

File No. 160342

Committee Item No. 6

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

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date April 14, 2016

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"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | 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 type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

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

- |                                     |                          |                   |       |
|-------------------------------------|--------------------------|-------------------|-------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice    | _____ |
| <input type="checkbox"/>            | <input type="checkbox"/> |                   | _____ |
| <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"/> |                   | _____ |
| <input type="checkbox"/>            | <input type="checkbox"/> |                   | _____ |

Completed by: Derek Evans Date April 11, 2016

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

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document can be found in the file.



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: Citizens Committee on Community Development

Seat # or Category (If applicable): Seat 3 or 4 District: 6

Name: William H. Stafford

Home Address: Larkin St., Zip: 94109

Home Phone: 415-302-5410 Occupation: Financial Services

Work Phone: Employer: Wells Fargo Advisors

Business Address: 555 California St., Suite 2300 Zip: 94104

Business E-Mail: billy.stafford@wfadvisors.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:

Registered voter in San Francisco: Yes [checked] No [ ] If No, where registered:

Resident of San Francisco [checked] 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 disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I live in the Tenderloin and I care deeply about my fellow community members and their well being. As a member of the committee, I would take a balanced and fair approach when trying to assess the viability and benefit of community development projects. We should try our best to preserve the culture of our city while also trying to improve the daily lives of our citizens. I am a person who does not make a substantial income, as such I can identify with people like my-self who feel the immediate impacts of community development projects.

**Business and/or professional experience:**

I have worked in the financial services industry for the last 7 years. My expertise and responsibilities include: new business development relating to partnerships, derivatives research and credit spread modeling, evaluate tax efficient investment vehicles and strategies, Manage internship program and provided leadership role to delegate tasks(assign responsibilities and track progress), lending services.

**Civic Activities:**

SFMTA Survey Member, volunteer with various organizations(Friends of the Urban Forest, Food Bank, Glide), an all around good Samaritan

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: 05/21/2014 Applicant's Signature: (required) William Harrington Stafford

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

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
STAFFORD WILLIAM HARRINGTON

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

Agency Name (Do not use acronyms)

CITIZEN'S COMMITTEE ON COMMUNITY DEVELOPMENT, COMMITTEE MEMBER  
Division, Board, Department, District, if applicable Your Position

► 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 SAN FRANCISCO
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- Assuming Office:** Date assumed \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- 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)  
324 LARKIN ST., APT. 35, SAN FRANCISCO, CA 94102  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(415) 302-5410 WSTAFFORD@GMAIL.COM

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 2/18/15  
(month, day, year)

Signature [Handwritten Signature]  
(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  
WILLIAM STAFFORD

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <hr/>	NAME OF SOURCE OF INCOME <hr/>
ADDRESS (Business Address Acceptable) <hr/>	ADDRESS (Business Address Acceptable) <hr/>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/>
YOUR BUSINESS POSITION <hr/>	YOUR BUSINESS POSITION <hr/>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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:

<p>NAME OF LENDER* <u>WELLS FARGO</u></p> <p>ADDRESS (Business Address Acceptable) <u>420 MONTGOMERY</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER <u>\$33,000.00</u></p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input checked="" type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000         </p>	<p>INTEREST RATE      TERM (Months/Years)</p> <p><u>6.5</u>%      <input type="checkbox"/> None</p> <p>SECURITY FOR LOAN  <input checked="" type="checkbox"/> None      <input type="checkbox"/> Personal residence  <input type="checkbox"/> Real Property _____  <small>Street address</small>  <small>City</small>  <input type="checkbox"/> Guarantor _____  <input type="checkbox"/> Other _____  <small>(Describe)</small> </p>
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Comments: STUDENT LOAN



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: Citizens Committee on Community Development

Seat # or Category (If applicable): District:

Name: Peter Cohen

Home Address: Noe Street Zip: 94114

Home Phone: 415-252-7220 Occupation: co-director

Work Phone: Employer: Council of Community Housing Organizations

Business Address: 325 Clementina Street Zip: 94103

Business E-Mail: peter@sfcic-409.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:

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 disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Current member of the committee, appointed in 2011. I am a co-director of the Council of Community Housing Organizations which has long been involved with community development policy and CDBG process. We have had a representative on the Citizens Committee since its inception.

**Business and/or professional experience:**

Current co-director of CCHO. Previously policy director with East Bay Housing Organizations. Community Planning and housing/land use policy work experience in various capacities over the past 20 years in San Francisco and other parts of Bay Area.

