
785 Market 1500, San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
practice of immigration law

YOUR BUSINESS POSITION
immigration attorney

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

Comments: _____

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

ANDREI ROMANENKO

(415) [REDACTED] andreiromanenko@[REDACTED] <http://www.andreiromanenko.com>

EMPLOYMENT **Law Office of Andrei Romanenko**, 785 Market 1600, San Francisco, CA
Immigration Attorney (02/2015—present)

Law Offices of Kerosky, Purves & Bogue, San Francisco, CA
Immigration Attorney (09/2013—02/2015)

Represent immigrants in removal proceedings in the cases of asylum, cancellation and withholding of removal in Immigration Court, appellate practice before the Board of Immigration Appeals, and the Ninth Circuit Court of Appeals. Represent immigrants in adjustment, naturalization, U-visa, and DACA cases before USCIS; consular processing abroad. Represent business petitioners in employment immigration cases.

Law Offices of Robert Baker, San Jose, CA
Immigration Attorney (10/2012—09/2013)

Law Offices of Dominic Capeci, San Francisco, CA
Immigration Attorney (04/2012—10/2012)

Munger, Tolles & Olson LLP, Los Angeles, CA
Contract Attorney (02/2012—04/2012)

Immigrant Legal Resource Center, San Francisco, CA
Law clerk (summer 2010)

Wrote legal memoranda on immigration consequences of crimes, SIJS, non-immigrant visas; updated *A Guide for Immigration Advocates*, and prepared for publication *Immigration Benchbook for Juvenile and Family Court Judges*

Contra Costa County Office of the Public Defender, Richmond, CA
Law clerk (summer 2009). Drafted motions and legal memoranda.

LANGUAGES Fluent in Russian, Belarusian, Spanish, advanced Japanese, understand Polish, and Ukrainian, learning Portuguese.

EDUCATION **Berkeley Law**, J.D. (2011)
Honors: Awarded a Certificate of Specialization in Business Law
California Asylum Representation Clinic (2011)
Berkeley Journal of International Law, Assistant Managing Editor (2009-2010)
East Bay Community Law Center: Health and Immigration Clinic (2009)
Asian Law Caucus: Immigration Clinic (2009)
East Bay Community Law Center: Tenants' Rights Clinic (2008-2009)

San Francisco State University, B.A. (2007) Japanese
Honors: Dean's Honor List

Minsk Linguistic University, Belarus (1997-2001) Japanese, English, Polish
Honors: Received full merit scholarship

University of Maria Curie-Sklodowska, Lublin, Poland (1999) Polish

PROFESSIONAL State Bar of California, Bar Number 279134

AFFILIATIONS Bar of the U.S. Court of Appeals for the Ninth Circuit

Save Form

Print Form



Board of Supervisors
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, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): 6 District: 5

Name: Mario Paz

Home Address: Superior Ave Zip: 94577

Home Phone: 510 Occupation: Executive Director

Work Phone: 415 401-42-42 Employer: Good Samaritan Family Resource Center

Business Address: 1294 Potrero Ave, SF CA Zip: 94110

Business E-Mail: mariopaz@goodsamfrc.org Home E-Mail: mpeace28@

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes No If No, where registered: Alameda County

Resident of San Francisco Yes No If No, place of residence: San Leandro

Pursuant to Charter section 4.101 (a)1; please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have been a passionate advocate for immigrant communities in both my professional life and personal life. Personally, I lived the immigrant experience in San Francisco's Mission district, as my family struggled to integrate but worked hard to contribute to the City that welcomed them. From a very early age, I was inspired by my immigrant neighbors, and neighborhood leaders to support justice and the rights of all people who arrived to San Francisco to search for a better life.

I am grateful for San Francisco's strong values to embrace our immigrant communities, to offer sanctuary and hope, and help every immigrant in San Francisco to succeed.

Business and/or professional experience:

Mario Paz has served as the Executive Director of the Good Samaritan Family Resource Center in San Francisco for nine years leading its mission to strengthen Latino immigrant families.

Civic Activities:

Mario Paz has been a passionate nonprofit and public service leader and advocate for children, youth, families and immigrant communities for more than 30 years. He has worked as an organizer, counselor, director, consultant, policy advisor and foundation program officer. He has served on numerous boards of directors including SF's Parents for Public Schools, Mission Council, San Francisco Family Support Network, and the Athletic Scholars Program at Mission High School. Mario has received recognition and awards for his work from several communities and foundations including Grantmakers for Children, Youth and Families, Stanford's Haas Center for Public Service Leadership, and for his achievements in creating early literacy and child development partnerships. Mario holds an MA in public administration from CSEB and a BA in Political Science from Golden Gate University.

