

File No. 160214

Committee Item No. 4

Board Item No. 22

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date March 24, 2016

Board of Supervisors Meeting

Date April 5, 2016

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (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 type="checkbox"/> | <input type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 700 |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input type="checkbox"/> | <input type="checkbox"/> | Information Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|-------------------------------------|-------------------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Appointment Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Victor Young Date March 18, 2016
Completed by: Derek Evans Date March 30, 2016

1 [Confirming Reappointment, Municipal Transportation Agency Board of Directors - Malcolm
2 Heinicke]

3 **Motion confirming the Mayor's reappointment of Malcolm Heinicke to the Municipal**
4 **Transportation Agency Board of Directors, term ending March 1, 2020.**

5
6 WHEREAS, City Charter, Article VIII.A, approved November 1999, established the
7 Municipal Transportation Agency ("MTA") which includes the Municipal Railway and the
8 Department of Parking and Traffic; and

9 WHEREAS, The MTA includes a Board of Directors governed by a board of seven
10 directors appointed by the Mayor and confirmed by the Board of Supervisors; and

11 WHEREAS, At least four of the directors must be regular riders of the municipal railway
12 and must continue to ride the municipal railway during their terms; and

13 WHEREAS, The directors must possess significant knowledge of, or professional
14 experience in, one or more of the fields of government, finance, or labor relations; and

15 WHEREAS, At least two of the directors must possess significant knowledge of, or
16 professional experience in, the field of public transportation; and

17 WHEREAS, The Mayor has reappointed Malcolm Heinicke to the MTA Board of
18 Directors to serve a term ending March 1, 2020; now, therefore, be it

19 MOVED, That the Board of Supervisors of the City and County of San Francisco does
20 hereby confirm the reappointment of Malcolm Heinicke to the Board of Directors of the
21 Municipal Transportation Agency for a term ending March 1, 2020.

OFFICE OF THE MAYOR
SAN FRANCISCO



ORIG: Rules, Leg Clerk
COB, Leg Dep, Dep. A,
EDWIN M. LEE ac file
MAYOR

Notice of Appointment

March 4, 2016

San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2016 MAR -4 AM 10:43
BY [Signature]

Honorable Board of Supervisors:

Pursuant to Section 8A.112 of the Charter of the City and County of San Francisco, I hereby make the following nomination:

Malcolm Heinicke, to the Municipal Transportation Agency Board of Directors, for a term ending March 1, 2020

I am confident that Mr. Heinicke, an elector of the City & County of San Francisco, will continue to serve our community well. Attached herein for your reference are his qualifications to serve.

Should you have any questions related to this appointment, please contact my Director of Legislative & Government Affairs, Nicole Wheaton at (415) 554-7940.

Sincerely,

Edwin M. Lee
Mayor

MALCOLM A. HEINICKE

San Francisco, CA 94122

EMPLOYMENT

- Munger, Tolles & Olson LLP, San Francisco, CA** 1998-
Partner with focus on labor and employment litigation
Daily Journal Top 20 Lawyers in California Under 40 (2008)
- San Francisco District Attorney's Office** 2004
Served as (volunteer) Asst. D.A.; obtained four convictions
- United States District Court, San Francisco, CA** 1997-1998
Law Clerk to United States District Judge Vaughn Walker

GOVERNMENT AND VOLUNTEER EXPERIENCE

- San Francisco Taxicab Commission** 2006-2008
- San Francisco Human Rights Commission** 2002-2006
Commission Chair (appointed by Mayor Brown)
- San Francisco Bar Association** 2003-2005
Past Member Board of Directors; Past President of the Barristers Club
- United Council of Human Services (Mother Brown's Kitchen)** 2000-2004
Past Executive Board Member
- California State Senate Fellow** 1993-94

EDUCATION

- Stanford Law School** J.D., 1997
Elected to Order of the Coif Society (top 10% of graduating class)
- Harvard University** A.B., 1993
Graduated *cum laude*, with departmental honors in Government
Elected Student Government President, 1992; Vice President, 1991
Intercollegiate Baseball (Letter earned in 1993)

Family: Wife Margaret "Meg" Morrissey Heinicke; Daughter Charlotte Frances (June 2, 2004),
Son Alexander Christoph (June 23, 2006); Interests: Baseball (play weekly on team); watching
football, golf and California history

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
 Received
 Official Use Only

 E-Filed
 02/26/2015
 17:18:13

 Filing ID:
 154306657

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Heinicke, Malcolm
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
 Municipal Transportation Agency Member, Board of Directors
 ▶ 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 County of San Francisco
 City of Other
3. Type of Statement (Check at least one box)
 Annual: The period covered is January 1, 2014, through December 31, 2014
 -or-
 The period covered is ____/____/____, through December 31, 2014
 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, 2014, 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: 5
 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 94103
 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 02/26/2015
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Malcolm Heinicke

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Municipal Transportation Agency	Member, Board of Directors	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	Parking Authority	Commissioner	Annual 1/1/2014 - 12/31/2014

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>Heinicke, Malcolm</u>

▶ NAME OF BUSINESS ENTITY
Tricon

GENERAL DESCRIPTION OF THIS BUSINESS
Restaurants and Beverages

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
IBM

GENERAL DESCRIPTION OF THIS BUSINESS
Computers

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
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
Software

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
Heinicke, Malcolm

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Munger Tolles & Olson LLP</u>	NAME OF SOURCE OF INCOME <u>Heron Wines</u>
ADDRESS (Business Address Acceptable) <u>San Francisco, CA 94105</u>	ADDRESS (Business Address Acceptable) <u>San Francisco, CA 94105</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Firm</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Wine Maker</u>
YOUR BUSINESS POSITION <u>Partner</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <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
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 checked="" 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 checked="" 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 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$1,001 - \$10,000	_____	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

