

OFFICE OF THE MAYOR
SAN FRANCISCO



MARK E. FARRELL
MAYOR

May 17, 2018

Angela Calvillo
Clerk of the Board, Board of Supervisors
San Francisco City Hall
1 Carlton B. Goodlett Place
San Francisco, CA 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2018 MAY 17 PM 3:21
BY [Signature]

Dear Ms. Calvillo,

Pursuant to Section 4.109 of the Charter of the City and County of San Francisco, I hereby make the following nominations for reappointment:

Joseph Marshall to the Police Commission, for a term ending April 30, 2022

Sonia Melara to the Police Commission, for a term ending April 30, 2022

I am confident that Dr. Marshall and Ms. Melara – both electors of the City and County – will continue to serve our community well. Attached are their qualifications, which demonstrate how these reappointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I am pleased to resubmit their nominations to the Police Commission, and urge the Board of Supervisors to confirm these reappointments.

Should you have any questions related to these reappointments, please contact my Deputy Chief of Staff, Francis Tsang at (415) 554-6467.

Sincerely,

A handwritten signature in blue ink that reads "Mark E. Farrell".

Mark E. Farrell
Mayor

Sonia Melara

Police Commission

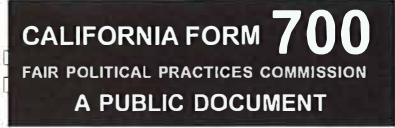
Sonia Melara, MSW has been on the part-time faculty of the School of Social Work at San Francisco State University since 2011. She has served as Field Education Director and the BASW Program Coordinator. She received her BA in English and MSW from San Francisco State University.

In her regular professional career, Ms. Melara is the Executive Director of Rally Family Visitation Services of Saint Francis Memorial Hospital.

Ms. Melara has over 30 years of administrative experience in government, the non-profit and for-profit sectors, including an appointment to serve as Executive Director of the San Francisco City and County Department on the Status of Women.

Ms. Melara has a long history of public service. She has served under 5 San Francisco Mayors and has been appointed to several posts. Presently she serves as a member of the Police Commission and has been a leader in the City's police reform efforts and working collaboratively with the community to develop a 21st Century approach to policing in San Francisco to improve leadership, transparency and accountability within the San Francisco Police Department and strengthening policies, procedures, training and equipment to keep both residents and police officers safe. She has also served as member and President of the San Francisco Health Commission. She served as member and President of the Immigrant Rights Commission as well as others. President Jimmy Carter appointed her to serve on the National Advisory Commission on Juvenile Justice and Delinquency Prevention.

Ms. Melara has been a member of several non-profit boards and commissions. Ms. Melara is a co-founder of California's first shelter for survivors of domestic violence, La Casa De Las Madres. She is co-founder of La Cocina, a business incubator for low-income women who want to start their own business in the food industry.



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed
02/05/2018
14:52:39
Filing ID:
168544340

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Melara, Sonia

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
Police Commission Commissioner

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

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

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

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

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

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 94158
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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

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

Date Signed 02/05/2018
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Sonia Melara

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Police Commission	Member	Annual 1/1/2017 - 12/31/2017
City and County of San Francisco	Police Commission	Commissioner	Annual 1/1/2017 - 12/31/2017

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Melara, Sonia</u>

▶ NAME OF BUSINESS ENTITY
Ameriprice Financial

GENERAL DESCRIPTION OF THIS BUSINESS
Brokerage Firm

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

IF APPLICABLE, LIST DATE:

 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:

 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:

 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:

 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:

 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:

 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Melara, Sonia

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Saint Francis Memorial Hospital

ADDRESS (Business Address Acceptable)
San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital

YOUR BUSINESS POSITION
Manager

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
San Francisco State University

ADDRESS (Business Address Acceptable)
San Francisco, CA 94132

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

YOUR BUSINESS POSITION
Lecturer

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

_____ (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
 Street address _____

_____ City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____