

BOARD of SUPERVISORS



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

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

Name of Board/Commission/Committee/Task Force: Citizens General Obligation Bond Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): #1

Full Name: Andrea Marmo Crawford

Home Address: 22A Julius Street Zip Code: 94133

Home Phone: n/a Occupation: CEO

Work Phone: 415.837.1844 Employer: A.M. Crawford, Inc

Business Address: 870 Market Street, Suite 622 Zip Code: 94102

Business Email: andrea@amcrawfordinc.com Home Email: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

**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 lived in San Francisco for over 12 years (District 3). I am a mom of two kids who have attended SFUSD schools since kindergarten and are now students at Galileo High School in District 2. As a family, we spend a great deal of time in public places funded by various bond measures - all projects that the CGOBOC oversees or has overseen in the past. Joe DiMaggio Park, John McLaren Park, and anywhere along the Embarcadero Waterfront are favorites. I founded a small business that is based in San Francisco. Our offices are in the historic Flood Building (District 3). My firm is a designated Disadvantaged Business Enterprise (DBE); a Local/Micro Business Enterprise (San Francisco); and certified Women Owned Small Business (WOSB) by the United States Small Business Administration.

**Business and/or Professional Experience:**

My professional background is in fundraising for nonprofits and government entities, and for years my colleagues and I have provided grants development (writing, editing) support and post-award grants management support to our clients. I have helped develop countless budgets and project plans for large capital projects. Before serving on the CGOBOC, my experience stopped at the proposal, right at the point of project funding, or a few months or years in when its time to write a report on the project. Serving on the CGOBOC has provided a interesting education about what happens in between - how large government infrastructure projects move forward AFTER they are funded. I also enjoy contributing to CGOBOC committee reports and audits and want to continue to participate actively in that process.

**Civic Activities:**

I am a member of a local chapter of the Women Presidents Organization, an organization that represents and serves women business leaders throughout San Francisco, the Bay Area and the world. I am the Secretary of Galileo High School's PTSA, and I have served on Garfield Elementary PTO (both of my sons were students at the time); I served as Fundraising Chair on the board of the Jesuit Retreat Center of Los Altos; and I was a founding board member of the Greater Bay Area Chapter of the Grant Professionals Association, a professional organization based in Kansas City.

Have you attended any meetings of the body to which you are applying? Yes ☒ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Andrea Marmo Crawford

Date: 4/23/25

Applicant's Signature (required):

335cebfb-49c8-4782-9183-  
-acd36e79f018

Digitally signed by  
335cebfb-49c8-4782-9183-acd36e79f018  
Date: 2025.04.23 19:32:46 -04'00'

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received

Filing Official Use Only

 E-Filed  
 03/20/2025  
 11:00:29

 Filing ID:  
 213775335

Please type or print in ink.

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

Crawford, Andrea Marmo

**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

Citizens General Obligation Bond Oversight Committee

Member

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)☐ Multi-County☒ County of San Francisco☐ City of☐ Other**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2024, through  
December 31, 2024.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2024.☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ **Candidate:** Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_**4. Schedule Summary (required)**

► Total number of pages including this cover page: 6

**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)

San Francisco

CA

94102

DAYTIME TELEPHONE NUMBER

EMAIL 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 03/20/2025  
(month, day, year)Signature Andrea Marmo Crawford  
(File the originally signed paper 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

Crawford, Andrea Marmo

**1. BUSINESS ENTITY OR TRUST**

A.M. Crawford, Inc

Name

San Francisco, CA 94102

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

## GENERAL DESCRIPTION OF THIS BUSINESS

Nonprofit Management &amp; Fundraising Counsel

## FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

## NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ Corporation  
Other \_\_\_\_\_

YOUR BUSINESS POSITION CBO**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

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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

Acta Non Verba

BANANAS

Building &amp; Construction Trades Council of Alameda

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

Apartment Lease

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

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

## NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☒ Leasehold 1 ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ 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 PROPERTYName of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real PropertyDescription of Business Activity or  
City or Other Precise Location of Real Property

