

File No. 160058

Committee Item No. 4

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date January 28, 2016

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"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

- |                                     |                          |                   |       |
|-------------------------------------|--------------------------|-------------------|-------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice    | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700          | _____ |
| <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: Derek Evans Date January 25, 2016

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

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



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: Children and Family Commission

Seat # or Category (If applicable): \_\_\_\_\_ District: \_\_\_\_\_

Name: Fea Malawa

Home Address: [Redacted] Chenery St. Zip: 94102 <sup>40</sup> 94131

Home Phone: [Redacted] Occupation: physician (pediatrician)

Work Phone: 415-552-3870 Employer: Mission Neighborhood Health Center

Business Address: 240 Shotwell, San Francisco, CA Zip: 94110

Business E-Mail: feamalawa@mnhc.org Home E-Mail: [Redacted]

**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 pediatrician who has worked in low-income communities of color since I completed my training in 2008. I identify as an African-American woman. I speak Spanish at a level of professional proficiency. I am the mother of a four year old and the child of gay parents. I am a Native of San Francisco.

**Business and/or professional experience:**

- Pediatrician at Mission Neighborhood Health Center (Current)
- Committee for Children as a consultant (March 2015 - August 2015)
- Bayview Child Health Center as a pediatrician (April 2012 - August 2015)
- Comprehensive Community Health Centers as a pediatrician (Sept 2008 - Jan 2012)


**Civic Activities:**

- Worked with UCSF students to develop a diversity curriculum
- Precepted Nurse Practitioner students and medical students interested in community health
- Gave trainings to local public school teachers (Kipp, GW Carver) on working with children exposed to trauma
- Gave similar trainings to SF public health nurses, SFUSD Mission Zone and child welfare workers at Alternative Family Services

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: 10/22/15 Applicant's Signature: (required)

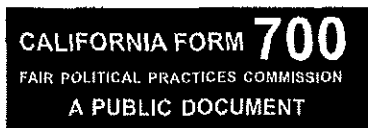


(Manually sign or type your complete name.  
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

**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

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Malawa (FIRST) Fee (MIDDLE) Nachama

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Francisco Children and Families Commission

Division, Board, Department, District, if applicable

Your Position

City and County of San Francisco

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, County of San Francisco, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS, STREET, CITY, STATE, ZIP CODE, 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 11/14/15

Signature [Handwritten Signature]

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)  
Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Zee Mahawa</u>
--

▶ NAME OF BUSINESS ENTITY  
Soni Corporation

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 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)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 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)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 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)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 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)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 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)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

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

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Zea Malawi

**▶ 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:

\$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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:

\$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 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

**▶ 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 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:

\$2,000 - \$10,000                                      / / 14                      / / 14  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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

**▶ 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:

\$2,000 - \$10,000                                      / / 14                      / / 14  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name  
Tea Malawa

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <hr/> <p>YOUR BUSINESS POSITION</p> <hr/> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p style="text-align: center;">(Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <hr/> <p>YOUR BUSINESS POSITION</p> <hr/> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p style="text-align: center;">(Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>

▶ 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:

<p>NAME OF LENDER*</p> <p><u>Navient - US Dept of Education Loan Servicing</u></p> <p>ADDRESS (Business Address Acceptable)</p> <p><u>PO Box 740351 Atlanta, GA 30374</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <hr/> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE      TERM (Months/Years)</p> <p><u>1.62</u> %    <input type="checkbox"/> None</p> <p>SECURITY FOR LOAN</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address</p> <p style="text-align: center;">City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
--	---

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

# SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Fea Malawa

- 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ 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)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ 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)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ 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)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ 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)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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**

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**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board, Commission, Committee, or Task Force: \_\_\_\_\_

Seat # or Category (If applicable): \_\_\_\_\_ District: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

**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: \_\_\_\_\_

Resident of San Francisco  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:**

**Business and/or professional experience:**

**Civic Activities:**

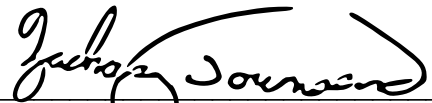
Have you attended any meetings of the Board/Commission to which you wish appointment?    Yes  No

---

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: 10/17/15

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**

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2014, 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)

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 \_\_\_\_\_ Signature  \_\_\_\_\_  
(month, day, year) (File this original 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.

