

File No. 171052

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 18, 2017

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and 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 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 type="checkbox"/> | <input type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input 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"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Alisa Somera Date October 13, 2017

Completed by: _____ Date _____

1 [Confirming/Rejecting Appointment, Redevelopment Successor Agency Oversight Board -
2 Lisa Motoyama]

3 **Motion confirming/rejecting the mayoral appointment of Lisa Motoyama to the**
4 **Redevelopment Successor Agency Oversight Board, term ending January 24, 2020.**

5
6 WHEREAS, ABX1 26 was passed by the California State Legislature and signed by
7 Governor Jerry Brown in June 2011, and was largely upheld by the California Supreme Court
8 in *California Redevelopment Association v. Matosantos*, -- P.3d --, 12 Cal. Daily Op. Serv. 32
9 (Dec. 29, 2011); and

10 WHEREAS, That legislation established an Oversight Board responsible for the fiscal
11 management of the assets of the former City and County of San Francisco Redevelopment
12 Agency, other than affordable housing assets designated to it under California Health and
13 Public Safe Code sections 34180 and 34181; and

14 WHEREAS, State law requires the Redevelopment Successor Agency Oversight Board
15 to be composed of seven members selected as follows: three members appointed by the
16 Mayor and subject to confirmation by the Board of Supervisors; one member appointed by the
17 Bay Area Rapid Transit District, the largest special district, by property tax share, with territory
18 in the territorial jurisdiction of the former Redevelopment Agency; one member appointed by
19 the County Superintendent of Education to represent schools; one member appointed by the
20 Chancellor of the California Community Colleges to represent community college districts; and
21 one member appointed by the Mayor and subject to confirmation by the Board of Supervisors
22 to represent the largest number of employees currently employed by the former
23 Redevelopment Agency; and

24 WHEREAS, Redevelopment Successor Agency Oversight Board members serve at the
25 pleasure of the appointing body or individual; and

1 WHEREAS, Under California Health and Safety Code Section 34179, any individual
2 may serve on the Oversight Board at the same time as holding an office of the City and
3 County of San Francisco; and

4 WHEREAS, The Mayor has appointed Lisa Motoyama to the Redevelopment
5 Successor Agency Oversight Board, and has submitted the nomination to the Board of
6 Supervisors for confirmation, as required by State law; and

7 WHEREAS, The members of the Oversight Board appointed by the Mayor and subject
8 to confirmation by the Board of Supervisors shall serve at the pleasure of the Mayor for a term
9 of four years; provided, however, the Mayor shall designate two initial appointees to serve a
10 two-year term, and all subsequent terms shall be four years; now, therefore, be it

11 MOVED, That the Board of Supervisors of the City and County of San Francisco does
12 hereby confirm/reject the appointment of Lisa Motoyama, for a term ending January 24, 2020;
13 and, be it

14 FURTHER MOVED, That the foregoing appointment to the Redevelopment Successor
15 Agency Oversight Board shall commence once that body is established, but no earlier than
16 the date on which the Redevelopment Agency is dissolved and its assets are transferred to
17 the City by operation of State law.

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

BOS-11
Leg Clerk
Deputy Chief of Staff
City Atty
Mayor's Office/Dep.

September 26, 2017

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

Dear Ms. Calvillo,

It is my pleasure to notify you of the following appointments to the Oversight Board of the Successor Agency to the Redevelopment Agency of the City and County of San Francisco pursuant to California Health and Safety Code section 34179(a)(10) and Board of Supervisors Motion No. M12-9:

Kenneth Bukowski for a term ending January 24, 2020, filling the seat formerly held by Nadia Sesay

Lisa Motoyama for a term ending January 24, 2020, filling the seat formerly held by Olson Lee

I am confident that Mr. Bukowski and Ms. Motoyama, will serve our community well on the Oversight Board, which is responsible for the fiscal management of the assets of the former City and County of San Francisco Redevelopment Agency. Attached are their qualifications to serve, which demonstrates how these appointments represents the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I submit these nominations to the Board of Supervisors for confirmation, as required by State law.

Should you have any questions related to this appointment, please contact my Deputy Chief of Staff, Francis Tsang, at (415) 554-6467.

Sincerely,

Handwritten signature of Edwin M. Lee in cursive.
Edwin M. Lee
Mayor

2017 SEP 26 AM 10:20
AK
CITY OF SAN FRANCISCO

LISA MOTOYAMA

SUMMARY OF QUALIFICATIONS AND EXPERIENCE

- **Team leader with over 20 years technical expertise in affordable housing development**
- **Skilled manager supporting and developing staff to achieve and exceed organizational goals**
- **Expertise in all aspects of real estate development from site selection and feasibility analysis to community outreach, financing, construction, and lease up**

EMPLOYMENT HISTORY

Director of Real Estate – Special Initiatives

City and County of San Francisco, Mayor's Office of Housing and Community Development, San Francisco, CA April 2014 to Present

Responsible for the infrastructure and real estate capital aspects of the HOPE SF Initiative with an estimated budget of \$1.8BB to redevelop and transform 1914 public housing units and transition the residents into a vibrant mixed income community of 5204 housing units, community space, parks and open space, and infrastructure. Serve as the primary manager for interagency collaboration and public-private partnerships necessary for the realization of the physical development of the HOPE SF sites, including support and coordination of financing; project entitlements; vertical development; the City's infrastructure agencies on the development of streets, sewers, and open space; and each site's master developer on the integration of market rate housing within the overall master plan. Coordination with and participation in the HOPE SF Operations Team to support collective impact efforts to benefit the successful retention and transition of public housing residents. Oversee and supervise Asset Management of the MOHCD portfolio. Oversee and supervise Project Managers. Participate in housing policy development and support working groups as needed. Serve on the MOHCD senior management team.