**Civic Activities:**

Active in neighborhood issues in Upper Market, Castro, Hayes Valley. Have also been appointed to several policy tasks forces by Board of Supervisors.

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

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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:** 4-2-15      **Applicant's Signature: (required)** Peter Cohen

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

**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)  
Cohen, Peter

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

Agency Name (Do not use acronyms)  
Citizens Committee on Community Development  
 Division, Board, Department, District, if applicable Your Position  
Appointee

► 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, 2014, through December 31, 2014.  
 -or-  
 The period covered is \_\_\_\_\_ through December 31, 2014.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 2  
 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

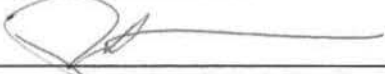
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
33 Nbe street San Francisco CA 94114  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(415) 722-0617 pcohenf@gmail.com

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 3/25/15  
 (month, day, year)

Signature   
 (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 \_\_\_\_\_  
Peter Cohen

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Council of Community Housing Organizations</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>325 Clementia Street, San Francisco 94103</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>None</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Co-director</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>	<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ <small>(Describe)</small>	_____ <small>(Describe)</small>
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____		
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

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**

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**Application for Boards, Commissions, Committees, & Task Forces**

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

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

Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ 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:**

**Business and/or professional experience:**

**Civic Activities:**

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

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

**Date:** \_\_\_\_\_ **Applicant's Signature: (required)** \_\_\_\_\_

(Manually sign or type your complete name.  
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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

# Miguel “Mick” Penn

Mount Vernon Avenue  
San Francisco, CA 94112

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## Summary of Qualifications & Accomplishments

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- Experienced professional with successful track record of collaborating with various public/private entities to develop programs aimed at increasing San Francisco resident workers’ and Local Business Enterprise (LBE) opportunities.
- Developed and implemented HerreroBoldt’s construction workforce program in accord with CPMC’s Development Agreement; achieving 100% compliance on major workforce metrics.
- Spearheaded efforts of a community collaborative tasked with increasing opportunities for San Francisco residents in the construction trades on the UCSF Mission Bay Hospital project. These efforts resulted in an increase of 5% total construction hours and over 90 resident workers placed on the project in first year of the program.
- Excellent ability to balance complex business and community interests by forging strong relationships with all entities.
- Management and program development, strategic planning and budgetary oversight.
- Proven record of assisting construction contractors in achieving Redevelopment and First Source Hiring goals through strategic planning and stakeholder engagement.
- Strong background in both for-profit and non-profit business environments.
- Strong organizational, office and computer skills leading to the implementation of policies and procedures for organizational development.

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## Experience

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**2013 - Present**

**HerreroBOLDT**

**San Francisco, CA**

***Manager of Workforce Development and Public Relations***

- Directing the development of the Construction Workforce Development Plan and LBE Program with Integrated Project Delivery (IPD) team members and San Francisco city agency officials.
- Implementing and supervising the Construction Workforce Development Plan and the LBE Program.
- Planning, directing and evaluating the operations of the Workforce Development, LBE and Public Relations programs.
- Meeting with City Build, Mission Hiring Hall & Trade Partners at the beginning of each construction phase to present resource loaded staffing plans indicating manpower required for each phase
- Designing and administering training for Trade Partners for the Workforce Development program and LBE program.
- Establishing effective tracking and reporting to stakeholders (such as city agencies, CPMC/Sutter and HerreroBoldt executive oversight committee) for these programs for the duration of the project.
- Establishing, implementing and continuously monitoring tracking and reporting processes with the assistance of administrative staff.
- Establishing and maintaining communication with and serve as a program advocate to city officials, community based organizations and other identified stakeholders.
- Establishing and maintaining internship programs for entry level positions such as administrative assistants and project engineers.
- Overseeing and/or performing any administrative functions to provide efficiency and continuous work flow to facilitate these programs.
- Assisting with the development of the project website. Maintaining website as it relates to workforce development, LBE program and neighborhood/community communications.

- Acting as community liaison and communicate effectively with identified members of the community surrounding the projects.

