

File No. 180147

Committee Item No. 4

Board Item No. 34

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date February 14, 2018

Board of Supervisors Meeting

Date February 21, 2018

### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- Memorandum of Understanding (MOU)
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 - Ethics Commission
- Award Letter
- Application
- Form 700
- Vacancy Notice
- Information Sheet
- 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"/>	_____
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<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: Victor Young

Date February 9, 2018

Completed by: Alisa Somera

Date February 21, 2018

1 [Reappointment, Small Business Commission - Kathleen Dooley]

2  
3 **Motion reappointing Kathleen Dooley, term ending January 6, 2022, to the Small**  
4 **Business Commission.**

5  
6       MOVED, That the Board of Supervisors of the City and County of San Francisco does  
7 hereby appoint the following designated person to serve as a member of the Small Business  
8 Commission, pursuant to the provisions of Charter, Section 4.134:

9       Kathleen Dooley, Seat 2, succeeding herself, term expired, must be an owner,  
10 operator, or officer of a San Francisco small business and appointed by the Board of  
11 Supervisors, for the unexpired portion of a four-year term ending January 6, 2022.



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

RECEIVED  
 BOARD OF SUPERVISORS

2017 DEC 11 PM 1:11

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

Name of Board, Commission, Committee, or Task Force: Small Business Commission

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

Name: Kathleen Dooley

Home Address: \_\_\_\_\_ Zip: 94133

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

Work Phone: 415-577-5057 Employer: Self

Business Address: 216 Filbert St Zip: 94133

Business E-Mail: info@columbine-design.com 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:

*I have owned a small business for 30 years. As a female business owner, I am knowledgeable of the challenges facing women in business, especially for older women.*

**Business and/or professional experience:**

Member of the SBC, member of North Beach Business Association (director). I work for a diverse group of clients as a florist which allows me to interact on a daily basis and discuss what is most important in order to succeed as a small business in San Francisco

**Civic Activities:**

Assisted independent pet stores in forming an organization to promote their businesses. Worked with SF Flower Market tenants to help them express the unique needs of their industry. Worked with Katy Tang on ADA issues. Member of MTA business corridor group. Advise local small businesses in how to open their business and comply with City ordinances.

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: 12/11/17 Applicant's Signature: (required) Rathlen Dooy

**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

 E-Filed  
 03/02/2017  
 17:33:25

 Filing ID:  
 163639782

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Dooley, Kathleen			

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

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Small Business Commission

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)**

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

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 4****Schedules attached**

- |  |  |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments - schedule attached            | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached |
| <input checked="" 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 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>				
		San Francisco	CA	94133
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 03/02/2017  
 (month, day, year)

 Signature Kathleen Dooley  
 (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)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Dooley, Kathleen

**▶ 1. BUSINESS ENTITY OR TRUST**

Columbine Design Floral Company  
Name  
San Francisco, CA 94133  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
florist  
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_  
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

**▶ 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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_  
NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_  
 Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

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

GENERAL DESCRIPTION OF THIS BUSINESS  
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_  
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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_  
NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_  
 Check box if additional schedules reporting investments or real property are attached

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

## SCHEDULE C

### Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Dooley, Kathleen

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Columbine Design Floral

ADDRESS (Business Address Acceptable)  
San Francisco, c 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
floral design

YOUR BUSINESS POSITION  
owner

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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 profits  
\_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Columbine Design

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
florist

YOUR BUSINESS POSITION  
owner

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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: \_\_\_\_\_

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Dooley, Kathleen

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
Columbine Design
ADDRESS (Business Address Acceptable)
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE
florist
YOUR BUSINESS POSITION
owner
GROSS INCOME RECEIVED
No Income - Business Position Only
\$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
Partnership
Sale of
Loan repayment
Commission or Rental Income
Other

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
columbine Design
ADDRESS (Business Address Acceptable)
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE
florist
YOUR BUSINESS POSITION
florist
GROSS INCOME RECEIVED
No Income - Business Position Only
\$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
Partnership
Sale of
Loan repayment
Commission or Rental Income
Other

