



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: SF IHSS PA Governing Body
Seat # or Category (If applicable): 1 District: _____
Name: Edda Mai Johnson
[Redacted] Zip: 94102
Occupation: Teacher / Nursery coordinator
Work Phone: 415 928-7770 Employer: St. Marks Lutheran Church
Business Address: 1111 O'Farrell St Zip: 94109
Business E-Mail: beckman@stmarks-sf.org Home E-Mail: [Redacted]

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

Check All That Apply:

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

Registered Voter in San Francisco: Yes ☒ No ☐ If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Disabled (SSDI)
7 years - Senior 65 years, low income - 250%
IHSS consumer - 2 years
S.F Resident - Daughter IHSS Provider

Business and/or professional experience:

BSU of Oregon - Psychology - minor womens studies
MA - Sarah Lawrence college, Child Development Psychology.
NY + CA + HI - Teacher/Director
30th years Teaching/Director/Resource

Civic Activities:

- 1) Northern CA Leukemia + lymphoma Society
- 2) Patient member - The Myostic Association
- 3) UCSF Advocate/member/volunteer
- 4) muscular Dystrophy Association
- 5) Active Participant with ILRCF

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)

Date: 09/13/2022 Applicant's Signature: (required)

Edda Mai Brown

(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 #: 1 Term Expires: _____ Date Seat was Vacated: _____



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Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: IHSS PA Governing Body

Seat # or Category (If applicable): 1 District: _____

Name: Shannon Steneck

Home Address: _____ Zip: 94103

Home Phone: _____ Occupation: MENTOR

Work Phone: (415) 243-4477 Employer: IHSS

Business Address: 832 FOLSOM Zip: 94107

Business E-Mail: ssteneck@sfihsspa.org Home E-Mail: _____

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

Check All That Apply:

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

Registered Voter in San Francisco: Yes ☒ No ☐ If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I'M A NATIVE SAN FRANCISCAN. ATTENDED CCSF. TAKE CARE OF ELDERLY PARENTS. I'VE WORKED AS AN IHSS MENTOR FOR THE LAST EIGHT YEARS. VOLUNTEER FOR MAITRI. AM A DISABLED AMPUTEE.

Business and/or professional experience:

- WORKED AS AN ART TEACHER @ CREATIVITY EXPLORED
- WORKED AS AN IHSS MENTOR FOR THE LAST EIGHT YEARS
- VOLUNTEER AT MAITRI

Civic Activities:

VOLUNTEER AT MAITRI

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 5/23/23 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.)

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Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Business and/or professional experience:

Civic Activities:

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: _____ 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.)

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Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: IHSS PA Governing Body

Seat # or Category (If applicable): 10 District: 7

Name: Jane Redmond

Zip: 94103

Occupation: Co-Chair SFMTA Paratransit Council

Work Phone: _____ Employer: Retired

Business Address: _____ Zip: _____

Business E-Mail: jredmond500@yahoo.com Home E-Mail: _____

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

Check All That Apply:

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

Registered Voter in San Francisco: Yes ☒ No ☐ If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am interested in applying as an IHSSPA Board Member because I enjoy volunteering in my Community. As a low income, disabled woman living in San Francisco I know the challenges on a day to day basis. I enjoy sitting down with like-minded folks, figuring out what the problem is and making it work so all sides are satisfied with the outcome. I Have been a member of the SFMTA Paratransit Council for over 20 years and held leadership positions, currently as Co-Chair. Frankly speaking, I just really enjoy people and want the best outcome for every San Franciscan, but especially the Community I belong to.

Business and/or professional experience:

SFMTA Paratransit Council - Currently Co-Chair
Peer advocate at IHSS Public Authority for 3 years - Mentoring Laguna Honda patients (Kelly Dearman)

Civic Activities:

volunteer at Zuckerberg SF General.

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 8/17/2023 Applicant's Signature: (required) Jane M. Redmond
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____