**2011 – 2013**

**Mission Hiring Hall**

**San Francisco, CA**

***Program Manager / CityBuild Academy Sector Coordinator***

- Managed the efforts of MHH's construction programs; including the Construction Sector Academy and oversaw a staff of 14
- Successfully designed and implemented resident hiring strategies for private and governmental organizations in collaboration with San Francisco community groups and stakeholders which resulted in placing over 200 resident workers on various construction projects throughout the City and County of San Francisco's redevelopment area
- Acted as lead representative for city-wide strategic planning meetings regarding local hire activities, as well as acted as lead liaison to various trade unions, contractors, community based organizations, educational institutions and the Office of Economic and Workforce Development
- Lead grant writer responsible for successfully procuring \$1.2M in public funding for the CityBuild Academy through the Mayor's Office of Economic and Workforce Development
- Facilitated the recruitment, assessment and matriculation of students enrolled in the Mayor's Office of Economic and Workforce Development's CityBuild Academy pre-apprenticeship training leading to a 98% graduation and 90% job placement rate
- Management of Workforce Investment Act clients and program files resulting in successful results of programmatic and fiscal audits during last 3 fiscal years
- Collaborated with labor unions, contractors and other stakeholders in workforce development leading to the implementation of veteran hiring strategy across a diverse construction industry

**2010 – 2011**

**Mission Hiring Hall**

**San Francisco, CA**

***Program Counselor***

- Assisted clients with building and executing their job search strategy, defining their vocational goals and identifying prospective employers
- Provided job placement and job retention services to a caseload of approximately 60 clients.
- Developed and maintained strong, effective partnerships with the San Francisco business community through community outreach and attendance at various networking events
- Cultivated relationships with community employers in order to assist them with their recruiting needs
- Assisted businesses employing MHH clients by providing support and information related to workplace accommodations, available tax credits, disability awareness, and workplace diversity
- Job Development: Responsible for overseeing the development of construction job opportunities
- Training/Workshops: conduct construction industry job readiness training classes
- Promoted to Program Manager in May 2011

**1999 – 2008**

**Macy's**

**San Francisco, CA**

***Logistics Coordinator***

- Examined approximately 250 incoming shipments daily to ensure accurate delivery of items
- Procured interdepartmental request for transfer and facilitated their delivery
- Contributed to a 35% increase of incoming delivers distribution to appropriate departments

**2004 – 2005**

**Phillip & Sala Burton High School**

**San Francisco, CA**

***Student English Instructor***

- Performed instruction of high school level language arts and literature to a diverse student body
- Prepared lesson plans and learning materials for classroom instruction
- Adhered to state mandated curriculum, recorded attendance and grades

## Training & Education

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In Progress	Construction Management: Core Skills	City College San Francisco
May 2014	Lean Training at Herrero	Herrero Builders Inc.
May 2011	Supervision & Business Management	City College San Francisco
May 2010	Best Pro: Workforce Specialist Training	Jewish Vocational Services
May 2007	Baccalaureate of Arts - Interdisciplinary Art	San Francisco State University

## Affiliations

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### **2013 – Present      Mayor Office of Housing      San Francisco, CA** **Citizen’s Committee on Community Development - Committee Member**

- Participation on the advisory body charged with public oversight of HUD-based funding allocations and policy matters directly related to community development efforts in the City.
- Makes policy recommendations on the development and implementation of a comprehensive community development structure for the City, assists with the identification of community needs and formulation of program priorities, and make annual funding recommendations on CDBG and ESG programs to the Mayor and Board of Supervisors.

### **2010 – 2013      San Francisco Human Rights Commission      San Francisco, CA** **Equity Advisory Committee Member**

- Worked with committee members, HRC staff and commissioners to implement findings from committee research and inquiry to inform activities and recommendations of the full commission
- Coordinating presentations and information sessions of materials pertinent to developing campaigns to inform the full HRC commission
- Served on two sub committees creating forums for the implementation of an internship program to address the issue of African American Out Migration from San Francisco and Safe at Work project addressing the issue of Sexual Harassment of Immigrant Workers.

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

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

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable Your Position

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.  
**-or-** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- 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, 2015, 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)*

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 \_\_\_\_\_ Signature \_\_\_\_\_  
*(month, day, year) (File the originally signed statement with your filing official.)*







**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: Citizen's Committee on Community Development

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

Name: Rev. Megan Rohrer

Home Address: ████████ Irving St Zip: 94122

Home Phone: 415-827-2587 Occupation: Pastor

Work Phone: ████████████████████ Employer: Grace Evangelical Lutheran Church

Business Address: 3201 Ulloa St Zip: 94116

Business E-Mail: pastor@gracesf.com Home E-Mail: ████████████████████

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

Check All That Apply:

Resident of San Francisco: Yes  No  If No, place of residence: \_\_\_\_\_

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

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

I have worked with homeless San Franciscans since 2002 and identify as transgender, lesbian and disabled. I am 35, white and Lutheran. I lived in the Tenderloin for about 8 years and moved to the Sunset when I became the pastor at Grace Lutheran. In addition to feeding, clothing, gardening with and providing prescription eye glasses for the homeless, my work has centered around listening to the needs of those who are vulnerable and helping them share their voice with the world.