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
TERM (Months/Years)
SECURITY FOR LOAN
None
Personal residence
Real Property
Guarantor
Other

Comments:

## Somera, Alisa (BOS)

---

**From:** Board of Supervisors, (BOS)  
**ent:** Tuesday, February 13, 2018 3:23 PM  
**To:** BOS-Supervisors  
**Subject:** FW: Reappointment of Kathleen Dooley to Small Business Comission

-----Original Message-----

**From:** Moe Jamil [mailto:moejamil@gmail.com]  
**Sent:** Monday, February 12, 2018 8:49 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Cc:** Peskin, Aaron (BOS) <aaron.peskin@sfgov.org>  
**Subject:** Reappointment of Kathleen Dooley to Small Business Comission

Dear Board Members,

It is with great enthusiasm that I write to support the re-nomination of Kathleen Dooley to the Small Business Commission. Ms. Dooley has been a passionate advocate for small business. She has always listened to concerns of merchants and neighbors in her role. I wholeheartedly support her reappointment to another term. Ms. Dooley's passion for small business is tenacious and a model for others. Her knowledge and experience is a great asset to the City and the Commission.

Moe Jamil  
mmediate Past Chair  
Middle Polk Neighborhood Association

**Somera, Alisa (BOS)**

---

**From:** Board of Supervisors, (BOS)  
**Sent:** Tuesday, February 13, 2018 2:36 PM  
**To:** BOS-Supervisors; Somera, Alisa (BOS)  
**Subject:** FW: Kathleen Dooley reappointment to the Small Business Commission

**From:** Rick Karp [mailto:rick@colehardware.com]  
**Sent:** Tuesday, February 13, 2018 2:11 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Kathleen Dooley reappointment to the Small Business Commission

I highly recommend your re-appointing Kathleen Dooley to the Small Business Commission. She has been a passionate advocate for small and locally owned businesses for many years. She is both smart and compassionate, and has a keen understanding of issues pertaining to the needs of small business. Thank you very much!

--

Warm regards,

Rick

---

Rick Karp

Cole Hardware

70 4th Street

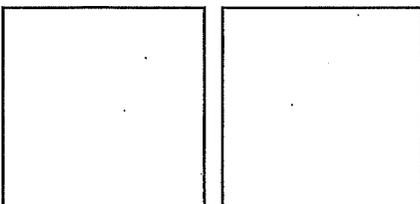
San Francisco, CA 94103

415-846-2004

[www.colehardware.com](http://www.colehardware.com)

Follow us on Twitter @colehardware

Join us on Facebook! [www.facebook.com/colehardware](http://www.facebook.com/colehardware)



## Somera, Alisa (BOS)

---

**From:** Board of Supervisors, (BOS)  
**Sent:** Monday, February 12, 2018 11:30 AM  
**To:** BOS-Supervisors; Somera, Alisa (BOS)  
**Subject:** FW: SBC

---

**From:** Mitchell Bearg [mailto:mbearg@sbcglobal.net]  
**Sent:** Monday, February 12, 2018 9:26 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** SBC

Hello SFBOS

I am writing in support of the reappointment of Kathleen Dooley to the Small Business Commission. Kathleen continues to be an important voice for small business and understands, better than most, the challenges small business face in these tumultuous times.

Thank you,  
Mitchell Bearg  
Bow Wow Meow  
2150 Polk St  
SF Ca . 94109



## Somera, Alisa (BOS)

---

**From:** Judy Irving <films@pelicanmedia.org>  
**ant:** Wednesday, February 14, 2018 11:05 AM  
**To:** Safai, Ahsha (BOS); Yee, Norman (BOS); Stefani, Catherine (BOS)  
**Cc:** Somera, Alisa (BOS)  
**Subject:** THD Endorses Kathleen Dooley for Small Business Commission

Dear Rules Committee members,

The Telegraph Hill Dwellers board of directors wholeheartedly supports the re-appointment of Kathleen Dooley to the Small Business Commission.

Her experience not only as a small business owner, but as a Commissioner for the past several years, will stand her in good stead. She knows how city government works, and has good relationships with a variety of neighborhood groups that represent small businesses, such as the North Beach Business Association. Please re-appoint her to the Small Business Commission.