## FAIR MARKET VALUE

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

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

## NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Yrs. remaining

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

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

Additional Single Sources of Income of \$10,000 or more for A.M. Crawford, Inc

Butler and Warren Co. Electrical JATC  
California Policy Center for Intellectual and Developmental Disabilities  
Catholic Charities SBRIV  
East Oakland Youth Development Center  
Electrical Training Alliance  
Electrical Training Alliance of Jacksonville  
Girls Inc.  
Healing Breakthrough  
Housing Matters  
Humane Equine Aid and Rapid Transport  
IBEW Local 104 OSHE  
IBEW Local Union 223  
Inland Empire Electrical Training Center  
International Training Institute  
Nashville Electrical JATC  
Outward Bound California  
Poplar Community Services District  
R.A.M.P  
Rainforest Rising  
Savannah Electrical Training Alliance  
South Florida Operating Engineers, Local 487 Apprenticeship & Training  
Tampa Area Electrical JATC  
The Leahey Foundation  
Tidewater Electrical JATC  
YES Nature to Neighborhoods  
YWCA Berkeley/Oakland

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Crawford, Andrea Marmo

## ▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

870 Market Street

CITY

San Francisco

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24  
ACQUIRED\_\_\_\_/\_\_\_\_/24  
DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☒ Leasehold 1  
Yrs. remaining☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

## ▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

22A Julius Street

CITY

San Francisco

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24  
ACQUIRED\_\_\_\_/\_\_\_\_/24  
DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☒ Leasehold 1  
Yrs. remaining☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Crawford, Andrea Marmo

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

A.M. Crawford, Inc

ADDRESS (Business Address Acceptable)

San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Management &amp; Fundraising Counsel

YOUR BUSINESS POSITION

CEO

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 a commercial lending institution, 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\*

Bankers Small Business Community Development  
Corporation of California

ADDRESS (Business Address Acceptable)

San Diego, CA 92106-6116

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)

\_\_\_\_\_% ☒ None

5 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)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Crawford, Andrea Marmo

**▶ 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)**▶ 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 a commercial lending institution, 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\*

US SBA EIDL

ADDRESS (Business Address Acceptable)

FT Worth, TX 7615530

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

3.75% ☐ None

TERM (Months/Years)

30 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 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

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

Name of Board/Commission/Committee/Task Force: Citizens' General Obligation Bond Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): 3

Full Name: Kate McGee

[Redacted Address] Zip Code: 94133  
Occupation: Urban Planning Consultant

Work Phone: 415.298.5219 Employer: EBO Strategy

Business Address: 2031 1/2 Powell Street Zip Code: 94133

Business Email: kate@ebo-strategy.com Home Email [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☒ No ☐

**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 applying for the community organization seat (#3) on the Citizens' General Obligation Bond Oversight Committee. My active involvement in North Beach Neighbors, the community organization where I serve on the Planning and Zoning Committee, positions me well for this role. In this capacity, I have provided expertise on local land use, historic preservation, and state housing policy, ensuring that residents have the information they need to engage meaningfully in decisions that impact our community.

I immigrated to the United States in 2001 and have been committed to public service and community engagement ever since. I worked for the San Francisco Planning Department for 13 years, focusing on neighborhoods including the Bayview, Bernal Heights, Potrero Hill, Visitacion Valley, and SoMa. As a single mother for 15 years, I raised two boys in North Beach, balancing professional responsibilities with volunteer work that directly benefited the city's diverse communities. My experience includes distributing food to the homeless, organizing donation drives, leading school fundraising efforts, and launching a pilot program for urban agriculture in a public right-of-way.

Through my work with North Beach Neighbors and my broader civic engagement, I have firsthand experience advocating for community interests, analyzing public policy, and ensuring that residents' voices are heard. I am committed to equitable and transparent oversight of public funds and will bring both my professional expertise and deep community ties to this position.