Name \_\_\_\_\_

▶ 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)

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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)

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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)

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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)

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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)

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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)

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 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

---

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

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

---

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

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)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 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 \_\_\_\_\_

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/14    ____/____/14</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
--	--

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

**▶ 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 \_\_\_\_\_

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/14    ____/____/14</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
--	--

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: \_\_\_\_\_



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary      <input type="checkbox"/> Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i></p> <p><input type="checkbox"/> Partnership <i>(Less than 10% ownership. For 10% or greater use Schedule A-2.)</i></p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or      <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i></p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary      <input type="checkbox"/> Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i></p> <p><input type="checkbox"/> Partnership <i>(Less than 10% ownership. For 10% or greater use Schedule A-2.)</i></p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or      <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i></p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>

**▶ 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:

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

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

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*

\_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*

\_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

\_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*

\_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

\_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*

\_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

\_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*

\_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

\_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*

\_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

\_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*

\_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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



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

Name \_\_\_\_\_

- 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ 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)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

\_\_\_\_\_

▶ 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)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

\_\_\_\_\_

▶ 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)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

\_\_\_\_\_

▶ 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)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

\_\_\_\_\_

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

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: Children and Families First Commission

Seat # or Category (If applicable): Seat # 8 District: 2

Name: Nawz Z. Talai

Home Address: Beach Street Zip: 94123

Home Phone: Occupation: Senior Administrative Analyst

Work Phone: 415-759-3579 Employer: Laguna Honda Hospital

Business Address: 375 Laguna Honda Blvd Zip: 94116

Business E-Mail: nawzaneen.talai@sfdph.org Home E-Mail:

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:

I am an Iranian-American woman living in the Marina with my husband and 8-month old son. As a first-time mom I understand the desire and burden of ensuring optimal health and development for children. As a person having worked in the nonprofit sector with children and families for the past seven years, I understand the variance in resources available to families throughout San Francisco. It would be an honor to serve on the Children and Families First Commission to ensure that all children of San Francisco receive the same abundance of opportunities to be healthy, learn and grow regardless of what neighborhood they live in.

**Business and/or professional experience:**

See resume.

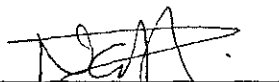
**Civic Activities:**

Member, Board of Directors, San Francisco Children's Art Center (2015-present)  
Member, California Partnership to End Domestic Violence (2015-present)  
YTH Live Panel Moderator, Youth. Tech. Health. (2014)  
YTH Live Program Committee, Youth. Teach. Health. (2013-2014)  
Fundraiser and Activist, The Vagina Monologues, V-Day (2010-2013)  
Community Organizer, KaBOOM!, Playground build (2010)  
Mentor, America On Track, Children of Prisoners (2008-2010)

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: 11/24/2015 Applicant's Signature: (required)



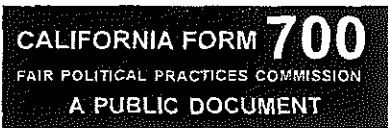
(Manually sign or type your complete name.  
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

**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



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) Talai Nawz Zahir

1. Office, Agency, or Court

Agency Name (Do not use acronyms) San Francisco Department of Public Health
Division, Board, Department, District, if applicable Laguna Honda Hospital
Your Position Senior Administrative Analyst

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, County of, Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 2
Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 375 Laguna Honda Blvd San Francisco CA 94123
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (415) 759-3579 nawzaneen.talai@sfdph.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 11/24/2015 (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**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Nawzaneen Zahir Talai

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 The California Wellness Foundation