Thank you and best regards,

Judy Irving, President  
Telegraph Hill Dwellers

## Somera, Alisa (BOS)

---

**From:** Board of Supervisors, (BOS)  
**Sent:** Monday, February 12, 2018 11:30 AM  
**To:** BOS-Supervisors; Somera, Alisa (BOS)  
**Subject:** FW: SBC

---

**From:** Mitchell Bearg [mailto:mbearg@sbcglobal.net]  
**Sent:** Monday, February 12, 2018 9:26 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** SBC

Hello SFBOS

I am writing in support of the reappointment of Kathleen Dooley to the Small Business Commission. Kathleen continues to be an important voice for small business and understands, better than most, the challenges small business face in these tumultuous times.

Thank you,  
Mitchell Bearg  
Bow Wow Meow  
2150 Polk St  
SF Ca . 94109

## Somera, Alisa (BOS)

---

**From:** Board of Supervisors, (BOS)  
**ent:** Monday, February 12, 2018 9:55 AM  
**Subject:** FW: Re-appoint Kathleen Dooley to the Small Business Commission

**From:** Judy Irving [mailto:films@pelicanmedia.org]  
**Sent:** Saturday, February 10, 2018 1:31 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Re-appoint Kathleen Dooley to the Small Business Commission

Dear Supervisors,

Please re-appoint Kathleen Dooley to the Small Business Commission. She is informed, seasoned, responsive, and fair. She has extensive knowledge of small-business stresses and needs, being a small business owner herself, and I highly recommend her.

Thank you,

Judy Irving, Executive Director of the North Beach small business, Pelican Media

Producer/Director  
"Dark Circle"  
"The Wild Parrots of Telegraph Hill"  
"Pelican Dreams"  
Member, Academy of Motion Picture Arts and Sciences, Documentary Branch

[www.pelicanmedia.org](http://www.pelicanmedia.org)  
phone: 415-362-2420

Pelican Media  
1736 Stockton Street, Suite 2  
San Francisco, CA 94133



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

2018 FEB -2 PM 3: 03

✓

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

Name of Board, Commission, Committee, or Task Force: Small Business Commission

Seat # or Category (If applicable): Seat 2 District: 6

Name: Antigone Skoulas

Home Address: [REDACTED] Zip: 94103

Home Phone: [REDACTED] Occupation: Dentist, Business Owner

Work Phone: 415-757-0110 Employer: Self Employed

Business Address: 586 Washington St. SF, CA Zip: 94111

Business E-Mail: askoulasdds@gmail.com 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 self employed dental practice owner and practicing dentist. I opened my practice, Skoulas, DDS in San Francisco three years ago. I am of Greek heritage, but I was born in Santa Clara, CA and lived in the Bay Area for twenty two years total. I have seen the Bay Area transition multiple times, most recently with the tech boom. I have also experienced a perspective shift having lived in Los Angeles for ten years. I believe that my insight as an educated, straight female, daughter of Greek immigrants, millenial who was raised in the Bay Area, but has also lived in another city for a decade, help me represent a variety of communities in San Francisco and make me a great candidate for this commission.

**Business and/or professional experience:**

I attended UCLA for my undergraduated education receiving my BS in Psychobiology, Arthur A. Dugoni School of Dentistry for my DDS, and Pepperdine Graziadio School of Business for my FEMBA. I worked in Los Angeles as a practicing dentist for five years while receiving my Fully Employed MBA, and teaching one day a week as a clinical instructor at UCLA. I moved back to SF four years ago and opened my practice, Skoulas, DDS, three years ago, in the Financial District. In these three years I have grown my practice quickly to maintain 1,000 patients and am continuously looking for business opportunities to expand and continue growth.

**Civic Activities:**

In Los Angeles, I volunteered as the Vice President of the Committee on the New Dentist for the California Dental Association for two years. This opportunity allowed for me to help organize young dentists and fight for changes in legislature regarding licensure, loans, midlevel providers, and insurance fees. I was also Editor, Board Member, and New Dentist Chair of the Western Los Angeles Dental Society. In San Francisco, I am on the Professional Development Committee of the San Francisco Dental Society, I am a member of the SF Chamber of Commerce (having completed their SF Leadership Program in 2017), and recent Member Director and Board member of the United Democratic Club. I also volunteer my time at Scott Wiener's office one day a week due to my interest in local issues, local policy, and local politics.

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: 2/1/18 Applicant's Signature: (required) Antigone Skoulas

(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: \_\_\_\_\_

## **Antigone Skoulas, DDS, MBA**

Antigone graduated from University of California, Los Angeles in 2006 with her BS in Psychobiology, Arthur A. Dugoni School of Dentistry in 2009 with her DDS, and Pepperdine University in 2014 with her MBA. She practiced in the Los Angeles area for five years while completing her fully employed MBA at Pepperdine and then returned to San Francisco to open her private practice in the Financial District. She is currently completing her third year within her practice, Skoulas, DDS at Jackson Square Dentistry. She is also currently enrolled in the Founders Institute Program to develop her website [www.pycky.com](http://www.pycky.com).

She has held a variety of leadership roles throughout her career most notably, Vice Chair of the California Dental Association New Dentist Committee, member of the committee for two years, liaison to the CDA Policy Development Committee and CDA Presents Board of Managers. She was selected as one of 7 New Dentists (a new dentist is defined as a dentist practicing for ten years or less following graduating from dental school) in California to be a member of this committee which she then chaired. She was editor of the Western Los Angeles Dental Society Newsletter for three years and had the opportunity to write quarterly editorials for her component. She took the time to restructure the entire newsletter into digital format during her appointment. She was a delegate to the CDA House of Delegates for four years where she was able to voice her opinion on policy changes that would affect her profession. Her input helped restructure licensing in California for New Dentists to a portfolio licensure format, impact progress in discussion on creating a mid-level provider in oral healthcare, as well as provide input on changes in dental insurance for patients through Covered California and Obamacare. She was appointed as a committee member for the Policy Development Council of the California Dental Association where she was further able to represent and voice concerns for dentists regarding existing policy and policy changes that the CDA had the option of supporting to push for new legislation. She held lecturer title at the UCLA School of Dentistry for three years as a clinical instructor for 3<sup>rd</sup> and 4<sup>th</sup> year students and has stayed very active in the academic environment. She has gone on mission trips serving as a dentist most

notably to Fiji. Her business degree has given her the opportunity to serve as a marketing consultant for review management companies for doctors and dentists, as well as explore global business differentiation in Japan. She is the Founder of a mobile application and marketing website which will help patients find dentists for emergency or walk-in treatment. She is currently enrolled in the Founders Institute Program to help her develop the website. Her desire to be involved in a variety of professional settings has guided her along her career path.

During her two years in San Francisco she has stepped forward as a leader in her local Chamber of Commerce, selected to participate in their Leadership program last year. This experience helped her gain a better understanding of the San Francisco community regarding local government involvement, transport, healthcare, the judicial system, and other current events. She has also been selected as a member of the Professional Development Committee for her local Dental Society where she manages and runs continuing education courses for local dentists. She volunteers one day a week at Senator Wiener's office due to her interest in local politics and healthcare policy. Finally, she was recently selected as Member Director for the United Democratic Club Board where she helps educate SF residents on policy concerns and leadership changes through structured, informative events.

# Antigone Skoulas, D.D.S M.B.A

- San Francisco, CA 94111

- [www.skoulasdds.com](http://www.skoulasdds.com)

## Curriculum Vitae

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### Education

2012-2014 Pepperdine University  
Graziadio School of Business and Management  
**M.B.A Degree** - Leadership Emphasis

2006-2009 Arthur A. Dugoni School of Dentistry  
**D.D.S. Degree**

2002-2006 University of California, Los Angeles  
**B.S. Degree** - Psychobiology

### Continued Education

Over 50 hours each year in dentistry, leadership, and management

2015-Present Spear Education Study Club  
*Monthly study club meetings*  
*Weekend workshops and seminars in Phoenix, AZ*