**Business and/or professional experience:**

- \* 14 years as the Executive Director of Welcome (a faithful response to poverty in San Francisco)
- \* 3 years as an Assistant Night Minister listening to the needs of homeless San Franciscans from 10pm - 3am.
- \* 5 years as a Contributing Blogger about Advocacy issues with the Evangelical Lutheran Church in America (the national church body)
- \* 2 years working at Project Homeless Connect as the Growing Home Garden Manager and creating the denture and vision programs
- \* About 1 year as a Child Care Counselor at the Children's Home Society (a group home for children aged 3-12 in Sioux Falls, SD)

**Civic Activities:**

I am currently the president of the Castro Lions Club and serve on the board of directors for SF CARES. I have previously served on the TransMarch steering committee, the Human Rights Commission's LGBT Task Force and on poverty related history project with the GLBT Historical Society.

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: 2/13/2016    Applicant's Signature: (required) Rev. Megan Rohrer

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

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Rohrer Megan Marie

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

Agency Name (Do not use acronyms)  
 Mayor's Office of Housing and Neighborhood Development  
 Division, Board, Department, District, if applicable Your Position  
 Citizen's Committee on Community Development Board Member Candidate

► 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, 2015, through December 31, 2015.  
 -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Election year 2016 and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2015, 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: 7**

**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)  
 3201 Ulloa St San Francisco CA 94116  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 415 ) 827-2587 pastor@gracesf.com

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 03/08/2016  
 (month, day, year)

Signature   
 (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.*

Name  
Megan Rohrer

▶ NAME OF BUSINESS ENTITY  
Thrivant Mod Aggressive Alloc Fund-A

GENERAL DESCRIPTION OF THIS BUSINESS  
managed stock bundle - non-profit faith org

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:  
     /      / 15           /      / 15  
 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:  
     /      / 15           /      / 15  
 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:  
     /      / 15           /      / 15  
 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:  
     /      / 15           /      / 15  
 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:  
     /      / 15           /      / 15  
 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:  
     /      / 15           /      / 15  
 ACQUIRED                      DISPOSED

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

Name  
Megan Rohrer

▶ 1. BUSINESS ENTITY OR TRUST

Megan Rohrer  
Name  
4031 Irving St, San Francisco, CA 94122  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Self Employment - Preaching and Teaching

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000    /   /   15    /   /   15  
 \$10,001 - \$100,000 ACQUIRED DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Self Employment  
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  
 \$10,001 - \$100,000    /   /   15    /   /   15  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 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: \_\_\_\_\_

▶ 1. BUSINESS ENTITY OR TRUST

Laurel Rohrer  
Name  
4031 Irving St, San Francisco, CA 94122  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Self Employment

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000    /   /   15    /   /   15  
 \$10,001 - \$100,000 ACQUIRED DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Self Employment  
Other

YOUR BUSINESS POSITION Driver for Car Share

▶ 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  
 \$10,001 - \$100,000    /   /   15    /   /   15  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 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

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

Name  
 Megan Rohrer

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 631 O'Farrell St, #214

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

ACQUIRED:      /      / 15 DISPOSED:      /      / 15

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  
Molly Johnston

▶ 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:      /      / 15 DISPOSED:      /      / 15

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\* \_\_\_\_\_

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

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)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Megan Rohrer
--

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Grace Evangelical Lutheran Church

ADDRESS (Business Address Acceptable)  
3201 Ulloa St, San Francisco, 94116

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pastor

YOUR BUSINESS POSITION  
Pastor

GROSS INCOME RECEIVED  
 \$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 Salary and Housing Allowance  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
San Francisco Night Ministry

ADDRESS (Business Address Acceptable)  
1111 O'Farrell St, San Francisco, 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pastor

YOUR BUSINESS POSITION  
Associate Night Minister

GROSS INCOME RECEIVED  
 \$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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Megan Rohrer
--

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
University of Florida

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Speaking Engagement

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  
 \$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  
ALTSHULER BERZON LLP

ADDRESS (Business Address Acceptable)  
177 POST ST STE 300

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION  
Spouse's Workplace

GROSS INCOME RECEIVED  
 \$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: \_\_\_\_\_



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

Name  
Megan Rohrer

- 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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Epiphany Explorations