ADDRESS (Business Address Acceptable)  
 575 Market Street, San Francisco CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION  
 Project Manager

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  
 San Francisco District Attorney

ADDRESS (Business Address Acceptable)  
 850 Bryant Street, San Francisco CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION  
 Assistant District 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

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

November 24, 2015

Board of Supervisors Rules Committee  
1 Dr. Carlton B. Goodlett Place, Rm 224  
San Francisco, Ca 94102

To Whom It May Concern:

I am writing to express my interest in the Children and Families First Commission, seat 4 vacancy. I bring seven years of experience in program design and evaluation, strategic planning, grantmaking, and engagement with diverse communities. I have a substantial academic background in population and family health, public health practice and policy, as well as service-based research. With a Master of Public Health from the Mailman School of Public Health at Columbia University and multi-dimensional work experience, I believe I have the necessary tools to contribute meaningfully to the success of the Children and Families First Commission team.

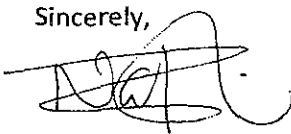
As a program evaluator for four years, I have designed and implemented various programs and evaluation projects which entailed conceptualizing and implementing evaluation plans, supervising staff, conducting focus groups and data analysis, and collaborating with various community-based organizations. For over two years, I served as the sole Program Coordinator for America On track utilizing a three-year, one million dollar grant. I developed and implemented a sustainable physical education program for over 600 first through fifth grade students at an elementary school located in a gang-infested and low-income area of Santa Ana, California. During my graduate career, I worked with the New York City Department of Health under the Office of School Health on a pilot program implemented at ten NYC high schools aiming to provide limited on-site reproductive health services to students. As the Evaluation Assistant, I conducted ongoing evaluation and monitoring of the program.

For three years, I worked with The California Wellness Foundation, as the Project Manager for the program department, working in strategic and creative partnership with the Foundation's program staff on managing the Foundation's strategic planning process. Through the collection and analysis of state demographic and programmatic health data for the development of potential grantmaking tactics, I spearheaded the development of strategies and projects that identified, developed innovative and proven approaches to improving access to care. Additionally in this capacity, I lead a set of projects that involved research and analysis of public health best practices in philanthropy and the nonprofit sector, and managed partnerships and collaborative efforts with stakeholders and private foundations.

In various capacities, I have developed and maintained strong rapport with internal staff and community-based organizations, valuing their experience and knowledge in program design, implementation and evaluation. Taking the time to build these relationships and listening to their stories were key in engaging them in strategic program design and organizational reflection.

I have enclosed my resume for your review, and if I can provide additional information, please contact me at the phone or e-mail addresses provided on my resume. I appreciate your consideration and look forward to the opportunity to meet you in person.

Sincerely,



Nawz Z. Talai

# NAWZ Z. TALAI

1825 BEACH STREET, SAN FRANCISCO, CA 94123

PHONE: 415-706-1983 EMAIL: [nawz.zahir@gmail.com](mailto:nawz.zahir@gmail.com)

## EDUCATION

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Master of Public Health, Columbia University, Mailman School of Public Health, May 2012

- Emphasis: Population and Family Health, Reproductive and Family Health

Bachelor of Science, University of California, Irvine, December 2007

- Emphasis: Public Health Sciences

## PUBLICATION

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Zahir, N., Heyman, M. B., & Wojcicki, J. M. (2012, December 13). No association between childcare and obesity at age 4 in low-income Latino children. *Pediatric Obesity*.

## EXPERIENCE

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**Senior Quality Management Analyst (2015-Present)**

*Laguna Honda Hospital, Department of Public Health, San Francisco, CA*

- **Performance Improvement Analysis:** Responsible for aggregating, analyzing, and trending performance improvement data. Develop data reports to support the hospital's performance improvement, risk management and utilization management activities. Conduct detailed analysis, and translate complex data into understandable, reliable, financially useful and objective information.
- **Content Expertise:** Provide technical expertise related to Quality Improvement (QI) tools, performance improvement methods, and information systems. Consult with hospital departments and committees of the organized medical staff. Conduct presentations of prepared data reports, results of evaluation studies, and performance improvement methodology.
- **Quality Improvement:** Facilitate quality improvement projects. Maintain and develop quality management databases. Manage the development and implementation of systems and procedures to increase the efficiency and effectiveness of data collection and production of quality reports.
- **Internal Collaboration:** Collaborate with other departmental leaders to develop, review and revise hospital wide policies and procedures. Ensure departmental policies and procedures are consistent and compliant with local, State and Federal regulations.

Nawz Z. Talai Resume

Page | 2

**Project Manager, Public Health Strategies (2012-2015)***The California Wellness Foundation, San Francisco, CA*

- **Strategic Planning Management:** Managed program design for strategic planning process and implementation of Advancing Wellness across California. Aligned public health strategies with grantmaking tactics and strategic plan development. Synthesized the results of data analysis into clear, relevant, and visually appealing materials that can easily be grasped by internal and external stakeholders and used to make strategic decisions.
- **External Engagement:** Managed partnerships and collaborative efforts with stakeholders and private foundations; conducted due diligence and recommended grantee partners.
- **Internal Collaboration:** Worked with other project managers and staff to evaluate and implement goals, objectives, policies and procedures of new grantmaking program.
- **Knowledge, Learning and Evaluation:** Researched, analyzed and reported on the Affordable Care Act and related policy issues impacting the health of Californians. Collected and analyzed local demographic, programmatic and health status data and compared data to national and state trends and benchmarks.
- **Grantmaking:** Assisted with Special Projects grant portfolio – reviewed grant requests, conducted site visits and drafted grant proposals.
- **Project Management:** Managed and coordinated team to conceptualize, draft and finalize annual program department report.

**Research Assistant (2011-2012)***University of California, San Francisco, San Francisco, CA*

- **Data Analysis and Reporting:** Conducted statistical analysis with STATA on potential correlation between childcare and child obesity among zero to five year olds. Researched, developed and submitted study findings for peer reviewed journal publication as first author.

**Evaluation Assistant (2011-2012)***New York City Department of Health, New York, NY*

- **Data Analysis and Reporting:** Created IT code through SAS software to track utilization of on-site reproductive health services to students at ten high schools. Analyzed and developed comprehensive reports of utilization of reproductive health services by at risk adolescents. Developed, edited and finalized structured intake forms for clinicians.

**Health Specialist (2010-2011)***Head Start, Columbia University, New York, NY*

- **Program Management:** Managed, maintained and developed reports from electronic health records. Developed and implemented electronic health records review process. Coordinated with health coordinator and teaching staff to ensure that all children are up to date with vaccinations, well-baby visits, and hearing and vision exams.



Nawz Z. Talai Resume

Page | 3

**Physical Education Program Coordinator (2008-2010)***America On Track, Orange County, CA*

- **Program Design and Implementation:** Created and implemented a sustainable Physical Education Program for 635 first through fifth grade students. Designed and delivered Health & Nutrition Parent Seminars for local families to improve health and wellness, reduce childhood obesity and diabetes among community. Constructed and implemented nutrition lessons for 3rd through 5th grade students to encourage eating right and staying fit in efforts to reduce childhood obesity and diabetes.
- **Strategic Partnerships:** Developed and strengthened relationships and collaboration with community organizations and the Santa Ana Unified School District.
- **Program Management:** Managed the Kids On Track...through Mentoring & Fitness for 25 third through fifth grade students and supervised 20 high school mentors.
- **Administrative:** Provided oversight over the program services and administrative operations of the Physical Education Program, nutrition lessons, and Kids On Track...through Mentoring & Fitness program.