2010-2013 UCLA Venice Clinic Complex Case Seminars, monthly

2010 Center for Advancing Learning and Teaching  
Academy of Academic Leadership

2009 POHAP Pediatric Oral Health Access CDA Program

### Professional Experience

2015-Present **Skoulas, DDS at Jackson Square Dentistry**  
Dentist and Small Business Owner  
Private practice, General and Cosmetic Dentistry  
*San Francisco, CA*

2014-Present **Pycky**  
Founder  
Creation of online dental network to help  
patients find a dentist

2010-2013 **UCLA School of Dentistry**  
Restorative Department  
Clinical Instructor  
*Los Angeles, CA*

2014-2015 **Rotunda Dental**

	Associate Dentist <i>Oakland, CA</i>
2012-2014	Excel Dental Care Associate Dentist <i>Los Angeles, CA</i>
2011-2012	Smile Brands Associate Dentist <i>Burbank, CA</i>
2009-2011	Pacific Dental Services Associate Dentist <i>Palmdale, CA</i>

### Professional Organizations

Founders Institute (FI)  
 United Democratic Club (UDC)  
 SF Chamber of Commerce  
 American Dental Association (ADA)  
 California Dental Association (CDA)  
 San Francisco Dental Society (SFDS)  
 American Academy of Cosmetic Dentistry (AACD)  
 Academy of General Dentistry (AGD)  
 Academy of Operative Dentistry (AOD)  
 Graziadio Alumni Network (Pepperdine)  
 Arthur A. Dugoni Alumni Network (UOP)  
 University of California Alumni Network (UCLA)  
 Delta Sigma Delta Alumni (DSD)

### Involvement in Organized Dentistry

2007	ASDA Student Representative, SF Conference
2009	Joined the tripartite
2010-2014	Give Kids a Smile Volunteer
2010	Attended New Dentist Conference, San Diego
2010-2014	<b>Editor for Western Los Angeles Dental Society Newsletter (WLADS)</b>
2010-2014	<b>Board of Directors for WLADS</b>
2010-2014	New Dentist Committee for WLADS
2011	<b>ADA New Dentist Scientific Panel</b>
2011-2013	<b>CDA New Dentist Committee</b>
2011	Attended AOD Conference
2011-2013	<b>Delegate to the CDA House of Delegates</b>
2011	Host at CDA Anaheim Presents
2011	Attended CDA New Dentist Conference, Chicago
2011	Attended ADA National Conference, Las Vegas

2011	Attended Leadership Education Conference
2011-2012	Liaison to CDA Presents Board of Managers
2012	Presents Board of Directors Assistant, CDA Presents Anaheim
2012	Attended CDA New Dentist Conference, Washington DC
2012	Attended ADA National Conference, San Francisco
2012	Attended AOD Conference, Chicago
2012-2013	<b>Elected Vice Chair CDA New Dentist Committee</b>
2013	Attended ADA Midwinter meeting, Chicago
2013	Hosted new dentist multicomponent networking function, Los Angeles
2012-2013	Liaison to CDA Policy Development Committee
2013	Attended CDA Leadership Education Conference, Denver
2013	Attended AOD Conference, Chicago
2013	Attended ADA National Conference, New Orleans
2014	<b>New Dentist Committee Chair for Western Los Angeles Dental Society</b>
2014	Attended ADA National Conference, San Antonio
2014	Attended American Academy of Dental Editors (AADEJ)
2014	<b>Restructured WLADS newsletter to digital format</b>
2015	Attended Technological Innovation in Healthcare Conference, Oakland
2015-present	<b>SFDS Professional Development Committee</b>

### **Volunteer Positions**

2018-Present	United Democratic Club, Member Director, Board
2017-Present	<b>Volunteer at Senator Scott Wiener's Office, <i>Every Friday</i></b>
2009-2013	Kids Community Dental Clinic, Volunteer
2010	Fiji Dental Mission trip
2011-2012	LACARE Volunteer
2013	CDA Cares Volunteer, San Diego

