

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 F	orces	
Name of Board, Commission, Committee, or Task Force: Treasury Oversight	Committee	
Seat # or Category (If applicable): 7 District	District:	
Name: Brenda Kwee McNulty		
Home Address:, San Francisco, CA	Zip: 94109	
Home Phone: Occupation: Retired financial pro	fessional	
Work Phone: 415-519-3028 Employer: N/A		
Business Address: N/A	Zip:	
Business E-Mail: N/A Home E-Mail:	*	
the Charter must consist of electors (registered voters) of the City and C San Francisco. For certain other bodies, the Board of Supervisors can w residency requirement. Check All That Apply:		
Registered voter in San Francisco: Yes <a> No <a> If No, where registered: _		
Resident of San Francisco Yes No If No, place of residence:		
Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabiliand any other relevant demographic qualities of the City and County of San Francisco:	ties,	
I believe my qualifications represent all the the communities of interest in the City of San Francisco.	and County	

Business and/or professional experience:	
40+ years of financial and general management experience product development of fixed interest instruments, 2) manainstruments, 3)sales of fixed interest instruments.	
Civic Activities:	
I have served on the CGOBOC for four years and have the felt I have added value to CGOBOC during my tenure. I am to the taxpayers of CCSF. I feel my prior experience in fixe a good candidate to serve on the Treasury Oversight common general public.	n seeking to continue my service d interest instruments makes me
Have you attended any meetings of the Board/Commission to which yo	u wish appointment? Yes No
For appointments by the Board of Supervisors, appearance requirement before any appointment can be made. (Application before the scheduled hearing.)	
Date: 09/04/19 Applicant's Signature: (required)	Brenda Kwee McNulty
	(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 all attachments, become public record.	. Once Completed, this form, including
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires: Date	e Seat was Vacated: