

File No. 180150

Committee Item No. 2

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

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date February 28, 2018

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"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <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"/> | Public Correspondence                        |

**OTHER** (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Alisa Somera Date February 23, 2018

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

Save Form

Print Form



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: San Francisco Health Authority

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

Name: Jian Qing Zhang

Home Address: \_\_\_\_\_ Zip: 94010

Home Phone: \_\_\_\_\_ Occupation: Healthcare Executive

Work Phone: 4156772477 Employer: Chinese Hospital

Business Address: 845 Jackson St, San Francisco, CA Zip: 94133

Business E-Mail: jianz@chasf.org 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:

Registered voter in San Francisco: Yes  No  If No, where registered: San Mateo

Resident of San Francisco  Yes  No If No, place of residence: Burlingame

**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:**

Innovative healthcare executive with 20+ years of hand-on experience in business development, operation, marketing, growth/expansion, innovation, strategic planning and clinical practice. Expertise includes but not limited to team building, leadership development, performance improvement, multi- specialty clinic development, managed care, population health, healthcare delivery system design, payment model design, grant writing, etc.

I have served as a family nurse practitioner/clinic administrator for over 20 years in community clinics seeing mainly Medicare and Medical patients, many were San Francisco Health Plan members. I have been involved with many SFHP quality and access initiatives. I am confident I can bring to the board more patients' perspectives, especially Asian patients'.

**Business and/or professional experience:**

10/2017 CEO of Chinese Hospital  
05/2015-09/2017 COO of Chinese Hospital  
2013-04/2015 Chief Outpatient&Innovation Officer  
1996-2013 Clinic manager, clinic director, clinic administrator, family nurse practitioner

**Civic Activities:**

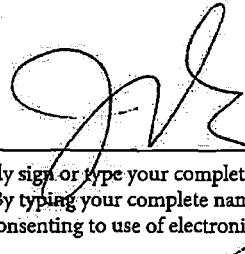
N/A

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: 4/25/2018 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.)

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

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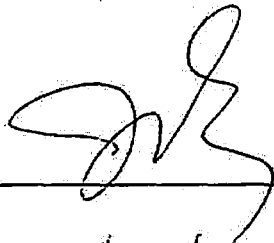
**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD  
OF THE SAN FRANCISCO HEALTH AUTHORITY**

**January 2018**

**I, Dr. Jian Zhang, as a representative of the San Francisco Chinese Hospital, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.**



\_\_\_\_\_  
(SIGNATURE)

1/25/2018

\_\_\_\_\_  
(DATE)

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

Date Initial Filing Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Zhang Jian Qing

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

Agency Name (Do not use acronyms)  
 San Francisco Health Authority  
 Division, Board, Department, District, if applicable Your Position  
 Board 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, 2017, through December 31, 2017.  
 -or- The period covered is \_\_\_\_\_ through December 31, 2017.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2017, 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)  
 845 Jackson st san francisco ca 94133  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 415 ) 677-2477 jjanz@chasf.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 January 25, 2018 Signature \_\_\_\_\_  
 (month, day, year) (File the originally signed statement with your filing official.)



**Hospital Council**  
of Northern & Central California

*Excellence Through Leadership & Collaboration*

January 26, 2018

John F. Grgurina, Jr.  
Chief Executive Officer  
San Francisco Health Authority  
50 Beale Street, 12<sup>th</sup> Floor  
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(K)(1)(B) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Hospital Council of Northern and Central California hereby designates Dr. Jian Zhang, CEO of Chinese Hospital, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Serrano Sewell  
Regional Vice President

cc: Dr. Jian Zhang



**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: San Francisco Health Authority

Seat # or Category (If applicable): Seat #4 District: \_\_\_\_\_

Name: Emily Webb

Home Address: \_\_\_\_\_ Zip: 94123

Home Phone: \_\_\_\_\_ Occupation: Director, Community Health Programs

Work Phone: 415-600-7526 Employer: Sutter Health/CPMC

Business Address: 633 Folsom Street, 1st Floor, San Francisco CA Zip: 94107

Business E-Mail: webbe@sutterhealth.org 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 a resident of San Francisco with a Masters in Public Health from UC Berkeley focusing on Health Policy and Management. My professional and personal interests are focused on improving access to healthcare and implementing effective healthy policy to support uninsured and under insured San Franciscans. I have served on the San Francisco Health Authority Commission since 2015 and look forward to serving another term. I am a member of the senior management for CPMC, including St. Luke's Campus, as required by seat #4.

**Business and/or professional experience:**

Business Experience:  
1. Director, Community Health Programs, 2/2012- present  
California Pacific Medical Center/Sutter Health, San Francisco CA  
2. Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012  
California Pacific Medical Center/Sutter Health, San Francisco CA  
3. Provider Relations Coordinator and Specialist, 10/2007-5/2011  
San Francisco Health Plan and Healthy San Francisco Program, San Francisco CA  
4. Reimbursement Counselor, 2/2006-6/2007  
Lash Group Healthcare Consultants, San Bruno CA  
Education/Professional Qualifications:  
1. Master of Public Health, Health Policy and Management, 8/2010-5/2012  
University of California Berkeley, School of Public Health, Berkeley CA  
2. Bachelor of Science in Economics and Communication, 9/2001-12/2005  
University of California, Davis, Davis CA


