

File No. 100037

Committee Item No. 1
Board Item No. 18

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date January 21, 2010

Board of Supervisors Meeting

Date 2/02/10

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget 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"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong
Completed by: L.W.

Date January 15, 2010
Date 1/26/10

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

2

et al.

1 [Appointment, Small Business Commission]

2

3 **Motion appointing Kathleen Dooley, term ending January 6, 2014, to the Small**
4 **Business Commission.**

5

6 **MOVED,** That the Board of Supervisors of the City and County of San Francisco does
7 hereby appoint the following designated person to serve as a member of the Small Business
8 Commission, pursuant to the provisions of Charter Section 4.134.

9 Kathleen Dooley, succeeding herself, seat 2, term expired, must be an owner,
10 operator, or officer of a San Francisco small business, for the unexpired portion of a four-year
11 term ending January 6, 2014.

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Application for Boards, Commissions and Committees

Application for Appointment to: Small Business Commission

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): supervisorial appointee

District: 3

Name: Kathleen Dooley

Home Address: — Filbert St. #1

Zip: 94133

Home Phone: —

Occupation: florist

Work Phone: 577-5057

Employer: self

Business Address: 216 Filbert St #1

Zip: 94133

Business E-Mail: info@columbinedesign.com

Home E-Mail: —

@att.net

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

Current Small Business Commissioner, president North Beach Merchants Association
 Education:

BA Mills College

Business and/or professional experience:

25 year owner of Columbine Design Floral

Civic Activities:

2 Terms Board member Telegraph Hill Dwellers

President, North Beach Merchants Association, volunteer St Vincent de Paul homeless program,

Ethnicity: (optional)

Sex: (optional) M F

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.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: 1/8/10

Applicant's Signature: (required)

Kathleen L. Dooley

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

RECEIVED
Date Received
Official Use Only
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 JAN 13 AM 10:11
BY _____

Please type or print in ink.

NAME (LAST) <u>Dooley</u>	(FIRST) <u>Kathleen</u>	(MIDDLE) <u>Lee</u>	DAYTIME TELEPHONE NUMBER <u>(415) _____</u>
MAILING ADDRESS (Business Address Acceptable) <u>_____</u>	STREET <u>Filbert St #1 SF</u>	CITY <u>SF</u>	STATE <u>CA</u>
		ZIP CODE <u>94133</u>	OPTIONAL: E-MAIL ADDRESS <u>atti.net @</u>

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Small Business Commission

Division, Board, District, if applicable:

Your Position:
Commissioner

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

County of _____

City of San Francisco

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ___/___/___

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ___/___/___, through December 31, 2009.

Leaving Office Date Left: ___/___/___ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is ___/___/___, through the date of leaving office.

Candidate Election Year: 2010

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes – schedule attached
Real Property

Schedule C Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes – schedule attached
Income – Gifts

Schedule E Yes – schedule attached
Income – Gifts – Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/8/10
(month, day, year)

Signature Kathleen Lee Dooley
(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 _____

1. BUSINESS ENTITY OR TRUST

Columbie Design
 Name
216 Filbert St #1, SF 94133
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Floral design

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 09 / / 09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION owner

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)

Columbie Design

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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 / / 09 / / 09
 \$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

Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 09 / / 09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership 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)

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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 / / 09 / / 09
 \$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

San Francisco
BOARD OF SUPERVISORS

Date Printed: January 12, 2010

Date Established: December 5, 2003

Active

SMALL BUSINESS COMMISSION

Contact and Address:

Regina Dick-Endrizzi, Contact Person
Small Business Commission
City Hall, Room 448
San Francisco, CA 94102

Phone: (415) 554-6481

Fax: (415) 558-7844

Email: regina.dick-endrizzi@sfgov.org

Authority:

Proposition D, November 4, 2003. (Charter Section 4.134) Certified by Secretary of State on 12/5/03.

Board Qualifications:

The Small Business Commission consists of seven members, who shall serve at the pleasure of the appointing authority. The Board of Supervisors shall appoint three members and the Mayor shall appoint four members.

Two of the Mayor's appointments and one of the Board of Supervisors appointments shall serve for an initial two-year term. Thereafter, all commissioners shall serve for four-year terms.

At least five of the seven individuals appointed to the Commission shall be owners, operators, or officers of San Francisco small businesses. One of the individuals appointed to the Commission may be either a current or former owner, operator, or officer of a San Francisco small business. One member of the Commission may be an officer or representative of a neighborhood economic development organization or an expert in small business finance.

Mayoral appointments handled as Charter Section 3.100.17 per City Attorney's Option letter dated 3/31/04.

Reports: None

Sunset Date: None

"R Board Description" (Screen Print)