### **Other Education of Note**

2018-Present	Founders Institute <i>Accelerator Program (Part-Time)</i>
2016-2017	Leadership San Francisco, SF Chamber of Commerce <i>Selected as a San Francisco leader investing in educating future leaders of San Francisco on policy and community issues</i>
2013	Review Inc, Marketing Consultant

2013 *Helped online review site try to establish a doctor  
customer base*  
New York/Washington D.C. Portfolio Creation Course  
2014 *Zen Business Strategy Course in Japan  
Explored cultural differences in business strategy*

### **Research**

2004 *Physiology of Stress, Research Assistant  
Examined the effects of stress on cardiac patterns*

### **Community Organizations**

United Democratic Club  
SF Chamber of Commerce  
SF Commonwealth Club  
SF Ivy Club  
Annunciation Greek Orthodox Church  
SF Volleyball Intramurals

### **Extra**

2004 *Athens Olympics Volunteer  
Stadium Usher and Translator*  
Travel *Greece - Spain - England - Germany - Holland -  
Canada - Mexico - Belgium - Hungary - Italy - Japan -  
Bahamas - Fiji - France - British Virgin Islands - Austria  
- Mexico*

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
FILED Only

BOARD OF SUPERVISORS  
SAN FRANCISCO

COVER PAGE

Please type or print in ink.

2018 FEB -2 PM 3: 03

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
SmallBusinessCommission  
Division, Board, Department, District, if applicable  
Seat2  
Your Position  
Seat2Commissioner

► 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, 2017, through December 31, 2017.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2017.  
 Assuming Office: Date assumed 03 / 01 / 2018  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2017, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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

Schedules attached

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)  
586WashingtonSt.SanFrancisco,CA94111

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 01/30/18  
(month, day, year)

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

**SCHEDULE A-1**

**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
Charles Schwab

GENERAL DESCRIPTION OF THIS BUSINESS  
29,500

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 MUTUAL FUNDS  
(Describe)

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 17      \_\_\_\_\_ / \_\_\_\_\_ / 17  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 17      \_\_\_\_\_ / \_\_\_\_\_ / 17  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Ameritrade

GENERAL DESCRIPTION OF THIS BUSINESS  
2,500

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 IRA  
(Describe)

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 17      \_\_\_\_\_ / \_\_\_\_\_ / 17  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 17      \_\_\_\_\_ / \_\_\_\_\_ / 17  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 17      \_\_\_\_\_ / \_\_\_\_\_ / 17  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 17      \_\_\_\_\_ / \_\_\_\_\_ / 17  
 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 SKOULAS PDS  
 Address (Business Address Acceptable) 586 Washington St. SE, CA 94111

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

GENERAL DESCRIPTION OF THIS BUSINESS  
Dental office

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 17 DISPOSED     /     / 17

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

YOUR BUSINESS POSITION owner / dentist

**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

Patients with long treatments -  
HIPPA

**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  
586 Washington St. SE, CA 94111  
Dental office

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

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     /     / 17 DISPOSED     /     / 17

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold 1 Yrs. remaining  Other \_\_\_\_\_

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

Comments: sublease

**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  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 17 DISPOSED     /     / 17

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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 17 DISPOSED     /     / 17

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



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

BOARD OF SUPERVISORS  
SAN FRANCISCO  
2010 FEB -7 PM 2:20  
B

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

Name of Board, Commission, Committee, or Task Force: Small Business commission

Seat # or Category (If applicable): 2 District: \_\_\_\_\_

Name: Cherese Bernice Benton

Home Address: \_\_\_\_\_ Zip: 94107

Home Phone: \_\_\_\_\_ Occupation: Business owner

Work Phone: \_\_\_\_\_ Employer: Posh Green Collective

Business Address: 26 7th st SF Zip: 94103

Business E-Mail: poshhandprivileged@gmail.com 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:**

I am a women of color who lived in SF mostly my whole life. I have worked for Job Corps T.I. as a CPP specialist working with young adults 16-24 and with DPH as an Health Worker for mostly the LGBT community. So I have been exposed and worked with all walks of life we have here in SF. From the privileged to the homeless.

**Business and/or professional experience:**

Owner of a Cannabis delivery service in SF.