**Civic Activities:**

1. Member, Governing Board and Finance Committee, 2015-present  
San Francisco Health Authority/San Francisco Health Plan, San Francisco CA  
2. Member, Board of Directors and Chair, Finance, 2014-present  
Portola and Excelsior Family Connections, San Francisco CA  
3. Member, Board of Directors, 2013-present  
Center for Youth Wellness, San Francisco CA  
4. Graduate, Class of 2013-2014  
Leadership San Francisco, San Francisco Chamber of Commerce  
5. Participant, 2013-2017  
Leukemia and Lymphoma Society, Team in Training, Greater Bay Area  
6. Vice President, Public Health, 2011-2012  
Haas Healthcare Association, University of California, Berkeley

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: 11/9/2017 Applicant's Signature: (required)

  
Emily Ann Webb

(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 Initial Filing Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Webb	Emily	Ann

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

Agency Name (Do not use acronyms)  
 San Francisco Health Authority

Division, Board, Department, District, if applicable  
 San Francisco Health Authority

Your Position  
 Member, Governing Board

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

Agency: N/A Position: N/A

**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, 2016, through December 31, 2016.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)

-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2016.

The period covered is January 1, 2016, through the date of leaving office.

Assuming Office: Date assumed 01 / 15 / 2018

-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

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

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
██████████	██████████	San Francisco	CA	94123
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
██████████	webbe@sutterhealth.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 11/09/2017  
 (month, day, year)

Signature Emily A. Webb  
 (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 \_\_\_\_\_  
 Emily Webb

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Sutter Health/CPMC

ADDRESS (Business Address Acceptable)  
 633 Folsom Street, 1st Floor, San Francisco CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Employer/Salary

YOUR BUSINESS POSITION  
 Director, Community Health Programs

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 \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

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 \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

# Emily A. Webb

• San Francisco, CA 94123 •

## Education

**Master of Public Health, Health Policy and Management, 5/2012**  
University of California, Berkeley

**Bachelor of Arts, Double Major in Economics and Communication, 12/2005**  
University of California, Davis

Honors: Dean's List Two Quarters, Member Omicron Delta Pi International Economics Honor Society

**Americans in Paris, 7/2004- 8/2004**

University of California, Davis Study Abroad Program, Paris, France

## Work Experience

**Director of Community Health Programs, 2/2012- present**

**Sutter Health/California Pacific Medical Center, San Francisco, CA**

Responsible for developing and executing CPMC's community benefit strategy and programs. The community benefit program invests almost \$165M in to the San Francisco Community annually. The program includes managing two health clinics (an innovative chronic disease management program and a multidisciplinary pediatric primary care practice), an early intervention developmental and behavioral health screening and treatment program at a community clinic, a breast health program and partnerships with more than 70 community based organizations. Additionally, responsible for CPMC's Medi-Cal and Charity services, including a risk based partnership with North East Medical Services that coordinates care for more than 32,000 Medi-Cal managed care beneficiaries. Finally, execute the healthcare commitments in CPMC's Development Agreement with the City and County of San Francisco—a \$1.1B community investment package.

**Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012**

**Sutter Health/California Pacific Medical Center, San Francisco, CA**

Project manager for medical home pilot project that focused on integrating chronic disease management and adult primary care at St. Luke's Hospital. Managed facility build-out planning using lean design principles and initiated plans for electronic medical records and clinical workflow re-design. Conducted assessment of safety-net pediatric primary care clinic and made recommendations to management during time of transition and restructuring. Performed data analysis and conducted research around Charity Care and Medi-Cal to better inform CPMC's discussions with the City and County of San Francisco around increasing Medi-Cal volume.

**Provider Relations Specialist, 9/2009-5/2011**

**San Francisco Health Plan and Healthy San Francisco Program, San Francisco, CA**

Provider Relations departmental lead on key cross-functional strategic initiatives including Medicaid 1115 Waiver implementation, California Department of Managed Healthcare Timely Access Regulations implementation, network expansion, process improvement and managed care system implementation. Increased responsibilities to include focus on developing, leading and presenting provider training commitments at contracted hospitals, clinics and provider sites. Assumed responsibility for health plan credentialing activities, management of provider network and oversight of delegated medical groups. Provider representative for data quality and information technology projects, quality improvement programs and marketing efforts.

**Provider Relations Coordinator, 10/2007-9/2009**

**San Francisco Health Plan and Healthy San Francisco Program, San Francisco CA**

Gained valuable insight into how state and local policy changes impact public health programs, while working as provider liaison for the health plan to more than 400 primary care and 2000 specialists within the safety net of San Francisco. Worked with departments across the organization to implement policy and program changes. Developed a broad knowledge of the structure and operations of San Francisco's safety-net providers, public insurance programs and the challenges of caring for underserved populations. Managed or played key roles in health plan strategic initiatives around network development, metrics development and state contract requirements. Effectively answered, researched and escalated complex provider questions and concerns related to the health plan insurance lines of business (managed Medi-Cal, Healthy Families, Healthy Kids and Healthy Worker programs) as well as San Francisco's health access program, Healthy San Francisco.

**Reimbursement Counselor, 2/2006- 6/2007**

**Lash Group Healthcare Consultants, San Bruno, CA**

Answered reimbursement and coding questions with an emphasis on superior customer service and accuracy. Processed applications and maintained a database with relevant healthcare trends and updates. Consistently ranked in top five in productivity and accuracy within the department, three times ranked in the top two. Demonstrated excellent time management skills and ability to learn quickly.