ADDRESS (Business Address Acceptable)  
First Metropolitan United Church 932 Balmoral Road,

CITY AND STATE  
Vancouver, BC, Canada

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

DATE(S): 01 / 22 / 16 - 01 / 24 / 16 AMT: \$ 761.00  
(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 \_\_\_\_\_

▶ 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: \_\_\_\_\_

San Francisco  
BOARD OF SUPERVISORS

Date Printed: February 18, 2015

Date Established: October 6, 2009

Active

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**CITIZEN'S COMMITTEE ON COMMUNITY DEVELOPMENT**

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**Contact and Address:**

Brian Cheu Director of Community Development  
Mayor's Office of Housing  
1 South Van Ness Avenue, 5th Floor  
San Francisco, CA 94103

Phone: (415) 701-5584

Fax: (415) 701-5501

Email: Brian.Cheu@sfgov.org

**Authority:**

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Administrative Code, Section 2A.290 (Ordinance No. 212-09)

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**Board Qualifications:**

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The Committee shall consist of nine (9) members. The Mayor shall have exclusive power to appoint five (5) members of the Committee; the Board of Supervisors shall have exclusive power to appoint four (4) members. The Mayor's appointees shall have professional expertise in one or more of the following areas of community development: community development finance, affordable housing, small business development, microenterprise, homelessness, neighborhood planning, workforce development, social services, technical assistance to community-based service providers, and capital projects and public space improvement. In making its appointments to the Commission, the Board of Supervisors shall give consideration to the ability of its appointees to reflect and advance the concerns and needs of low-income neighborhoods and/or communities in the City.

No person who is either employed by or serves on the governing board of any entity that has a CDBG or ESG grant application pending with the City shall be eligible to serve as a member.

To stagger the terms of the members, the initial appointments to the Committee shall be as follows: the Mayor shall appoint three (3) members to serve terms of two years, two (2) members to serve terms of one year. The Board of Supervisors shall appoint two (2) members to serve terms of two years, two (2) members to serve terms of one year. Thereafter, all members shall serve for two-year terms.

Members shall serve fixed terms and may be removed for cause. Vacancies shall be filled by

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"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

the appointing authority.

In addition, the following individuals, or their designee, shall serve ex-officio as non-voting members of the Committee: the Director of Economic and Workforce Development Department, and the Director of the Mayor's Office of Housing. The Director of the San Francisco Redevelopment Agency, or his or her designee, may also serve ex officio as a non-voting member of the Committee.

The Committee shall be an advisory body whose purpose is to make recommendations to the Mayor and Board of Supervisors on HUD-based funding allocations and policy matters directly related to community development efforts in the City. For purposes of this Section, "community development" means a planned effort or program that increases the capacity of low- and moderate-income people to improve their quality of life.

Compensation: None

Report: Annual funding recommendations to the Mayor and Board of Supervisors for the HUD entitlement resources of Community Development Block Grants ("CDBG") and Emergency Shelter Grants ("ESG"), in accordance with all HUD requirements, as amended from time to time.

Sunset Clause: None

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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

### CITIZEN'S COMMITTEE ON COMMUNITY DEVELOPMENT

#### Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies:

**Vacant seat 3**, succeeding Eddie Ahn, term expired, should reflect and advance the concerns and needs of low-income neighborhoods and/or communities in the City and not be employed or serve on the governing body of any entity that has a Community Development Block Grant or Emergency Shelter Grant application pending with the City, for a two-year term ending February 23, 2018.

**Vacant seat 4**, succeeding Miquel Penn, term expired, should reflect and advance the concerns and needs of low-income neighborhoods and/or communities in the City, for a two-year term ending February 23, 2018.

*(Note: No person who is either employed by or serves on the governing board of any entity that has a Community Development Block Grant ("CDBG") or Emergency Shelter Grant ("ESG") application pending with the City shall be eligible to serve as a member of this Committee.)*

**Report:** Annual funding recommendations to the Mayor and Board of Supervisors for the Department of Housing and Urban Development ("HUD") entitlement resources of CDBG and ESG, in accordance with all HUD requirements, as amended from time to time.

**Sunset Date:** None.

Additional information relating to the Citizen's Committee on Community Development may be obtained by reviewing Administrative Code, Section 2A.290, at <http://www.sfbos.org/sfmunicodes>.


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, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.19 (Motion No. 05-92) all applicants applying for this Committee 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 received. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

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

*Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if vacancies for this Committee are still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.*

  
Angela Calvillo  
Clerk of the Board

DATED/POSTED: April 7, 2016