

File No. 141051

Committee Item No. 3

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

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 16, 2014

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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

OTHER (Use back side if additional space is needed)

- |                                     |                          |                   |
|-------------------------------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information sheet |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____             |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____             |
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| <input type="checkbox"/>            | <input type="checkbox"/> | _____             |

Completed by: Alisa Somera Date October 10, 2014

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



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

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2014 OCT -1 PM 12:47

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

Name of Board, Commission, Committee, or Task Force: Entertainment Commission

Seat # or Category (If applicable): Seat #3 District: S.F.

Name: Charles M. Stephanski

Home Address: Page St # Zip: 94117

Home Phone: 415- Occupation: Nurse / Retail Clerk

Work Phone: 415-902-2176 Employer: Maxim HC / CVS

Business Address: 850 Montgomery/ 499 Haight St Zip: 94117

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

**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 resident of San Francisco since 1985 , have worked as an LVN at many hospitals , clinics and outpatient settings. I believe the care and education that I have provided ALL citizens of San Francisco during they're heath care needs shows an willingness to represent all citizens of the city.

**Business and/or professional experience:**

30+ years as an LVN in hospital, acute care and clinical settings.  
10+ years as Night club security with AKG and other private Clubs in SF.

**Civic Activities:**

Precinct Supervisor for the last 8 years in all San Francisco Elections

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

---

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. *(Applications must be received 10 days before the scheduled hearing.)*

Date: 10/1/2014      Applicant's Signature: (required) Charles Stephanski

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

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

---

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

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

Date Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Stephanski Charles Martin

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

Agency Name (Do not use acronyms)  
 Entertainment Commission Seat #3  
 Division, Board, Department, District, if applicable Your Position

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2013, through the date of leaving office.
  - The period covered is 11/1/2014, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

- Check applicable schedules or "None." ► Total number of pages including this cover page: \_\_\_\_\_
- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
MAXIM HC 850 Montgomery ST CA 94110  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
(415) 391-8950

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 10/1/2014 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  
Charles M. STEPIANSKI

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
CVS

ADDRESS (Business Address Acceptable)  
499 HAYWARD ST

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Retail Pharmacy

YOUR BUSINESS POSITION  
Retail Clerk

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
MAXIM HEALTH CARE

ADDRESS (Business Address Acceptable)  
850 MONT COMERY ST

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MEDICAL STAFFING

YOUR BUSINESS POSITION  
LVN

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 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: \_\_\_\_\_

**Charles M. Stephanski, LVN**

**— Page Street # —**

**San Francisco, CA 94117-2233**

**415-902-2176**

**QUALIFICATIONS:**

**Vocational nursing experience in acute care, clinical and administrative settings. Offers proactive, organized and effective performance in all areas of professional responsibility. Utilizes excellent communication skills to ensure patient, staff and management satisfaction.**

**EXPERIENCE:**

**Home Health Nurse, Maxim HC (3/20/2013 to Present)**

One on one patient care in home setting.

**Phlebotomist LVN, UCSF Blood Bank UCSF (2/2005 to 3/15/2013)**

Blood collection for Community, Autologous, and Directed Blood Donors. Laboratory Blood draws on weekend shifts. Provides appropriate care to donors with reactions.

**Licensed Vocational Nurse, Blood Centers of the Pacific (2002-3/2011)**

Phlebotomy, History and Assessment of Blood Donors on mobile and stationary sites  
Telephone pre-donation assessment. Recruitment of potential Apheresis donors.  
Maintaining a high level of public service and information to ensure a good experience for all donors at the Irwin Center of BCP

**Licensed Vocational Nurse, Sunrise Nurses Registry (1987-2002)**

Performs multiple ward nursing assignments including but not limited to Pediatric, Medical/Surgical, Adolescent and Adult Psychiatry, Infectious Disease, and ER duty.

**Licensed Vocational Nurse, E.R. St. Luke's Hospital (1997- 1999)**

Triage and care for emergent and acute patients. Assist Pediatric and Emergency Room physicians with procedures and treatment. Orient patients to appropriate follow up care.

**Senior Vocational Nurse, University of California, S.F. (1992-1997)**

Assisted attending and resident orthopaedists in an outpatient clinic. Maintained a high standard of patient care and education with an average daily census of 50 to 75 patients. Triaged additional patients, referring physician requests, pharmacy and administrative needs.

**Hospital Corpsman Third Class, United States Navy (1981-1987)**

Direct patient care at Naval Hospital Oakland and on board USS MARS (AFS-1). Senior Corpsman of 45-bed inpatient unit, 18 months Emergency Room duty, and member of 7 man medical department aboard ship with 450 crew.