**LEADERSHIP AND PROFESSIONAL ASSOCIATIONS**

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**Member, Board of Directors (2015-present)**

San Francisco Children's Art Center

**Member (2015-present)**

California Partnership to End Domestic Violence

**YTH Live Panel Moderator (2014)**

Youth. Tech. Health.

**YTH Live Program Committee (2013-2014)**

Youth. Teach. Health.

**Fundraiser and Activist (2010-2013)**

The Vagina Monologues, V-Day

**Community Organizer (2010)**

KaBOOM!, Playground build

**Mentor (2008-2010)**

America On Track, Children of Prisoners

**AWARDS AND RECOGNITION**

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**Certificate of Recognition (2010)**

Received recognition from Senator Lou Correa of the 34<sup>th</sup> District for Bishop Manor KaBOOM! Playground build.

**Front Runners Award (2010, 2009)**

Governor's Challenge recognition for student involvement and achieving the most fitness days in the Orange County region.

**Certificate of Recognition (2009)**

Received recognition from Mayor Pullido for work being done at Kennedy Elementary in Orange County.

**SKILLS**

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Advanced knowledge in Microsoft Office Suite, Adobe Suite, MAC OS

Advanced knowledge in evaluation and research methods

Advanced Knowledge in program design and implementation

Proficient in quantitative and qualitative data analysis

Proficient in budget management and analysis

Proficient in GIFTS, SAS, STATA

Conversational in Farsi

San Francisco  
BOARD OF SUPERVISORS

Date Printed: April 16, 2015

Date Established: December 24, 1998

Active

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**CHILDREN AND FAMILIES FIRST COMMISSION**

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**Contact and Address:**

Kahala Drain  
San Francisco Children & Families Commission  
1390 Market Street, Suite 318  
San Francisco, CA 94102

Phone: (415) 934-4849

Fax: (415) 565-0494

Email: Kahala@first5sf.org

**Authority:**

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Administrative Code, Sections 86.1 et seq. (Ordinance Nos. 409-98, 321-99, and 221-00)

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**Board Qualifications:**

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The San Francisco Children and Families First Commission (aka the First Five Commission) consists of a total of nine (9) members, all of whom are appointed by the Board of Supervisors.

The following four (4) members shall be entitled to serve as long as they meet the qualifications of membership.

- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the General Manager of the Department of Human Services or his/her designee;
- > One (1) member shall be a member of the Board of Supervisors;
- > One (1) member shall be the Director of the Department of Children, Youth and Their Families or his/her designee.

The remaining five (5) members shall serve four-year terms and be appointed from among the following categories: persons responsible for management of the following county functions: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood

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San Francisco  
BOARD OF SUPERVISORS

development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

In the event a vacancy occurs during the term of office of any appointed member, a successor shall be appointed for the unexpired term of the office vacated in a manner similar to that for the initial member.

This Commission is established to promote, support and improve the early development of children from the prenatal state to five years of age and to carry out the provisions of the California Children and Families First Act of 1998. The powers and duties are stated in Administrative Code, Section 86.2.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Section 86.5 of the Administrative Code. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None

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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

### CHILDREN AND FAMILIES FIRST COMMISSION

#### Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

**Vacant seat 8**, succeeding Jamal Harris, resigned, shall represent one or more of the following: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies, for the unexpired portion of a four-year term ending April 28, 2018.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Administrative Code, Section 86. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None.

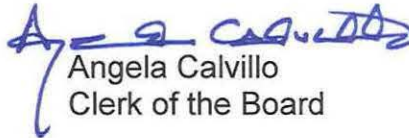
Additional information relating to the Children and Families First Commission may be obtained by reviewing Administrative Code, Sections 86.1 et seq., at <http://www.sfbos.org/sfmunicodes> or by visiting their website at <http://www.first5sf.org/>.

Pursuant to Board of Supervisors Rules of Order 2.32 (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 submitted. 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](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. 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) 554-7702.*

  
Angela Calvillo  
Clerk of the Board

DATED/POSTED: November 5, 2015