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.)

Date: 6/6/2015 Applicant's Signature: (required) 

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

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

01/20/12

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Paiz Mario

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____, through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and 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 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)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 ()

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 3/5/2015
 (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) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): 7 District: 4

Name: Celine Kennelly

Home Address: — Noriega Street, San Francisco, CA Zip: 94122

Home Phone: 415 — Occupation: Executive Director

Work Phone: 415.752.6006 Employer: Irish Immigration Pastoral Center

Business Address: 5340 Geary Blvd., Suite 206, San Francisco, CA Zip: 94121

Business E-Mail: celine@sfiipc.org Home E-Mail: celinekennelly@ —

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Please see attached statement.

Business and/or professional experience:

Qualifications:

- Seasoned non-profit executive director committed to immigrant rights and social justice
- Experienced grass roots advocate for the immigrant community and immigration reform
- Extensive experience directing community outreach and community organizing
- Leading and managing development of health, education, immigration and social service programs
- Significant legislative advocacy experience
- Direct service provider and project manager

Professional Experience:

1999 – 2015 Executive Director, Irish Immigration Pastoral Center, San Francisco

Civic Activities:

Civic Activities:

- President, Coalition of Irish Immigration Pastoral Centers (2013-2015)
- Vice President, Coalition of Irish Immigration Pastoral Centers (2002-2013)
- Officer, Irish Apostolate, USA (2004-2015)
- Vice President, Irish Lobby for Immigration Reform (2009-2015)
- Member, San Francisco Interfaith Coalition for Immigrant Rights
- Member, United Irish Cultural Center, San Francisco

Notable Achievements/Awards:

- Recipient of SF Bay Area Law Enforcement Emerald Society Citizen of the Year (2015)
- Recipient of Kerry Person of the Year Award for Service to the Community (2012)
- Recipient of Woman of the Year 2011 for California Assembly District 7 (2011)
- Recipient of San Francisco Commission on the Status of Women 'Women's History Month Award' for San Francisco District 7 (2010)
- Recipient of Irish Voice "50 Most Influential Women" - A Celebration of Irish-American Women's Success in Corporate America, the Local Business World and the Irish Community, New York (2008)
- Recipient of Leadership Award for Passage of Just Immigration Reform Bill from San Francisco Immigrant Rights Commission (2007)
- Recipient of Service Partner Award from Catholic Charities CYO, San Francisco (2007)

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: September 10, 2015 Applicant's Signature: (required) Celine Kennelly

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

Celine Kennelly

Ms. Angela Calvillo
Office of the Clerk of the Board
1 Dr. Carlton B. Goodlett Place
City Hall, Room 244
San Francisco, CA 94102-4689

September 10, 2015

Dear Ms. Calvillo,

Please accept this letter as my application for appointment as Commissioner to the San Francisco Immigrant Rights Commission (seat 7 - to be held by an immigrant to the United States who is appointed in accordance with Section 4.101 of the Charter).

Born and raised in Ireland, I moved to San Francisco in 1999 and have worked in the nonprofit immigrant rights and community service sector since that time.

As part of my role as Executive Director of the San Francisco Irish Immigration Pastoral Center, I have designed, implemented and developed health, human service, education and employment programs for an immigrant community 30,000 strong. I have effectively built strong partnerships with City and private agencies including Healthy San Francisco, St. Mary's Hospital and Catholic Charities.

As part of the IIPC, we partner regularly on immigrant rights issues with fellow San Francisco organizations including San Francisco Organizing Project (SFOP) and San Francisco Interfaith Coalition for Immigrant Rights. On a national level, we collaborate with the United States Catholic Conference of Bishops' Justice for Immigrants Campaign, America's Voice and the National Immigration Forum. These collaborations have included both local grass roots organizing and advocacy on Capitol Hill.

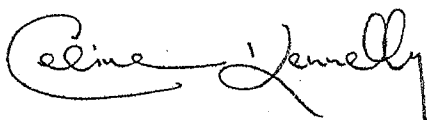
Over the years my work in this regard has been recognized by local and state government leaders. In 2010, I was recognized by former San Francisco Supervisor Sean Elsbernd, for contributions to the greater San Francisco immigrant community and in 2011 was awarded Woman of the Year for the 12th Assembly District by California Assemblywoman Fiona Ma.

