

CoB
Rules
Clerk

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place
Room 244
San Francisco, CA 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 544-5227

MEMORANDUM

TO: Alisa Somera, Legislative Deputy Director
FROM: President Malia Cohen *me*
DATE: July 2, 2018
SUBJECT: Planning Commission Appointment by President Malia Cohen

Please be advised that President Malia Cohen has selected Kathrin Moore to be reappointed for another four-year term to the San Francisco Planning Commission, term ending July 1, 2022.

This appointment will fill the Board of Supervisors Seat No. 2.

BY *[Signature]*
2018 JUL -3 PM 4:44
BOARD OF SUPERVISORS
SAN FRANCISCO

For Clerk's office use only:

Seat No. _____ Term Expiration Date: _____ Seat Vacated: _____



**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: Planning Commission

Seat # or Category (If applicable): Commissioner District: D3

Name: Kathrin Moore

Home Address: Clay St San Francisco CA Zip: 94108

Home Phone: Occupation: Architect Urban Designer Planner

Work Phone: 1 415 254.9183 Employer: Self Employed

Business Address: 1230 Clay St #203 San Francisco CA Zip: 94108

Business E-Mail: mooreurban@aol.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:

A D3 resident since 1971, on the Planning Commission for three terms, I have become a consistent and strong voice for city-wide neighborhood concerns, including ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and other relevant demographic qualities of the City at-large....
I am rooted in the conviction that a balanced position between the broadest spectrum of values for social and environmental equity are more important than merely economic considerations on their own.

Business and/or professional experience:

As architect, specializing in urban design and planning Kathrin Moore has been in professional practice for forty years+, including twenty seven years as director of Skidmore, Owings & Merrill's Urban Design Studio in San Francisco. Educated as an architect in Europe and the US (M Arc Yale), Ms Moore has led the design of major urban design and planning projects in the U.S. and abroad, with significant experience in all project types and scales. Diverse experience includes the design of cities and new communities, mixed-use development projects with residential, retail, business, and open space components, waterfront development, campus planning, transportation, open space and recreation projects. Ms Moore has led the design of many award-winning master plans; she has extensively written and lectured nationally and internationally on urban design and planning issues. Visiting Professor in urban design, Ms Moore taught at the University of Stuttgart, Germany for 10 years. Ms Moore has been a frequent juror of urban design competitions and awards. Beyond extensive experience in California and the US, Ms Moore has worked on diverse large development master plans in Vietnam, China, Japan, Thailand, the Philippines, Brazil, Trinidad and Tobago, Europe, Saudi Arabia, Iran and the United Arab Emirates.

Civic Activities:

San Francisco Planning Commission 2014-2018
SF Port Mission Rock - Pier 70 Design Advisory 2018-Present
San Francisco Planning Commission 2010-2014
San Francisco Arts Commission Civic Design Review Ex Officio 2013-2015
Vietnam Green Building Council VNBC Urban Design Advisory Board 2009-2014
TriViet University Ho Chi Minh City, Vietnam Campus Planning Advisory Board 2008-2010
San Francisco Planning Commission 2006-2010
SF Port Waterfront Design Advisory 2005-Present
Treasure Island Citizens Advisory Board 2001-2015
AIA National Regional and Urban Design Committee Chair 2004
AIA National Regional and Urban Design Committee Member 1999-2005

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: 30 June 2018 Applicant's Signature: (required) Kathrin Moore

(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

Received
Official Use OnlyE-Filed
03/28/2018
11:02:37Filing ID:
170332981

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Moore, Kathrin

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

Planning Commission

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 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, 2017, through
December 31, 2017 Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through
December 31, 2017 The period covered is January 1, 2017, through the date of
leaving office. Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date
of leaving office. Candidate: Date of Election _____ 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

94108

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 03/28/2018
(month, day, year)Signature Kathrin Moore
(File the originally signed statement with your filing official.)

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
Moore, Kathrin

▶ 1. BUSINESS ENTITY OR TRUST

MooreUrban Design
Name
San Francisco, CA 94108
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Urban Design - Planning

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 Principal

▶ 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
 \$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: _____

▶ 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 \$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
 \$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

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Moore, Kathrin

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Skidmore, Owings & Merrill

ADDRESS (Business Address Acceptable)
San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architecture

YOUR BUSINESS POSITION
Associate Partner, Retired

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 Retirement Payment
(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: _____