**Volunteer  
Experience**

**Member, Governing Board and Finance Committee, 3/2015-present**  
**San Francisco Health Plan**

**Member, Board of Directors, 9/2014-present**  
**Portola and Excelsior Family Connections**

**Member, Board of Directors, 9/2013-present**  
**Center for Youth Wellness**

**Graduate, Class of 2013-2014**  
**Leadership San Francisco, San Francisco Chamber of Commerce**

**Participant, 2013-present**  
**Leukemia and Lymphoma Society, Team in Training, Greater Bay Area Team**

**Vice President, Public Health, 2011-2012**  
**Haas Healthcare Association, University of California at Berkeley**

**SAN FRANCISCO  
HEALTH PLAN™**



*Here for you*

P.O. Box 194247  
San Francisco, CA 94119  
1(415) 547-7800  
1(415) 547-7821 FAX  
www.sfhp.org

November 15, 2017

Angela Calvillo  
Clerk of the Board  
Board of Supervisor Office  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102

Dear Ms. Calvillo:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that Emily Webb, MPH, Director of Community Health Programs for the California Pacific Medical Center/St. Luke's Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code 14087.36 (k)(1)(c) which permits the appointment of a "person employed in the senior management of St. Luke's Hospital" and (B) the San Francisco Administrative Code Sections 69.1 et seq.

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

John F. Grgurina, Jr.  
Chief Executive Officer



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: San Francisco Health Authority Board

Seat # or Category (If applicable): Seat #5 District: \_\_\_\_\_

Name: Sabra Matovsky

Home Address: \_\_\_\_\_ Zip: 94541

Home Phone: \_\_\_\_\_ Occupation: CEO and President

Work Phone: 415-355-2220 Employer: San Francisco Community Clinic Consortium

Business Address: 2720 Taylor Street #430 Zip: 94133

Business E-Mail: smatovsky@sfccc.org 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:

Registered voter in San Francisco: Yes  No  If No, where registered: Hayward, CA

Resident of San Francisco  Yes  No If No, place of residence: Hayward, CA

**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 the CEO of the San Francisco Community Clinic Consortium, I represent our 11 health center members who provide more than 570,000 annual visits to San Francisco residents across the city/county. Our ethnically and culturally sensitive services are offered in neighborhoods throughout San Francisco, regardless of the patients' ability to pay.

**Business and/or professional experience:**

Please see the attached CV. I have extensive experience working with community health centers, Medi-Cal health plans, and other indigent care programs.

**Civic Activities:**

I am new to the Bay Area, but have been involved in the following activities in San Diego: Healthy San Diego Consumer and Professional Advisory Board, Cal Medi-Connect Advisory Board, Consumer Center for Health Education and Advocacy Advisory Board, Healthcare Financial Management Association (HFMA), Incarnation Lutheran Church Council and Personnel Committee, San Diego Bicycle Club.

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: 10/27/17 Applicant's Signature: (required) Sabra Matovsky

(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: \_\_\_\_\_



**SFCCC**  
Community Clinic Consortium

[www.sfccc.org](http://www.sfccc.org)

2720 Taylor Street, Suite 430 | San Francisco, CA 94133 | P: 415.355.2222 | F: 415.355-2277

Date: October 27, 2017

John F. Grgurina, Jr.  
Chief Executive Officer  
San Francisco Health Authority  
50 Beale Street, 12<sup>th</sup> Floor  
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(k),(1),(D) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Sabra Matovsky to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Knego, MSW  
Board Chair, SFCCC





**SFCCC**  
Community Clinic Consortium

[www.sfccc.org](http://www.sfccc.org)

2720 Taylor Street, Suite 430 | San Francisco, CA 94133 | P: 415.355.2222 | F: 415.355-2277

**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD OF THE SAN FRANCISCO HEALTH AUTHORITY**

**November 2017**

**I, Sabra Matovsky, as a representative of the San Francisco Community Clinic Consortium, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.**

\_\_\_\_\_  
(SIGNATURE)

10/30/17

\_\_\_\_\_  
(DATE)

**Sabra Matovsky**

[REDACTED]

[REDACTED]

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**EXPERIENCE:**

**Chief Executive Officer and President, San Francisco Community Clinic Consortium: 10/17 to present.** With the SFCCC Board, responsible for setting the strategic direction and managing the daily operations of SFCCC. Represent SFCCC's 11 health centers in local, state and national issues related to health center operations and the patients we serve.

**Executive Vice President, Integrated Health Partners: 12/15 to 9/17.** Launched a clinically integrated network of 11 Federally Qualified Health Centers in San Diego, Riverside and San Bernadino Counties. Year one operating budget of \$18 million is currently exceeding budgeted surplus by 300%. Year one HEDIS results were the highest marks in the state for our primary health plan. Successfully implemented credentialing, access audits, patient satisfaction surveys and numerous quality improvement initiatives in concert with our managed services organization. IHP is now developing its information technology roadmap. Additional responsibilities include: sharing best practices and lessons learned through CPCA and NACHC forums, developing strategic partnerships with health plans, other funders, hospitals and community stakeholders.

**Associate Vice President –Market Leader from Director of Contracting, Molina Health Plan: 9/09 to 12/15-**Managed the second largest Medi-Cal health plan in San Diego (200,000 lives). Developed new contract models to promote strategic partnerships with Federally Qualified Health Centers (FQHCs) and small office primary care providers. Successfully navigated plan activities for a Fortune 300 company's largest single county market in the United States. Built qualifying networks for Cal Medi-Connect and Covered California. Communicated key strategic and quality initiatives to provider community. Identified more than \$1,000,000 in provider overpayments in calendar year 2012 and developed plan to recoup funds. Assisted in Molina's Medi-Cal and Medicare expansion into Imperial County. Developed and strengthened key county and stakeholder relationships.