In 2012 I was appointed to Seat 7 of the Immigrant Rights Commission by the Rules Committee. I was elected to the position of Vice Chair by the IRC Executive Committee in October 2012 and to the position of Chair in January 2015. In the past year, the Commission has held two comprehensive community hearings gathering testimony from the diverse San Francisco immigrant population on Quality of Life issues which will be the basis of our upcoming Annual report, as well as a roundtable with Consular staff to understand the issues that present to their offices. We are scheduled to hold another educational and informative District Townhall meeting before the end of the year.

I believe I bring a diverse and valuable perspective to my role as Commissioner: as an immigrant, an executive director responsible for the day to day business operations and a community activist and organizer.

Thank you for your consideration. I look forward to the opportunity to serve San Francisco in this capacity.

Yours sincerely,



Celine Kennelly

5340 Geary Boulevard
San Francisco, CA 94121
t. 415 [REDACTED]
e. celine@sfiipc.org

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kennelly Celine Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Immigrant Rights Commission

Division, Board, Department, District, if applicable

Your Position

Chair of Commission

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2014, through December 31, 2014.
-or-
The period covered is _____ through December 31, 2014.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
 - The period covered is January 1, 2014, through the date of leaving office.
 - The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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)
5340 Geary Boulevard, Suite 206 San Francisco CA 94121

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) 752-6006 celine@sfiipc.org

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 04/01/2015
(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
Celine M. Kennelly

▶ 1. BUSINESS ENTITY OR TRUST

Ace Drilling & Excavation, Inc.
Name
1485 Bayshore Blvd., MBN 178, SF, CA 94124
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Construction Company

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		___/___/14	___/___/14
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Share Ownership
Other

YOUR BUSINESS POSITION N/A

▶ 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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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			
<input type="checkbox"/> \$10,001 - \$100,000		___/___/14	___/___/14
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

Comments: _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		___/___/14	___/___/14
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____
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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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			
<input type="checkbox"/> \$10,001 - \$100,000		___/___/14	___/___/14
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Celine M. Kennelly

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4918/023

CITY
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4918/024

CITY
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Celine M. Kennelly

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 7114/002

CITY
 San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: ___/___/14 DISPOSED: ___/___/14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000.

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 2001/050

CITY
 San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: ___/___/14 DISPOSED: 07/09/14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000.

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Celine M. Kennelly

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6752/021

CITY
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /14 DISPOSED / /14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4148/027

CITY
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 01/21/14 DISPOSED / /14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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* _____

ADDRESS *(Business Address Acceptable)* _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS *(Business Address Acceptable)* _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Celine M. Kennelly

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Irish Immigration Pastoral Center

ADDRESS (Business Address Acceptable)
 5340 Geary Blvd, #206, San Francisco, C

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 501(c)(3)

YOUR BUSINESS POSITION
 Executive Director

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): 8 District: _____

Name: Felix Fuentes

Home Address: Guerrero St. Zip: 94110

Home Phone: (415) _____ Occupation: _____

Work Phone: (415) 531-2364 Employer: City and County of San Francisco

Business Address: 50 Van Ness Ave. Zip: 94102

Business E-Mail: felix.fuentes@sfgov.org Home E-Mail: felixhfuentes@_____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a Guatemalan immigrant who came to this country in 1982. After working in unionized hotels and restaurants, and representing and dealing with the diverse workforce, specially immigrants, the San Francisco Labor Council, nominated me as a candidate to represent organized labor in the Commission in 2007, and I have been a Commissioner ever since. Also, I have been a member of various immigrant rights groups such as: SF Immigrants Rights Committee, National Alliance of Latin American and Caribbean Communities (NALACC), Immigrant Workers Rights Committee, Workers Immigrant Rights Committee, among others.

Business and/or professional experience:

I have been working very closely with Immigrants for 25 years, representing and educating them about their rights, helping and encourage them to participate in the Civic life of this beautiful city and the country. Also, I have been an Immigrants advocate. As a Commissioner: advising the Mayor and the Board of Supervisors in issues that affect immigrants residing in SF.

Civic Activities:

Representing and promoting the Immigrants Rights Commission in different events, locally, nationally and internationally.
Participating in many Citizenship Workshops as a volunteer.
Helping new citizens to register to Vote.

