



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

Application for Boards, Commissions, Committees, & Task Forces

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

Seat # or Category (If applicable): 3 District: 8

Name: Kristin Chu

Home Address: [Redacted] San Francisco, CA Zip: 94114

Home Phone: 4155189433 Occupation: Director

Work Phone: Employer: UCSF

Business Address: 654 Minnesota St Zip: 94141

Business E-Mail: kristin.chu@ucsf.edu Home E-Mail: [Redacted]

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [X] No [] If No, where registered: _____

Resident of San Francisco [X] 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:

Seat 3 is intended for someone that is 'active in a community organization'.
I am a long standing member of the League of Women Voters of San Fransico. I was a board member from 2002 - 2010. When I left the board I was Treasurer.
In addition, I am a memeber of Parents for Public Schools and a department liason at Ruth Asawa School of the Arts.

Business and/or professional experience:

I have a Masters degree in Accounting from the San Francisco State University and manage a team of 25 at UCSF with an annual budget of \$5 million.

Civic Activities:

From 2007 to 2010 I was a member of the CGOBOC. When I left the committee, I was Vice Chair.

From 2006 - 2010 I was a member of the Sunshine Ordinance Task Force. When I left the Task Force, I was Chair.

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: 10/13/2016 **Applicant's Signature: (required)** Kristin R M Chu

(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)
Chu Kristin R. M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
San Francisco Board of Supervisors
Division, Board, Department, District, if applicable Your Position
Citizen's 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 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, 2015, through December 31, 2015.
-or- The period covered is 10 / 13 / 2016, through December 31, 2015.
 Assuming Office: Date assumed ____/____/_____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/_____
(Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is ____/____/_____, through the date of leaving office.

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

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule 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)
[Redacted] San Francisco CA 0
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
([Redacted]) [Redacted] k [Redacted]

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 10/13/2016 Signature Kristin Chu
(month, day, year) 1239906BB630417...
(File the originally signed statement with your filing official.)