**Business and/or Professional Experience:**

I have extensive experience in auditing, real estate development, permitting, and regulatory processes. I began my career in London, working as an auditor for WS Atkins Rail before transitioning to Transport for London, where I supported the forthcoming public-private partnership of their rail system. After moving to San Francisco, I spent 13 years at the Planning Department, focusing on permitting, policy development, and sustainability. I later joined Pillsbury Winthrop Shaw Pittman LLP as a senior legal analyst in the Environmental, Land Use, and Real Estate practice group.

In 2017, I launched my own consulting practice, where I assist homeowners, small-scale developers, and business owners in navigating complex permitting and compliance requirements. My work requires a deep understanding of city regulations, financial accountability, and stakeholder engagement to ensure projects align with both policy objectives and community needs.

I am committed to transparency, responsible fiscal oversight, and public accountability. My experience in both the public and private sectors has given me firsthand insight into the impact of public funding on local projects and infrastructure. I understand the importance of ensuring taxpayer dollars are spent efficiently and effectively, and I am eager to contribute my expertise to the Citizens' General Obligation Bond Oversight Committee.

**Civic Activities:**

I am applying for the community organization seat on the Citizens' General Obligation Bond Oversight Committee, representing the perspective of residents actively engaged in neighborhood and civic groups. As a member of the Planning and Zoning Committee of North Beach Neighbors, I work directly with community members to address land use policies, historic preservation efforts, and state housing initiatives. I have presented to the organization on complex policy issues, answered questions from residents, and helped navigate discussions on neighborhood impacts.

Beyond my role in North Beach Neighbors, I have a strong record of civic engagement, including spearheading a pilot program for urban agriculture in a public right-of-way, participating in school fundraisers, and supporting local initiatives that improve neighborhood quality of life. My experience in both advocacy and public policy ensures that I can effectively represent community interests on the Committee and contribute to the responsible oversight of public funds.

Have you attended any meetings of the body to which you are applying? Yes ☒ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: February 15, 2025 Applicant's Signature (required): Kate McGee Digitally signed by Kate McGee  
Date: 2025.02.14 08:45:06 -08'00'

*(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 Vacated: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

Controller's Office

Division, Board, Department, District, if applicable

Citizens' General Obligation Bond Oversight Committee

Your Position

Seat #3

► 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, Retired Judge, Pro Tem 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, 2024, through  
December 31, 2024.

☐ **Leaving Office:** Date Left / /  
(Check one circle below.)

-or-

The period covered is / / , through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☒ **Assuming Office:** Date assumed 04 / 01 / 2025

☐ 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 (required)**

► Total number of pages including this cover page: 7

**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)				
2031 1/2 Powell Street		San Francisco	CA	94133
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
( 415 ) 298-5219		kate@ebo-strategy.com		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/01/2025  
(month, day, year)

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

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Kate McGee

► 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:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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  
**Kate McGee**

**1. BUSINESS ENTITY OR TRUST**  
**KM Planning Strategy (DBA EBO Strategy)**  
Name  
**2031 1/2 Powell Street**  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Planning & Development Consultancy**

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  
\_\_\_\_\_/\_\_\_\_\_/24 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/24 DISPOSED

NATURE OF INVESTMENT  
☐ Partnership ☐ Sole Proprietorship ☒ **S-Corp**  
Other \_\_\_\_\_

YOUR BUSINESS POSITION **President**

**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  
**Coale Johnson, Craig O'Connell, Emerald Fund, Erwin O'Toole, Marci Glazer**

**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  
\_\_\_\_\_/\_\_\_\_\_/24 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/24 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  
\_\_\_\_\_/\_\_\_\_\_/24 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/24 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  
\_\_\_\_\_/\_\_\_\_\_/24 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/24 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 B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**Kate McGee**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

**0064/006**

CITY

**San Francisco**

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/24    **10/02/24**  
ACQUIRED    DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust    ☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining    Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