**Administrator, GMC Programs, Care1st Health Plan: 10/07 to 8/09 –** Responsible for the general operations of Care1st Health Plan for San Diego County, including provider contracting, proofing directories, resolving claims and customer service issues, directing marketing staff, and managing community relationships. Developed new provider orientation materials and audited claims systems to correct payment errors. Managed health plan activities through period of substantial growth including increasing Medi-Cal lives from 4,000 to 9,100, while adding Healthy Families and both a Medicare Advantage and a Medi-Medi product, ultimately tripling total membership by August 2009.

**Director of Contracting and Health Informatics, Council of Community Clinics: 5/97 to 3/07 -** Worked with clinic CEOs, CFOs and Medical Directors to negotiate all aspects and types of managed care contracts. Agreements included quality incentive programs, primary care capitation, full professional risk, dental and PPO agreements. Also responsible for troubleshooting credentialing, financial settlements, claims payment, and any other service issues regarding contracts. Transitioned to providing business development support for the Community Clinics Health Network, including developing and evaluating RFPs, vendor negotiations, ROI analyses, pricing models, and subcontracts for the provision of services to health center members. Represented San Diego clinic interests in county and state meetings, the media, and to local officials regarding Medi-Cal and Healthy Families, county indigent programs, and coverage initiatives including the Children's Health Initiative and indigent adult initiatives.

**Sabra Matovsky**

[REDACTED]

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**EXPERIENCE:**  
**(Continued)**

**Provider Relations Manager II from Senior Contracts Manager** Community Care Network: 12/95 to 5/97- Initial position was to negotiate and renegotiate PPO hospital contracts for central and northern California. Resolved workers' compensation and group health claims disputes with providers. Moved to Value HealthPlan HMO start-up team. Negotiated HMO hospital and medical group contracts in San Diego, Los Angeles, Riverside and Orange Counties. Assumed responsibility for HMO provider relations and network strategy for all Los Angeles and Ventura County provider groups and hospitals.

**Contract Specialist**, HealthCare Partners Medical Group: 7/92 to 12/93- Negotiated contracts with specialists, ancillary providers, and hospitals using a variety of models including Medicare Allowables, McGraw-Hill units, and CRVS units. Negotiated individual services on ad hoc basis.

**Financial Analyst**, HealthCare Partners Medical Group: 10/90 to 7/92- Prepared monthly financial statements. Monitored, analyzed, and reported on five health maintenance organizations to guarantee proper execution of contracts. Determined accurate accrual rates, shared risk returns, and validity of IBNR reserves.

**Market Analyst**, Petersen Publishing Company: 10/89 to 10/90- Responsible for annual subscription sales budgets for twenty-five publications, weekly upkeep of the computer model, profitability analyses of direct mail campaigns, and new business sources.

**EDUCATION:**

**San Diego State University, CA 1998** - Masters in Business Administration, EMBA Program

**Oberlin College, OH 1989** - Bachelor's Degree, Double Major in Economics and Psychology.

**SPEAKING  
ENGAGEMENTS  
AND AWARDS:**

CPCA 2017 Alternative Payment Methodology Statewide Training. September 2017. Contracting for Payment Reform.

CPCA Joint Billing and CFO Conference. April 2017 Conference General Session Alternate Payment Methodologies: Prepare Now!

CPCA 2017 CFO Conference. April 2017. Tips and Tricks for Negotiating Managed Care Contracts.

San Diego State Graduate School of Public Health, December 2016 – Guest Lecturer, PH742B Health Insurance and Reimbursement.

NACHC 2016 Primary Care Association and Health Center Controlled Network Conference. November 2016 – Building Relationships with Payers.

CPCA 2016 Annual Conference October 2016- Business Innovation, Business Development with Heart: Using Non-Traditional Business Strategies to Drive Your Mission.

**ADVISORY  
BOARD  
PARTICIPATION:**

Advisory Board, Consumer Center for Health Education and Advocacy -7/009 to 9/17  
Healthy San Diego Advisory Board– October 2000 to September 2017  
Coordinated Care Initiative Advisory Board– May 2012 to September 2017  
Healthcare Financial Management Association –Member 2015-2016  
San Diegans for Healthcare Coverage Advisory Board- 2011 to 2016  
Lutheran Church of the Incarnation Church Council 2010 to 2013

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MATOVSKY SABRA VOLTMER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM CEO  
Division, Board, Department, District, if applicable Your Position  
2720 TAYLOR ST. # 430 SAN FRANCISCO CA 94133

► 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, 2016, through December 31, 2016.  
-or- The period covered is \_\_\_\_\_ through December 31, 2016.  
 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, 2016, 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: 6

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)

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 11/16/2017 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

**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 SABRA MATOVSKY

▶ NAME OF BUSINESS ENTITY  
MOLINA HEALTH CARE

GENERAL DESCRIPTION OF THIS BUSINESS  
MEDICAL HEALTH PLAN

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

NATURE OF INVESTMENT RETENTION BONUS + EMPLOYEE STOCK PURCHASE PLAN  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 / / 16      / / 16  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
U.S. SAVINGS BONDS

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 JOINTLY HELD WITH SON FOR COLLEGE EXPENSES. GET FROM MY PARENTS OVER THE YEARS  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 / / 16      / / 16  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
LINCOLN FINANCIAL GROUP