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 09/04/2015 Applicant's Signature: (required) Felix H. Fuentes

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Fuentes Felix H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Immigrant Rights Commission
 Division, Board, Department, District, if applicable Your Position
 Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2014, through December 31, 2014.
- or-
- The period covered is _____, through December 31, 2014.
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and 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 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

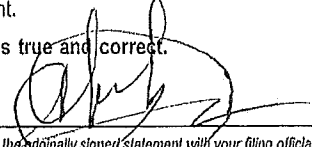
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 Guerrero St. San Francisco CA 94110

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (415) _____ felixhuentes@ _____

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 09/08/2015
 (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) 554-5163

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO

2016 SEP 28 PM 3:23

Handwritten initials

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): 10 District: _____

Name: Melba Maldonado

Home Address: — Rheem, Richmond, CA Zip: 94804

Home Phone: (415) — Occupation: Executive Director

Work Phone: (415) 863-0764 Employer: La Raza Community Resource Center

Business Address: 474 Valencia Street SF Ca Zip: 94103

Business E-Mail: melbam@larazacrc.org Home E-Mail: malcru@ —

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I believe my qualifications to serve as Commissioner come from my understanding, first hand knowledge and experience of immigrants' issues and concerns as well as my many years of working directly with the community.

Business and/or professional experience:

Executive Director of La Raza Community Resource Center since 1996. Previous experience working in various community-based nonprofits and special projects on neighborhood and community development.

Civic Activities:

Active participant of founder of various solidarity or action-oriented organizations working with immigrants and vulnerable populations. Longtime and active member of the SF Immigrant Rights Commission.

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 9/25/15 Applicant's Signature: (required) Melba Maldonado



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Maldonado Melba

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Office of Civic Engagement & Immigrant Affairs
Division, Board, Department, District, if applicable Your Position
Immigrant Rights Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is _____ through December 31, 2014.
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and 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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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 4/1/15 Signature Melba Maldonado
(month, day, year) (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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Immigrant Rights Commission

Seat # or Category (If applicable): #11 District: 10

Name: Toye Moses 1

Home Address: Venus Street, San Francisco, CA Zip: 94124

Home Phone: 415- Occupation: Human Services Administrator

Work Phone: 415-821-0573 Employer: SECF Commission

Business Address: 1800 Oakdale Avenue Zip: 94124

Business E-Mail: tmoses@sfwater.org Home E-Mail: drtoyemo@

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [checked] No [] If No, where registered:

Resident of San Francisco [checked] Yes [] No [] If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Toye Moses, a San Francisco resident since 1974, and of Bayview since 1981, originally hails from Nigeria, and arrived in the USA in 1965. Toye attended University of Colorado, Fisk University, San Jose State University, University of San Francisco, and California College of Podiatry Medicine. He holds a professional Master's Degree in Public Mental/Health Education (M.P.H). Currently he is the Executive Director of Southeast Community Facility Commission, which is dedicated to improving the quality of healthcare in the BVHunter's Point area. Toye, a mental health educator, has been involved in working with mentally ill and/or substance abusing clients for many years. He ran Liberation House, an outpatient & recovery home for alcoholic/drug abusers in the Western Addition for eight years. He served as a Consultant for the BVHPoint Methadone Program and was a mental worker with the Forensic Jail Psychiatric Services at the SF County Jail, he has a special concern for immigrant mental health consumers who are in jail, as well as youth and family issues.

Business and/or professional experience:

Toye was appointed to a mental health professional seat on the SF Mental Health Board by the SF. Board of Supervisors and served for 12 years, and he currently an appointee of SF. Board of Supervisors on the Immigrant Rights Commission. Member of the American Public Health Association, and past board member of the Black Coalition on Aids as well as member of Board of Governors of Henry Ohlhoff House, a substance abuse residential program. Previously, he served as the Executive Director of Young Community Developers.

Civic Activities:

Toye has volunteered his time and energy for many non-profit boards. His involvement with the following boards, religious, political and civic organizations demonstrate his devotion to public service. He was president and cofounder of the African American Democratic Club. He is the president and founder of the Willie B. Kennedy Democratic Club. Toye has been an elected delegate to the California Democratic Party Convention for over fifteen years, appointed member of SF 2010 Census Complete Count Committee, Board member, African American Chamber of Commerce, SF. Immigrant Rights Commission, Executive Board member/treasurer Young Community Developers, Executive Board member SF. NAACP, SPUR, UCSF/Mission Bay Community Advisory Group. SF, and SF. Mental Health Board. Toye strongly believe that "immigrant rights are civil right"

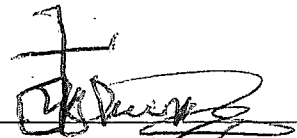
Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

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.*)

Date: 5/19/2015

Applicant's Signature: (required)

Toye Moses



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MOSES TIMOTHY TOYE
ETHICS COMMISSION