**Alexa Di Paola, Reid Hodder**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/24    \_\_\_\_/\_\_\_\_\_/24  
ACQUIRED    DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust    ☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining    Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%    ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000    ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000    ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%    ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000    ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000    ☐ OVER \$100,000  
☐ Guarantor, if applicable

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



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

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <b>Kate McGee</b>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <b>KM Planning Strategy (DBA EBO Strategy)</b>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <b>2031 1/2 Powell Street, SF, CA, 94133</b>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Consulting</b>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <b>President</b>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

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

# SCHEDULE D

## Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**Kate McGee**

<div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	<div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
<div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	<div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
<div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	<div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							

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

\_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Kate McGee</b>

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

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

\_\_\_\_\_

BOARD of SUPERVISORS



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

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

Name of Board/Commission/Committee/Task Force: Citizens' General Obligation Bond Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): 3

Full Name: Min Chang

Zip Code: 94105

Position: CEO

Work Phone: 415-930-1888

Employer: Homebridge

Business Address: 1035 Market Street

Zip Code: 94103

Business Email: mchang@homebridgeca.org

Home Email: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☒ No ☐

If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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:

U.S. citizen. Born in Taiwan and lived in Africa, Singapore, and China. Traveled extensively throughout Europe, Asia Pacific, the Middle East, Africa, and North, Central and South America and Antarctica. Fluent in Chinese (Mandarin) and French. Assistant instructor in scuba diving, ballet dancer and avid ballroom dancer. Omnicom Board Director for 30 Agency and Regional Boards. American Heart Association Woman of Impact Nominee. Certified in APICS CPIM and Six Sigma Green Belt. Johns Hopkins SAIS DIA Club Secretary and IR Council Career Chair and Member of the Deans Crowell Committee on Diversity and Inclusion, MIT Alumni Board, University of Pennsylvania Class of 1987 Alumni Board. Director of the Chinese Folk-Dance Troupe of Delaware for seven years. Mother of two beautiful young ladies.

Currently live (Rincon Hill) and work (Tenderloin) in the City as the CEO of a non-profit focused on caring for older adults and adults with disabilities. Employ over 500 staff that represent all ethnicities and backgrounds. A vital part of the community in SF. Represent older adults at age 59 and am a proud Chinese American that represents the Asian community here in SF. Ran for SFUSD board this past November and know all 11 Districts very well.

**Business and/or Professional Experience:**

I am the CEO of a 500+ healthcare organization that serves over 75,000 of the most underserved populations and caregivers in San Francisco and across California.

I have over 35 years of experience in strategic leadership, financial management, business development, and operations, spanning six continents. Her deep understanding of cross-cultural dynamics enriches her approach to serving diverse communities. In the past, she was the Chief Strategy Officer at On Lok, a healthcare company serving older adults in the Bay Area, President and CEO of Microsurgical Technology, a global medical devices company, and CEO at Kin On Health Care Center, a healthcare company specializing in long term care. Her background includes 13 years leading global marketing communications and other leadership roles spanning 10+ years, including at Omnicom Group, Honeywell, AstraZeneca, Otis Elevators, and Procter & Gamble and 11 years in management consulting with Ernst & Young, Booz Allen and Accenture.

I hold a Doctorate in International Affairs and a Master of International Public Policy from Johns Hopkins University, School of Advanced International Studies. She received her Master of Science in Management from the Massachusetts Institute of Technology Sloan School of Management and a Bachelor of Science and Bachelor of Arts from the University of Pennsylvania.

**Civic Activities:**

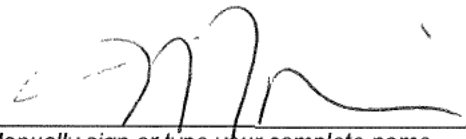
I am part of the IHSS Task Force, the CA Long-term Support Services Coalition, Human Services Network and other key groups and initiatives focused on older adults and adults with disabilities. I also work very closely with DAS, CDA, CDSS, HSA, OEWD, Justice in Aging, MOHCD, SF Dept of Homelessness and Supportive Housing, SEIU, On Lok, IOA, Self-Help, ECS, DISH, TNDC, HomeRise, Laguna Honda, CAPA, CICA, CWDB, CA Dept of Small Business Advocate and many other CBOs and organizations in SF. We are also currently working with the Mayor's office on shelter care.