GENERAL DESCRIPTION OF THIS BUSINESS  
403 B - III MULTI-FUND

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

NATURE OF INVESTMENT 403 B  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 / / 16      / / 16  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
AMERICAN FUNDS

GENERAL DESCRIPTION OF THIS BUSINESS  
ROTH IRA - 100% BALANCED FUND

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

NATURE OF INVESTMENT RETIREMENT ACCOUNT  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 / / 16      / / 16  
 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:  
 / / 16      / / 16  
 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:  
 / / 16      / / 16  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name SABIRA MATOVSKY

**1. BUSINESS ENTITY OR TRUST**  
**PARENT'S HOUSE HELD IN TRUST BY MEX 2 SISTERS**  
Name FERNANDA  
2806 ATLANTIC VIEW DR. SEASIDE, FL  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999      \_\_\_\_\_/\_\_\_\_\_/16      \_\_\_\_\_/\_\_\_\_\_/16  
 \$2,000 - \$10,000      ACQUIRED      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

N/A

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
2806 ATLANTIC VIEW DR

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/16      \_\_\_\_\_/\_\_\_\_\_/16  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**  
Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999      \_\_\_\_\_/\_\_\_\_\_/16      \_\_\_\_\_/\_\_\_\_\_/16  
 \$2,000 - \$10,000      ACQUIRED      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/16      \_\_\_\_\_/\_\_\_\_\_/16  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: TRUST DISSOLVED 10/17 AND PARENTS SOLD THE HOUSE

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name SABRA MATOVSKY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
11217 TIMBERGATE CIRCLE  
CITY  
SAN DIEGO CA 92128

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 16 DISPOSED      /      / 16

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 16 DISPOSED      /      / 16

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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\* CHASE (WAS WASHINGTON MUTUAL, LOAN SOLD)  
 ADDRESS (Business Address Acceptable) ACQUIRED

BUSINESS ACTIVITY, IF ANY, OF LENDER  
MULTI-NATIONAL BANKING

INTEREST RATE 3.75%  None      TERM (Months/Years) 30 YR FIXED

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %  None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name SABRA  
WATOVSKY

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
INTEGRATED HEALTH PARTNERS /  
MONTH CENTER PARTNERS

ADDRESS (Business Address Acceptable)  
7535 METROPOLITAN DRIVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
NON-PROFIT HEALTH CARE

YOUR BUSINESS POSITION  
EXEC. VP

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_



Name SABRA  
MATOVSKY

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) CALIFORNIA PRIMARY CARE ASSOCIATION

ADDRESS (Business Address Acceptable)  
1231 I St #400

CITY AND STATE  
SACRAMENTO, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 10/27/16 10/28/16 AMT: \$ 500  
 (if gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel 1 NIGHT HOTEL + 1 DAY CONFERENCE REGISTRATION

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (if gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (if gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (if gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_



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: San Francisco Health Authority

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

Name: Lawrence Cheung

Home Address: \_\_\_\_\_ Zip: 94102 9412

Home Phone: \_\_\_\_\_ Occupation: Physician

Work Phone: 415-786-2312 Employer: Lawrence CC Cheung, MD, PC

Business Address: 595 Buckingham Way #220 Zip: 94132

Business 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 live and work in SF. I am a physician who has practiced medicine in my community for the past 11 years. As a native Chinese speaker I have had the privilege to serve not only my local community but the Chinese community as a whole

**Business and/or professional experience:**

I have served as the president for San Francisco Medical Society and I represent both the California Medical Association and American Medical Association to advocate for sound and data driven public health policy.

**Civic Activities:**

I volunteer at the St. Mary Medical Center Clinic where I help treat the safety-net patient population.  
I was also the former dermatology director at Asian Health Services (Oakland)

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: 11/29/17 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.)

**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: \_\_\_\_\_

060600029-NFH-0029

Date Initial Filing  
Received  
Official Use Only



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

1128539

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cheung, Lawrence

### 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  
Health Authority  
Commissioner

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

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

- Annual: The period covered is January 1, 2016, through December 31, 2016  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2016
- 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, 2016, through the date of leaving office.
  - The period covered is: \_\_\_\_\_, through the date of leaving office.

### 4. Schedule Summary (must complete)

► Total number of pages including this cover page: 5

#### Schedules attached

- 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)  
San Francisco CA 94132

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 03/23/2017  
(month, day, year)

Signature Lawrence Cheung  
(File the originally signed statement with your filing official.)

060600029-NFR-0029

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Cheung, Lawrence

1. BUSINESS ENTITY OR TRUST
Lawrence C C Cheung, MD PC
Name
2645 Ocean Ave Suite 103
San Francisco, CA 94132
Address (Business Address Acceptable)
Check one
Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Dermatology Practice
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
01/01/05 ACQUIRED
NATURE OF INVESTMENT
Partnership Sole Proprietorship S-Corporation Other
YOUR BUSINESS POSITION President / CEO

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
None or Names listed below
Blue Cross of California
Medicare (via Noridian Mutual Insurance Company)
United Healthcare Insurance Company

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership
Leasehold Other
Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST
Name
Address (Business Address Acceptable)
Check one
Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership
Leasehold Other
Check box if additional schedules reporting investments or real property are attached

FPPC Form 700 (2016/2017) Sch. A-2
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

060600029-NFH-0029

Additional Single Sources of Income of \$10,000 or more for Lawrence C C Cheung, MD PC

California Physicians Service (Blue Shield of California)  
Asian American Medical Group  
Chinese Community Health Care Association  
Hill Physicians Medical Group  
Aetna Life Insurance