Director of Housing Development

Resources for Community Development, Berkeley, CA July 2004 to April 2014

Responsible for the development of 1122 completed units totaling more than \$350MM in total development cost as Director of Housing Development with an additional 550 units under construction or predevelopment totaling nearly \$235MM. Responsible for sourcing, evaluating and negotiating new housing development opportunities. Represented the organization at public forums including conferences, public meetings, and community outreach events, and before governmental councils and commissions. Oversaw the day-to-day housing production activities of Resources for Community Development. Recruited, trained and supervised housing development staff, consultants, and interns. Set housing development strategy, direction and production goals. Worked with the CFO to refine the organizational budget and multi-year financial outlook. Coordinated the work of housing development staff with internal program staff. Staff to the Housing Committee of the Board of Directors. Member of the Management Team responsible for organizational management, decision-making and policy.

Senior Project Manager/ Project Manager

Resources for Community Development, Berkeley, CA, July 1998 to July 2004

Directly managed seven projects to completion totaling 134 units or beds and \$24.2MM in total development cost. Oversaw site acquisition, secured funding, acquired necessary permits, conducted community outreach, coordinated development schedules, supervised architectural

design, managed the construction process, and planned and helped implement property management and supportive services for affordable housing developments. Developed organization's first green housing consisting of 42 family 9% tax credit units in Oakland.

Associate Project Manager

A.F. Evans Co., Inc., San Ramon, CA, 1997 to 1998

Conducted feasibility analysis for potential projects, focusing on acquisition/rehabilitation of multifamily housing, and also expiring Section 8 developments, senior housing, assisted living and congregate care, and condominiums.

Associate Project Manager /Assistant Project Manager,

East Bay Asian Local Development Corporation, Oakland, CA, 1993 to 1997

Conducted feasibility analysis for potential projects. Managed a home ownership project in West Oakland in conjunction with a youth training program. Responsible for a creek restoration.

EDUCATION, TRAINING AND AFFILIATIONS

NeighborWorks/Harvard University Kennedy School of Government Achieving Excellence VI, 2012-2014

Leadership SF, Class of 2015-16

LISC Community Development Leadership Institute

LISC/DTI Economic Development Training Program

Professional Development for Consultants

LISC Affordable Housing and Community Development Training Program

Master of City Planning, UC Berkeley

B.A., History and Art History (Cum Laude), UCLA

City of El Cerrito Planning Commission, Commissioner, 2010-Present

Contra Costa County Affordable Housing Finance Committee, 2014 to Present

East Bay Housing Organizations, Board of Directors, 1999-2004

Sentinel Fair Housing, Board of Directors, President, 1999-2000

Sentinel Fair Housing, Board of Directors, Vice President, 1998-1999

Urban Ecology, Board of Directors, 1993-1997

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Motoyama	Lisa	Masumi

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Mayor's Office of Housing and Community Development

Division, Board, Department, District, if applicable

Your Position

Director of Real Estate - Special Initiatives

► 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)

- | | |
|--|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>San Francisco</u> |
| <input checked="" type="checkbox"/> City of <u>San Francisco</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2016, through December 31, 2016. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____ |
| <i>-or-</i> | <i>(Check one)</i> |
| The period covered is ____/____/____ through December 31, 2016. | <input type="checkbox"/> The period covered is January 1, 2016, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <i>-or-</i> |
| | <input type="checkbox"/> The period covered is ____/____/____ through the date of leaving office. |
| <input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|---|
| <input checked="" type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input checked="" type="checkbox"/> 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
1 South Van Ness Avenue, 5th Floor		San Francisco	CA	94103
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(415) 701-5619	lisa.motoyama@sfgov.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 02/17/2017
 (month, day, year)

Signature Lisa Motoyama
 (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
Lisa Motoyama

▶ NAME OF BUSINESS ENTITY
Valley National Bank

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

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:
 _____ / _____ / 16 _____ / _____ / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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)
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 ACQUIRED DISPOSED

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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 16 _____ / _____ / 16
 ACQUIRED DISPOSED

Comments: _____

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

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
The San Francisco Foundation
 ADDRESS (Business Address Acceptable)
1 Embarcadero Center, Ste. 1400
 CITY AND STATE
San Francisco, CA 94111
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): 8 / 28 / 16 - 8 / 30 / 16 AMT: \$ 994.78
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Flight, lodging and meals for study trip to Seattle - public housing and HOPE SF
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____