1. Office, Agency, or Court

Agency Name: Southeast Community Facility Commission (SFPUC) Executive Director
Division, Board, Department, District, if applicable: Your Position

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

Agency: Immigrant Rights Commission Position: Commissioner

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, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one)
 - The period covered is January 1, 2012, through the date of leaving office.
 - The period covered is ____/____/____, 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
- or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted] CA 94124

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
[Redacted] tmoses@sfgwater.org

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: 3/22/2013 (month, day, year) Signature: [Redacted]

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

IMMIGRANT RIGHTS COMMISSION

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

Vacant seat 3, succeeding Bill Hing, resigned, 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 populations in San Francisco, for the unexpired portion of a two-year term ending June 6, 2016.

Vacant seat 4, succeeding Kathleen Coll, term expiring on June 6, 2015, 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 populations in San Francisco, for a two-year term ending June 6, 2017.

Vacant seat 6, succeeding Mario Paz, term expiring on June 6, 2015, must be an immigrant to the United States, appointed in accordance with Charter, Section 4.101, and 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 populations in San Francisco, for a two-year term ending June 6, 2017.

Vacant seat 7, succeeding Celine Kennelly, term expiring on June 6, 2015, must be an immigrant to the United States, appointed in accordance with Charter, Section 4.101, and 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 populations in San Francisco, for a two-year term ending June 6, 2017.

Vacant seat 8, succeeding Felix Fuentes, term expiring on June 6, 2015, must be an immigrant to the United States, appointed in accordance with Charter, Section 4.101, and 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 populations in San Francisco, for a two-year term ending June 6, 2017.

Vacant seat 10, succeeding Melba Maldonado, term expiring on June 6, 2015, must be an immigrant to the United States, appointed in accordance with Charter, Section 4.101, and 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 populations in San Francisco, for a two-year term ending June 6, 2017.

Vacant seat 11, succeeding Toye Moses, term expiring on June 6, 2015, must be an immigrant to the United States, appointed in accordance with Charter, Section 4.101, and 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 populations in San Francisco, for a two-year term ending June 6, 2017.

Report: Annual report to the Board of Supervisors and the Mayor on the review and evaluation of the services and programs in place for immigrants residing in San Francisco, any outstanding needs, and recommendations and plans as to a program for responding to the health, human service, and employment needs of immigrants in a manner that is not duplicative (pursuant to Administrative Code, Section 5.201(d)(5)).

Sunset Date: None.

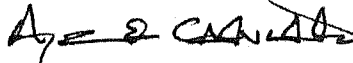
Additional information relating to the Immigrant Rights Commission may be obtained by reviewing Administrative Code, Section 5.201, at <http://www.sfbos.org/sfmunicodes> or by visiting their website <http://www.sfgov.org/immigrant>.

Pursuant to Board of Supervisors Rules of Order 2.19 (Motion No. 05-92) all applicants applying for this Commission must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not received. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be residents of San Francisco, unless otherwise stated.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, this vacancy may have already been filled. To determine if the vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.


Angela Calvillo
Clerk of the Board

DATED/POSTED: May 7, 2015

San Francisco
BOARD OF SUPERVISORS

Date Printed: October 2, 2015

Date Established:

June 6, 1997

Active

IMMIGRANT RIGHTS COMMISSION

Contact and Address:

Adrienne Pon
Immigrant Rights Commission
50 Van Ness Avenue
San Francisco, CA 94102

Phone: (415) 581-2360

Fax: (415) 581-2351

Email: adrienne.pon@sfgov.org

Authority:

Administrative Code, Section 5.201 (Ordinance No. 211-97)

Board Qualifications:

The Immigrant Rights Commission consists of fifteen (15) voting members. Eleven (11) voting members are appointed by the Board of Supervisors and the other four (4) voting members are appointed by the Mayor.

At least eight (8) members shall be immigrants to the United States who are appointed in accordance with Charter, Section 4.101. It has been past practice that six (6) of the immigrant members are appointed by the Board of Supervisors and two (2) immigrant members are appointed by the Mayor. All 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 (8) members shall serve a term of three years and seven (7) 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.

San Francisco
BOARD OF SUPERVISORS

Report: Annual report to the Board of Supervisors and the Mayor on the review and evaluation of the services and programs in place for immigrants residing in San Francisco, any outstanding needs, and recommendations and plans as to a program for responding to the health, human service, and employment needs of immigrants in a manner that is not duplicative (pursuant to Administrative Code, Section 5.201(d)(5)).

Sunset Date: None.