060600029-NFH-0029

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Cheung, Lawrence

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

155 25th Ave  
CITY

San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
08 / 01 / 13 / /  
ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other  
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
/ / / /  
ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other  
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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

INTEREST RATE TERM (Months/Years)  
%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)  
%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

Comments:

060600029-NFH-0029

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Cheung, Lawrence

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: The Permanente Medical Group
ADDRESS: 2238 Geary Blvd, San Francisco, CA 94116
BUSINESS ACTIVITY: Providing health care
YOUR BUSINESS POSITION: Physician
GROSS INCOME RECEIVED: OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Spouse's or registered domestic partner's income

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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 ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD: OVER \$100,000

INTEREST RATE: % None
TERM (Months/Years)
SECURITY FOR LOAN: Personal residence
Real Property
City
Guarantor
Other

Comments:





**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**

San Francisco Health Plan

Name of Board, Commission, Committee, or Task Force: \_\_\_\_\_

Chairman of the Board

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

Name: Steven Fugaro, MD \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: 94941

Home Phone: \_\_\_\_\_ Occupation: Physician \_\_\_\_\_

Work Phone: 415-694-7500 \_\_\_\_\_ Employer: MD2 - San Francisco \_\_\_\_\_

Business Address: 2001 Union St., Suite 570, San Francisco \_\_\_\_\_ Zip: 94123

Business E-Mail: fugaro@md2.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: Mill Valley, CA \_\_\_\_\_

Registered Voter in San Francisco: Yes  No  If No, where registered: Mill Valley, CA \_\_\_\_\_

**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 was an Associate Professor of Medicine at UCSF between 1985 and 2014, treating patients of all races, ages, sex and gender. I am still in private practice in San Francisco from 2007 until now treating a wide variety of patients. I have been President of the SF Medical Society in 2008 and on the Board of the Medical Society for 10 years. I have also been on the Board of the SF Health Plan for 7 years.

**Business and/or professional experience:**

I was an Associate Professor of Medicine at UCSF between 1985 and 2014, treating patients of all races, ages, sex and gender. I am still in private practice in San Francisco from 2007 until now treating a wide variety of patients. I have been President of the SF Medical Society in 2008 and on the Board of the Medical Society for 10 years. I have also been on the Board of the SF Health Plan for 7 years.

**Civic Activities:**

On the SF Med Society Board, Chair of the Med Society PAC, on the SF Health Plan Board for 7 years (Chairman for one year).

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: 11/30/2017 Applicant's Signature: (required) Steven Hugh Fugaro, MD

(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: \_\_\_\_\_

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

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

 E-Filed  
 02/21/2017  
 17:06:30  
 Filing ID:  
 163423828

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Fugaro, Steven
**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

Health Authority

Governing Board Member

▶ 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 San Francisco Other**3. Type of Statement (Check at least one box)** Annual: The period covered is January 1, 2016, through  
December 31, 2016

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2016 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one) The period covered is January 1, 2016, through the date of  
leaving office. Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date  
of leaving office. Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary (must complete)**▶ Total number of pages including this cover page: 5**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 94123

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 02/21/2017

(month, day, year)

Signature Steven Fugaro

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

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

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Steven Fugaro

\* 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	Health Authority	Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2016 - 12/31/2016

## SCHEDULE A-1 Investments

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

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Fugaro, Steven</u>

▶ **NAME OF BUSINESS ENTITY**  
Apple Computer

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Computers / 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**  
Tesla Automobiles

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Car manufacturer

**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**  
Google

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Internet / 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 A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

Fugaro, Steven

**▶ 1. BUSINESS ENTITY OR TRUST**

MD2 - San Francisco  
 Name \_\_\_\_\_  
 San Francisco, CA 94123  
 Address (Business Address Acceptable) \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Physician Practice

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Owner/Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

---



---

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	____/____/____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Fugaro MD Med-Legal Consulting  
 Name \_\_\_\_\_  
 San Francisco, CA 94123  
 Address (Business Address Acceptable) \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Medical-Legal Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Owner/Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

---



---

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	____/____/____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Fugaro, Steven

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

MD2 - San Francisco

ADDRESS (Business Address Acceptable)

San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Physician Practice

YOUR BUSINESS POSITION

Owner/ Physician

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

Medical Legal Consulting

ADDRESS (Business Address Acceptable)

San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal consulting

YOUR BUSINESS POSITION

Owner/ Physician

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 Sole Proprietor / owner  
(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: \_\_\_\_\_



December 5, 2017

John F. Grgurina, Jr.  
Chief Executive Officer  
San Francisco Health Authority  
201 Third Street, 7th Floor  
San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(k)(l)(E) of the California Welfare and Institutions Code and Section 69.4(i) of the San Francisco Administrative Code, the San Francisco Marin Medical Society hereby designates Dr. Steven Fugaro of MD Squared to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Mary Lou Licwinko, JD, MHSA  
Executive Director/CEO, San Francisco Marin Medical Society (SFMMS)

ML:mv





**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: Health Authority

Seat # or Category (If applicable): Board Member District: \_\_\_\_\_

Name: Steve Fields

Home Address: [REDACTED] Zip: 94707

Home Phone: [REDACTED] Occupation: Executive Director

Work Phone: 415-861-0828 Employer: Progress Foundation

Business Address: 368 Fell Street San Francisco, Ca. Zip: 94102

Business E-Mail: sfields@progressfoundation.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: Berkeley, Ca.