**Civic Activities:**

Helped with equity program with feedback and issues surrounding war on drugs.

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: 2/6/2018

Applicant's Signature: (required)



Cheresse Bernice Benton

(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) Bentley (FIRST) Chavese (MIDDLE) Bernice

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Small Business Commission SEAT 2  
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
- Multi-County \_\_\_\_\_
- City of SF
- 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, 2017, through December 31, 2017.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2017.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_ through the date of leaving office.

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

Schedules attached

- 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 (B) \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

[Redacted Signature Area]

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 2/7/18 Signature \_\_\_\_\_  
(month, day, year) (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 \_\_\_\_\_

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Josh Green

ADDRESS (Business Address Acceptable)  
24 7th St. SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
cannabis

YOUR BUSINESS POSITION  
owner

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  No Income - Business Position Only  
 \$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\* n/a

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 Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

## VACANCY NOTICE

### SMALL BUSINESS COMMISSION

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations, appointed by the Board of Supervisors.

**Seat 1,** Miriam Zouzounis, term expires January 6, 2020, must be an owner, operator, or officer of a San Francisco small business and appointed by the Board of Supervisors, for a four-year term.

**Seat 2,** Kathleen Dooley, term expires January 6, 2018, must be an owner, operator, or officer of a San Francisco small business and appointed by the Board of Supervisors, for a four-year term ending January 6, 2022..

**Seat 3,** William Ortiz-Cartagena, term expires January 6, 2020, must be an owner, operator, or officer of a San Francisco small business and appointed by the Board of Supervisors, for a four-year term.

**Pursuant to Charter, Section 4.101, members of this Commission must be, and remain during their tenure, an elector of the City and County of San Francisco. (The Charter defines an elector as a person registered to vote in the City and County of San Francisco. This voter registration requirement encompasses other requirements: that a member must be a citizen of the United States, a resident of San Francisco, at least 18 years of age or older before the next election, must not be in prison or on parole for the conviction of a felony, and must not have been judged by a court to be mentally incompetent to register and vote.)**

Reports: None.

Sunset Date: None.

Additional information relating to the Small Business Commission, or other seats on this body that are appointed by another authority, may be obtained by reviewing Charter,

Section 4.134, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Commission's website at <http://www.sfgov.org/sbc>.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Board must complete and submit, with their application, a copy (**not original**) of their Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the 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/Modules/ShowDocument.aspx?documentid=19462> 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 the 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 at the meeting and applicant(s) may be asked to state their qualifications. The appointment of the individual who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

*Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a 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: June 19, 2017

San Francisco  
BOARD OF SUPERVISORS

Date Printed: March 24, 2017

Date Established: December 5, 2003

Active

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**SMALL BUSINESS COMMISSION**

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**Contact and Address:**

Regina Dick-Endrizzi, Contact Person  
Small Business Commission  
City Hall, Room 448  
San Francisco, CA 94102

Phone: (415) 554-6481

Fax: (415) 558-7844

Email: regina.dick-endrizzi@sfgov.org

**Authority:**

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Charter, Section 4.134 (Proposition D, November 4, 2003, certified by the Secretary of State on December 5, 2003); and Government Code, Section 87103.

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**Board Qualifications:**

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The Small Business Commission (Commission) was established to oversee the San Francisco Office of Small Business. Individuals appointed to the Commission are intended to represent and further the interest of the particular industries, trades, or professions specified pursuant to Government Code, Section 87103.

The Commission shall consist of seven (7) members, who shall serve at the pleasure of their appointing authority:

**BOARD OF SUPERVISORS APPOINTED**

> Three (3) members who are owners, operators, or officers of San Francisco small businesses.

**MAYOR APPOINTED**

> Two (2) members who are owners, operators, or officers of San Francisco small businesses.

> One (1) member who is a current or former owner, operator, or officer of a San Francisco small business.

> One (1) member who is an officer or representative of a neighborhood economic development organization or an expert in small business finance.

All Commission members shall service for four-year terms and reflect the diversity of neighborhood and small business interests in the City.

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"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

Reports: None.

Sunset Date: None.

"R Board Description" (Screen Print)