**NURSING/EDUCATION:**

**Vocational Nurse Training**

Basic Hospital Corps School, N.S.H.S., San Diego, California, 1981

**Licensure and Certifications**

Licensed Vocational Nurse #129254

Expires 1/31/15

Basic Cardiac Life Support

Expires 2/15/15

I.V. and Phlebotomy Certified

**Educational Background**

High School Diploma, Lincoln High School, San Leandro, CA, 1979



*St. Luke's  
Health Care Center*

A Sutter Health Affiliate

*With You. For Life.*

***Pediatric Clinic***

***1580 Valencia St. Suite 701***

***San Francisco, CA 94110***

***Tel: (415) 641-2199***

***Fax: (415)641-2179***

6 March, 2014

To Whom It May Concern:

I have had the pleasure of working with Charles Stephanski LVN for several years in the Emergency Department of St. Luke's Hospital. Chuck is a very quick study, and has no difficulty adjusting to different types of patients who speak various languages including infant babble. He adapts quickly to changing situations—a necessary skill in an Emergency Department—and is very diligent.

Chuck has great flexibility of mind and sees solutions to problems that elude others. He looks at a situation in which others see only problems and he sees possibilities. In addition, he is gifted with a great sense of fun, and puts people at ease as a result.

If you should have any questions about Mr. Stephanski, please feel free to contact me at (415)641-2199 or email me at [treecm@sutterhealth.org](mailto:treecm@sutterhealth.org).

Warmest regards,

Michael Treece, MD

To Whom it may concern;

Chuck has been an outstanding employee at the UCSF Blood Center as an LVN for over 2 years. He is well respected and liked by both staff and clients that needed services provided by the center. Chuck is proficient with skilled phlebotomy and confidential history and assessment techniques. Chuck works well with others and was part of the cohesive team. Chuck also excels at working independently and completing tasks in a timely manner. With major lay offs at UCSF the center closed or Chuck would still be employed.

Feel free to contact me if further information is required.

Thanks

Jean Katz

650-787-1749





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

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 SAN FRANCISCO  
 21  
 2014 SEP 12 PM 1:56

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

Name of Board, Commission, Committee, or Task Force: Entertainment Commission

Seat # or Category (If applicable): #3 (Public Health) District: \_\_\_\_\_

Name: Demetri Moshoyannis

Home Address: \_\_\_\_\_ Roosevelt Way, San Francisco, CA Zip: 94114

Home Phone: 415. \_\_\_\_\_ Occupation: Nonprofit Executive Director

Work Phone: 415.777.3247 Employer: SMMILE d.b.a. Folsom Street Events

Business Address: 131 10th Street, Suite 302, San Francisco, CA Zip: 94103

Business E-Mail: demetri@folsomstreetevents Home E-Mail: damosh71@ \_\_\_\_\_

**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:**

As a gay man living with HIV since 1993, I have committed most of my career to addressing public health issues affecting the LGBT communities. These issues have included HIV/AIDS as well as substance abuse, mental health, sexual health, homelessness, etc. Much of my work in public health has focused on dis-empowered demographics, especially teens and young adults.

I have taken a particular interest in the neighborhoods in which I live (Castro) and work (South of Market). Both neighborhoods serve as hubs for nightlife and entertainment for thousands of residents as well as visitors and tourists. It is particularly important to me that our venues continue to thrive and compete on a global scale. These businesses must meet the needs and address the challenges of the communities in which they exist, and I'd like to offer those perspectives on the Entertainment Commission.

**Business and/or professional experience:**

For the past nine years, I have served as the Executive Director of Folsom Street Events (FSE). In that time, I have doubled the organization's budget and diversified our events. FSE's infrastructure has grown significantly as has its worldwide reputation and philanthropic reach - donating thousands of dollars to local nonprofits working in public health, human services and the arts. As the Executive Director of FSE, I have managed relationships with bar/club owners and managers, event producers and promoters, nightlife entertainers and musicians. My work necessitates strong working relationships with City agencies including SFMTA, SFPD, SFFD, SFDPH, DPW, and many others.

**Civic Activities:**

During my career, I have served as a federal grant reviewer and a site visit consultant for various departments within DHHS including HRSA, SAMHSA, and CDC. I have presented on a range of topics at various international conferences, including but not limited to, the Entertainment Commission's Annual Nightlife Summit, Club Health Conference (2013), American Association of Sexuality Educators, Counselors and Therapists (AASECT), InterPride, and Consolidated Association of Pride, Inc., among others. I have volunteered my time with several charities either as a board member, consultant, or volunteer as well.

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: Sept. 12, 2014      Applicant's Signature: (required) Demetri Moshoyannis

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

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

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

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Moshoyannis Demetri Alexander

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

Agency Name (Do not use acronyms)  
 Entertainment Commission

Division, Board, Department, District, if applicable  
 Your Position  
 Candidate for Seat #2

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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

Annual: The period covered is January 1, 2013, through December 31, 2013.  
 -or- The period covered is \_\_\_\_\_ through December 31, 2013.