Registered Voter in San Francisco: Yes  No  If No, where registered: Berkeley, Ca.

**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 was originally recruited to join the Health Authority Board because of my 34 years of experience providing mental health and substance use disorder services to public health clients in San Francisco as director of a non-profit agency. The health services provided by the "Two Plan" model for Medicaid services in SF specifically "carved out" behavioral health services. The original board members of the authority thought it was critical to have board representation that could bring the behavioral health perspective to board deliberations.

In my time as an original member of the board, I have also fulfilled the role of a board member who does not have any contract or financial relationship to the authority. Because the majority of board members represent institutions and agencies that have a formal financial relationship to the authority, I have been able to provide the perspective of a health provider who is not a provider to member participants of the SF Health Plan.

**Business and/or professional experience:**

Executive Director of Progress Foundation, a behavioral health non-profit provider to clients of the SF Department of Public Health since 1969.

Over 40 years of experience providing services that integrate the primary care needs of individuals with their mental health and substance use treatment services.

**Civic Activities:**

I have been active in the San Francisco non-profit community through the work of the Human Services Network which endeavors to bring the experience of the non-profit sector, and the needs of the clients served in those agencies, to public discourse regarding health disparities, service priorities and emerging health care needs.

I have served on numerous official committees/task forces addressing critical health and mental health issues, including the Mayor's Task Force to end homelessness and the recent Work Group to Re-Envision the Jail Replacement Project, among many others.

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.)*

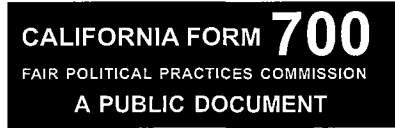
Date: 11/16/17    Applicant's Signature: (required) Steve Fields

(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

E-Filed  
03/28/2017  
14:15:45  
Filing ID:  
164333291

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fields, Steven

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  
Health Authority Governing Board Member  
► 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, 2016, through December 31, 2016  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ 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 94102  
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 03/28/2017  
(month, day, year)

Signature Steven Fields  
(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

Steven Fields

\* 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	Health Authority	Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2016 - 12/31/2016

## SCHEDULE A-1 Investments

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

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Fields, Steven</u>

▶ **NAME OF BUSINESS ENTITY**  
Chevron

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Petroleum

**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**  
Merck and Co. Inc. SHS

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Pharmaceuticals

**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**  
Verizon

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Telecommunications

**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**  
Fortune Brands Home And Security INC SHS

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Home and Security Services

**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).

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Fields, Steven</u>

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
Progress Foundation

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

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)

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

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 \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_



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 Health Authority

Seat # or Category (If applicable): 14 District: \_\_\_\_\_

Name: Joseph David Woods

Home Address: [REDACTED] Zip: 94903

Home Phone: [REDACTED] Occupation: Pharmacist

Work Phone: 415-206-2332 Employer: City & County of SF

Business Address: 1001 Potrero Ave, Pharmacy Room 1P2, San Francisco, CA Zip: 94110

Business E-Mail: david.woods@sfdph.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: San Rafael, CA

Registered Voter in San Francisco: Yes  No  If No, where registered: Marin

**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:**

Responsible for managing pharmaceutical services for the San Francisco Health Network (SFHN) of the SF Department of Public Health. The SFHN is the largest provider of care for the SF Health Plan.

**Business and/or professional experience:**

Education:  
University of California, San Francisco: Pharm.D.  
Residency: Long Beach Memorial Hospital, Long Beach CA

2010 - Present: Chief Pharmacy Officer for the San Francisco Department of Public Health. Also Assistant Dean and Assistant Professor at the UCSF School of Pharmacy. With over twenty years of managerial experience and numerous awards, have been recognized as an effective administrator responsible for clinical care, quality improvement, budgeting, compliance, and overall leadership for a large network of pharmacies. In my role as Chief Pharmacy Officer, I support efforts to improve healthcare for San Franciscans.

Employment: San Francisco Department of Public Health for twenty seven (27) years. Chief Pharmacy Officer since 2010. Responsible for operational and clinical pharmacy services for the San Francisco Health Network (SFHN) of the S.F. Department of Public Health (SFDPH). This includes pharmacy services at Zuckerberg San Francisco General Hospital and Trauma Center, Laguna Honda Hospital, Jail Health Services, and the SF Health Network's Primary Care and Behavioral Health Centers.

**Civic Activities:**

[Empty box for 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: 11/13/17      Applicant's Signature: (required) Joseph David Woods

(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

1120687

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Woods, Joseph David

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  
Health Authority 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 San Francisco  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2016, through December 31, 2016  
-or-  
The period covered is 03 / 03 / 2016, through December 31, 2016  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

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 94110  
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 03/06/2017  
(month, day, year)

Signature Joseph David Woods  
(File the originally signed statement with your filing official)

## SCHEDULE A-1 Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) *Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Woods, Joseph David</u>

▶ NAME OF BUSINESS ENTITY  
Aetna Health

GENERAL DESCRIPTION OF THIS BUSINESS  
Health Care Providers and Services

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  
Amgen

GENERAL DESCRIPTION OF THIS BUSINESS  
Biotechnology

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  
CVS

GENERAL DESCRIPTION OF THIS BUSINESS  
Health Care Provider and Services

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  
Gilead Sciences

GENERAL DESCRIPTION OF THIS BUSINESS  
Biotechnology

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  
Amerisource Bergen

GENERAL DESCRIPTION OF THIS BUSINESS  
Health Care Providers and Services

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  
Cardinal Health

GENERAL DESCRIPTION OF THIS BUSINESS  
Health Care Provider and Services

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 A-1 Investments

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

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____
<u>Woods, Joseph David</u>