I also active with SFUSD and ran for the school board as a first-time candidate. I have attended many school board meetings, parents/community meetings, canvassed the neighborhoods to better understand key issues and spoken out on key challenges impacting our public school system.

Have you attended any meetings of the body to which you are applying? Yes ☐ No ☒

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 2/17/25 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 Vacated: \_\_\_\_\_

**CALIFORNIA FORM 700**  
**STATEMENT OF ECONOMIC INTERESTS**  
**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink

Name of filer: CHANG (Last) MIN (First)  (Middle)

1. Office, Agency, or Court

Agency Name (Do not use acronym): Bond Oversight Committee  
 Division, Board, Department, District, if applicable:

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

☐ State ☐ Judge, Retired Judge, Probation Judge, or Court Commissioner (Retirement Jurisdiction)  
☒ Municipality ☐ County of   
 City of SAN FRANCISCO Other:

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

☐ Annual: The period covered is January 1, 2024, through December 31, 2024.  
☐ Learning Office: Date left  (Check one circle below)  
☐ The period covered is January 1, 2024, through the date of leaving office.  
☐ Assuming Office: Date assumed   
☐ The period covered is the date of assuming office through   
☒ Candidate: Date of election  and office sought, if different from Part 1:

4. Schedule Summary (required) Total number of pages including this cover page: 4

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

5. Verification

Business or Agency Address (Required for Public Document) City State ZIP CODE

299 Fremont St Apt 2110 San Francisco CA 94105

Daytime Telephone Number E-mail Address

206, 595- 5260 minxchang@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained therein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3/5/25 Signature [Signature]

(Print or type name) (If filer is required to sign paper statement with your filing official)

PPPS Form 700 (2024/2025)  
 advice@ppps.ca.gov • 866-378-3773 • www.ppps.ca.gov

Min Chang  
 206-595-5260  
 Minxchang@gmail.com

On Mar 5, 2025, at 3:44 PM, BOS-Appointments <BOS-Appointments@sfgov.org> wrote:

Min:

I am in receipt of your application form. Upon review it appears that the required Form 700 was not included. Please provide the Form 700 and I will attach it to your application form. As we are tentatively trying to schedule the matter next week I will need it by the end of today. Thank you.



**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

**CALIFORNIA FORM 700**  
Fair Political Practices Commission  
**AMENDMENT**

Investments must be Reported  
Do not attach Statements or Financial Statements

NAME OF BUSINESS ENTITY  
None listed

GENERAL DESCRIPTION OF THIS BUSINESS  
Non-profit

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

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe)  
☐ Partnership Income Received of \$1 - \$499  
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:  
ACQUIRED 1/24 DISPOSED 1/24

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe)  
☐ Partnership Income Received of \$1 - \$499  
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:  
ACQUIRED 1/24 DISPOSED 1/24

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe)  
☐ Partnership Income Received of \$1 - \$499  
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:  
ACQUIRED 1/24 DISPOSED 1/24

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe)  
☐ Partnership Income Received of \$1 - \$499  
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:  
ACQUIRED 1/24 DISPOSED 1/24

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe)  
☐ Partnership Income Received of \$1 - \$499  
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:  
ACQUIRED 1/24 DISPOSED 1/24

**Filer's Verification**

Print Name Min Chang

Office, Agency or Court

Statement Type 2024/2025 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Occasional

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

Date Signed 3/5/25  
(month, day, year)

Filer's Signature [Signature]

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Completed separately by 100% or Greater)

**CALIFORNIA FORM 700**  
USE PREVIOUS EDITIONS COMPLETION  
**AMENDMENT**

**1. BUSINESS ENTITY OR TRUST**

Name Humblebridge  
1025 Market St. SF 94103  
 Address (Business Address Only)  
 Check one: ☐ Trust or LLC ☒ Business Entity, complete the box that fits 2.