Assuming Office: Date assumed \_\_\_\_\_

Candidate: Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2013, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

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

Schedule A-1 - Investments - schedule attached  Schedule 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)  
 \_\_\_\_\_ Roosevelt Way San Francisco CA 94114

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 415 ) \_\_\_\_\_ damosh71@ \_\_\_\_\_ demetri@folsomstretevents.org

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

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

Date Signed June 23, 2014  
 \_\_\_\_\_  
 (month, day, year)

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

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

NAME OF BUSINESS ENTITY  
Ameriprise

GENERAL DESCRIPTION OF THIS BUSINESS  
Retirement, financial planning

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT Mutual Funds/Roth IRA  
 Stock     Other (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
 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:  
 \_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
 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:  
 \_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
 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:  
 \_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
 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:  
 \_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
 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:  
 \_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                      DISPOSED

Comments:

BOARD of SUPERVISORS



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

## VACANCY NOTICE

### ENTERTAINMENT COMMISSION

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

Vacant seat 3, succeeding Naomi Akers, resigned, must represent the interests of the public health community, for the unexpired portion of a four-year term ending July 1, 2017.

Reports: The Commission must prepare and submit to the Mayor and the Board of Supervisors a report analyzing the Commission's effectiveness every five years; an annual report regarding its activities for the preceding year; and an annual report analyzing fee revenue.

Sunset Date: None.


Additional information relating to the Entertainment Commission may be obtained by reviewing Charter, Section 4.117, and Administrative Code, Chapter 90, at <http://www.sfbos.org/sfmunicodes>.

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

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

**Next Steps:** Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of the individual(s) 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, this vacancy may have already been filled. To determine if vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.*

  
Angela Calvillo  
Clerk of the Board

DATED/POSTED: September 8, 2014

San Francisco  
BOARD OF SUPERVISORS

Date Printed: October 9, 2014

Date Established: November 5, 2002

Active

**ENTERTAINMENT COMMISSION**

**Contact and Address:**

Jocelyn Kane Executive Director  
Administrative Services  
City Hall, Room 453  
San Francisco, CA 94102

Phone: (415) 554-5793

Fax: (415) 554-7934

Email: Jocelyn.Kane@sfgov.org

**Authority:**

Charter, Section 4.117 (Prop F, November 2002 Election) and Administrative Code, Chapter 90 (Ordinance Nos. 164-02; 242-05; and 100-13)

**Board Qualifications:**

The Entertainment Commission shall consist of seven (7) members, comprised of three (3) members appointed by the Board of Supervisors and four (4) members nominated by the Mayor.

Each nomination by the Mayor shall be subject to approval by the Board of Supervisors and shall be the subject of a public hearing and vote within 60 days. If the Board of Supervisors fails to act on a mayoral nomination within 60 days from the date the nomination is transmitted to the Clerk of the Board of Supervisors, the nominee shall be deemed approved.

Of the four (4) members nominated by the Mayor:

- > One (1) member must represent the interests of City neighborhood associations or groups;
- > One (1) member must represent the interests of entertainment associations or groups;
- > One (1) member must represent the interests of the urban planning community; and
- > One (1) member must represent the interests of the law enforcement community.

Of the three (3) members appointed by the Board of Supervisors:

- > One (1) member must represent the interests of City neighborhood associations or groups;
- > One (1) member must represent the interests of entertainment associations or groups; and
- > One (1) member must represent the interests of the public health community.

To stagger the terms, the initial appointments to the commission shall be as follows: the Mayor

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nominates two members to serve terms of four years, one member to serve a term of three years and one member to serve a term of two years. Of the three remaining members, the Board of Supervisors shall appoint one member to serve a term of four years, one member to serve a term of three years and one member to serve a term of two years. All terms of initial appointees to the commission shall be deemed to commence upon the same date which shall be the date upon which the last of the seven initial appointees assumes office. Thereafter, all appointments and reappointments shall be for a term of four years.

The Entertainment Commission shall: 1) assist entertainment organizers and operators to apply for necessary permits; 2) promote responsible conduct; 3) promote the City's entertainment industry; 4) promote the use of City facilities; 5) foster harm reduction policies; 6) develop "good neighbor policies"; 7) mediate disputes between persons affected by entertainment events and establishments and the operators of such establishments; 8) issue entertainment related permits; 9) plan and coordinate City services for major events; and 10) provide information regarding venues and services appropriate for events and functions ancillary to conventions.

Reports: Prepare and submit to the Mayor and Board of Supervisors: 1) within one year from July 6, 2002, and not less than five years thereafter, a report analyzing the Commission's effectiveness; 2) an annual report by March 1st regarding its activities for the preceding year; and 3) within one year from July 6, 2002, and annually thereafter, a report analyzing fee revenue.

Sunset Clause: None