▶ **NAME OF BUSINESS ENTITY**  
Novartis Pharmaceuticals

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Pharmaceuticals

**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

▶ **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: \_\_\_\_\_

**SAN FRANCISCO  
HEALTH PLAN™**



*Here for you*

P.O. Box 194247  
San Francisco, CA 94119  
1(415) 547-7800  
1(415) 547-7821 FAX  
www.sfnp.org

November 15, 2017

Angela Calvillo  
Clerk of the Board  
Board of Supervisor Office  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102

Dear Ms. Calvillo:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that David Woods, Pharm D of San Francisco General Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code Section 14087.36(K)(1)(I) which permits the appointment of a Pharmacist nominated by the San Francisco Pharmacy Leadership Group and (B) the San Francisco Administrative Code California 69.4(j).

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John F. Grgurina, Jr." with a stylized flourish at the end.

John F. Grgurina, Jr.  
Chief Executive Officer

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

### SAN FRANCISCO HEALTH AUTHORITY

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations (**in bold**), appointed by the Board of Supervisors:

**Vacant Seat 1**, succeeding Jeffrey Sterman, resigned, must be a member of the Board of Supervisors or any other person designated by the Board of Supervisors, for an indefinite term.

**Vacant Seat 2**, succeeding Brenda Yee, resigned, must be employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California, for the unexpired portion of a three-year term ending January 15, 2020.

**Seat 3**, succeeding Roland Pickens, term expiring January 15, 2018, must be employed in the senior management of San Francisco General Hospital, for a three-year term ending January 15, 2021.

**Seat 4**, succeeding Emily Webb, term expiring January 15, 2018, must be employed in the senior management of St. Luke's Hospital (San Francisco), for a three-year term ending January 15, 2021.

**Vacant Seat 5**, succeeding John Gressman, resigned, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term ending January 15, 2021.

**Seat 6**, Eddie Chan, term expiring January 15, 2019, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term.

**Seat 7**, succeeding Lawrence Cheung, term expiring January 15, 2018, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

**Seat 8**, succeeding Steven Fugaro, term expiring January 15, 2018, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

**Seat 9**, succeeding Dale Butler, term expired, must be nominated by the San Francisco Labor Council, or any successor organization, for a three-year term ending January 15, 2021.

**Seat 10**, Maria Luz Torre, term expiring January 15, 2019, must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term.

**Seat 11**, Irene Conway, term expiring January 15, 2018, must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term ending January 15, 2021.

**Seat 12**, Steve Fields, term expiring January 15, 2018, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term ending January 15, 2021.

**Vacant Seat 13**, succeeding Kate O'Malley, term expired, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for the unexpired portion of a three-year term ending January 15, 2019.

**Seat 14**, Joseph David Woods, term expiring January 15, 2018, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term ending January 15, 2021.

**Additional Seat Requirements:** One of the members in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

**Reports:** None.

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Sunset Date: None.

Additional information relating to the San Francisco Health Authority, or other seats on this body that are appointed by another authority, may be obtained by reviewing the California Welfare and Institutions Code, Section 14087.36, available at <http://leginfo.legislature.ca.gov/>, the San Francisco Administrative Code, Section 69.1, available at <http://www.sfbos.org/sfmunicodes>, or by visiting the Health Authority website at <http://www.sfhp.org/>.

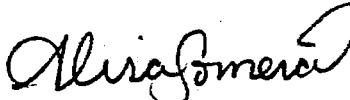
Interested persons may obtain an application from the Board of Supervisors website at [http://www.sfbos.org/vacancy\\_application](http://www.sfbos.org/vacancy_application) or from the Rules Committee Clerk and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689.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

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this subordinate body 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 submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.fppc.ca.gov/Form700.html>.

**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 appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of individual(s) recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

*Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this body is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.*

*Further Note: Additional seats on this body may be available through other appointing authorities, including the Mayor's Office and the Department of Public Health.*

  
for Angela Calvillo  
Clerk of the Board

DATED/POSTED: November 20, 2017

San Francisco  
BOARD OF SUPERVISORS

Date Printed: September 21, 2017

Date Established: December 15, 1994

Active

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**HEALTH AUTHORITY - SAN FRANCISCO**

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**Contact and Address:**

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor  
San Francisco, CA 94103

Phone: (415) 615-4235

Fax: (415) 547-7824

Email: vhuggins@sfnhp.org

**Authority:**

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California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

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**Board Qualifications:**

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The Health Authority was established as the Local Initiative under the Medi-Cal program to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate; and to ensure preservation of the safety net. The powers and responsibilities of the Health Authority are stated in Administrative Code, Section 69.3.

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

- (A) One (1) member of the board or any other person designated by the Board;
- (B) One (1) shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California;
- (C) One (1) member shall be employed in the senior management of San Francisco General Hospital;
- (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San

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"R Board Description" (Screen Print)



San Francisco  
BOARD OF SUPERVISORS

Francisco);

(E) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;

(F) Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;

(G) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;

(H) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;

(I) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and

(J) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in "A," "H," or "I" above must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board ("A" above).

The composition of the other five (5) members is as follows:

- > One (1) member appointed by the Mayor;
- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- > One (1) member shall be the Director of Mental Health or his/her designee; and
- > One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

Reports: None.

Sunset Clause: None.