**GENERAL DESCRIPTION OF THIS BUSINESS**

Non-profit  
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,000 ☐ 24 ☐ 24  
 \$1,001 - \$10,000 ☐ ACQUIRED DISPOSED  
 \$10,001 - \$100,000 ☐  
 \$100,001 - \$1,000,000 ☐  
 Over \$1,000,000 ☐  
 NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☒ Non-profit  
 YOUR BUSINESS POSITION: CEO

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITIES/TRUSTS)**

☐ \$0 - \$499 ☒ \$500 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Include if received from a company)**

☐ None ☒ Name listed below  
CEO Salary \$200,000

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY/ TRUST**

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

State of Property Held (Statehood of Accountant's Office Number or Other Address of Real Property)

Description of Business Activity (City or Other Address Location of Investment)

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,000 ☐ 24 ☐ 24  
 \$1,001 - \$10,000 ☐ ACQUIRED DISPOSED  
 \$10,001 - \$100,000 ☐  
 Over \$100,000 ☐

NATURE OF INTEREST: ☐ Property (Mortgage/Deed) of Trust ☐ Stock ☐ Partnership

☐ Lessor ☐ Lessee ☐ Other

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

Comments:

**Filer's Verification**

Print Name MH Chang  
 Office, Agency or Court Bond Oversight Committee  
 Statement Type: ☐ 2024-2025 Annual ☐ Annual ☐ Auditing ☐ Leaving ☒ Candidate

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

Date Signed 3/5/25 (Month, day, year) Filer's Signature [Signature]

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

**CALIFORNIA FORM 700**  
TAXPAYER'S FINANCIAL COMMISSION  
**AMENDMENT**

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME: Honebridge  
ADDRESS (Business Address Acceptable): 1025 Market St. S.F. 94102  
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-profit  
YOUR BUSINESS POSITION: CEO  
GROSS INCOME RECEIVED: ☐ No Income - Business Position Only  
☐ \$0 - \$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 (If self-employed use Schedule A-2)  
☐ Partnership (Less than 10% ownership for 10% or greater use Schedule A-2)  
☐ Rent of ☐ Real property (see below)  
☐ Loan repayment  
☐ Commission or ☐ Rental Income (see below) of \$5,000 or more  
☐ Other ☐ Other

**2. 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  
☐ \$0 - \$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 (If self-employed use Schedule A-2)  
☐ Partnership (Less than 10% ownership for 10% or greater use Schedule A-2)  
☐ Rent of ☐ Real property (see below)  
☐ Loan repayment  
☐ Commission or ☐ Rental Income (see below) of \$5,000 or more  
☐ Other ☐ Other

**Comments:**

**3. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER: \_\_\_\_\_ INTEREST RATE: \_\_\_\_\_ TERM (Months/Years): \_\_\_\_\_  
ADDRESS (Business Address Acceptable): \_\_\_\_\_ SECURITY FOR LOAN:  
BUSINESS ACTIVITY, IF ANY, OF LENDER: \_\_\_\_\_ ☐ None ☐ Personal residence  
☐ Real Property \_\_\_\_\_ Street address: \_\_\_\_\_  
City: \_\_\_\_\_  
Guarantor: \_\_\_\_\_  
Other: \_\_\_\_\_ Description: \_\_\_\_\_

**HIGHEST BALANCE DURING REPORTING PERIOD**

☐ \$0 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

**Filer's Verification**

Print Name: Ann Chang Office, Agency or Court: \_\_\_\_\_  
Statement Type: ☐ 2024/2025 Annual ☐ Annual ☐ Assuming ☐ Leaving ☒ Candidate  
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date Signed: 3/5/25 Filer's Signature: \_\_\_\_\_  
(month, day, year)

PPC Form 700 - Schedule C (2024)  
advice@ppc.ca.gov • 916-275-9773 • www.ppc.ca