

File No. 100565

Committee Item No. 3
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date May 20, 2010

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 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 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"/> | <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

Date May 16, 2010

Completed by: _____

Date _____

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

Application for Appointment to: SUNSHINE ORDINANCE TASK FORCE
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 6 District: _____

Name: JAMES KNOEBBER

Home Address: UNION ST SAN FRANCISCO CA Zip: 94133

Home Phone: 415 - _____ Occupation: TEACHER

Work Phone: 415 564-1063 Employer: WOODSIDE INTERNATIONAL SCHOOL

Business Address: 1555 RUING ST SAN FRANCISCO Zip: 94122

Business E-Mail: JAMES-KNOEBBER@YALLOP.COM Home E-Mail: JAMES-KNOEBBER@_____

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 MEMBER OF SOTF (SEAT 6)
- FORMER COMMUNITY ORGANIZER IN CHINATOWN/NORTH BEACH

Education:

BA IN FINANCE LOYOLA MARYMOUNT UNIVERSITY 1993
 MA IN HISTORY SFSU 2006

Business and/or professional experience:

TELEGRAPH HILL NEIGHBORHOOD CENTER 2006-2008
 WOODSIDE INTERNATIONAL SCHOOL 2008-PRESENT

Civic Activities:

SOTF MEMBER (SEAT 6) 2008-2010

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: 3/30/2010 Applicant's Signature: (required) _____

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

FOR OFFICE USE ONLY:

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

RECEIVED
 BOARD OF SUPERVISORS
 2010 APR 11 AM 10:06
 BY: AK



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 and Committees

Application for Appointment to: Sunshine Ordinance Task Force
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 6,7 District:

Name: Nicholas Goldman

Home Address: 18th Street, #104, San Francisco, CA Zip: 94114

Home Phone: 415 Occupation: Realtor

Work Phone: 415-350-8740 Employer: CIG Corp.

Business Address: 1350 Old Bayshore Highway, Suite 150, Burlingame, CA Zip: 94010

Business E-Mail: ngoldman@cigcorp.net Home E-Mail: nicksf94114@.com

Check All That Apply:

A citizen of the United States. [X] At least 18 years old on or before Election Day. [X]

Not in prison or on parole for a felony conviction [X]

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

Please state your qualifications (attach supplemental sheet if necessary)

I currently hold Seat 10 on the Sunshine Ordinance Task Force and have for the last 4 years. I am the Chair of the Complaint Committee and a member of the Compliance and Amendments Committee.

Education:

AA in Paralegal Studies

Business and/or professional experience:

Member, Governmental Relations Committee of the San Francisco Board of Realtors.

Civic Activities:

Ethnicity: (optional)

Sex: (optional) [] M [] F

Have you attended any meetings of the Board/Commission to which you wish appointment? [X] 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: 5/6/10 Applicant's Signature: (required) [Signature]

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

FOR OFFICE USE ONLY:

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

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 MAY -6 PM 3:45
BY [Signature]

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GOLDMAN	NICHOLAS		(415) 350-8740
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
18 th ST., #104	SAN FRANCISCO	CA	94114
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court: SUNSHINE ORDINANCE TASK FORCE

Division, Board, District, if applicable: _____

Your Position: MEMBER

► 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 SAN FRANCISCO

City of _____

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: _____

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 3/22/10
(month, day, year)

Signature *Nicholas Goldman*
(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
FPPC POLITICAL PRACTICES COMMISSION

Name NICHOLAS GOLDMAN

1. BUSINESS ENTITY OR TRUST

NICHOLAS GOLDMAN RE FI SF

Name _____

18th ST #104 SF CA 94114

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
REAL ESTATE + MORTGAGE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/09 _____/_____/09

\$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

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 _____/_____/09 _____/_____/09

\$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

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)

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 _____/_____/09 _____/_____/09

\$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

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 _____/_____/09 _____/_____/09

\$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: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name **NICHOLAS GOLDMAN**

▶ STREET ADDRESS OR PRECISE LOCATION
190 ANTONIO DE PADUA CT
 CITY
MERCED, CA 94544

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 02/02/09 / / /09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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.

▶ STREET ADDRESS OR PRECISE LOCATION

 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

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.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name **NICHOLAS GOLDMAN**

INCOME RECEIVED

NAME OF SOURCE OF INCOME
CIGI CORP.

ADDRESS (Business Address Acceptable) **STE 150**
1350 OLD BAYSHORE HWY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BURLINGAME, CA, 94010

YOUR BUSINESS POSITION
REALTOR, LOAN OFFICER

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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

INCOME RECEIVED

NAME OF SOURCE OF INCOME
STEVENSON RANCH

ADDRESS (Business Address Acceptable)
PO BOX 818 NEWMAN CA 95360

BUSINESS ACTIVITY, IF ANY, OF SOURCE
AGRICULTURE

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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: May 11, 2010

Date Established: August 18, 1993

Active

SUNSHINE ORDINANCE TASK FORCE 2000

Contact and Address:

Chris Rustom Assistant Administrator
Board of Supervisors
City Hall, Room 244
San Francisco, CA 94102

Phone: (415) 554-5184

Fax: (415) 554-7854

Email: sotf@sfgov.org

Authority:

Added by Board of Supervisors' Ordinance No. 265-93 (Added Admin. Code Section 67.30); amended by Ordinance Nos. 118-94, 432-94, 287-96, 198-98, 387-98, and by Proposition G adopted November 2, 1999.

Board Qualifications:

The Sunshine Ordinance Task Force 2000 consists of a total of thirteen members, eleven of whom are appointed by the Board of Supervisors. The Mayor or his/her designee, and the Clerk of the Board of Supervisors or his/her designee serve as non-voting members. All members must have experience and/or demonstrated interest in the issues of citizen access and participation in local government. The City Attorney shall serve as legal advisor to the Task Force.

The members are drawn from the following categories: two appointed from names submitted by local chapter of the Society of Professional Journalists, one an attorney and one a local journalist; one appointed from the press or electronic media; one appointed from names submitted by the local chapter of the League of Women Voters; four members of the public who have demonstrated interest in or have experience in the issues of citizen access and participation in local government; two members of the public experienced in consumer advocacy; one appointed from names submitted by New California Media, to be a journalist from a racial/ethnic-minority-owned news organization.

The term of each appointive member shall be two years unless earlier removed by the Board of Supervisors. In the event of such removal or vacancy during the term of office of any appointive member, a successor shall be appointed for the unexpired term of the office vacated.

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

At all times, the Task Force shall include at least one member who shall be a member of the public who is physically handicapped and who has demonstrated interest in citizen access and participation in local government.

The Task Force shall advise the Board of Supervisors and provide information to other City departments on appropriate ways in which to implement Chapter 67 of the Administrative Code. The Task Force shall develop appropriate goals to ensure practical and timely implementation of Chapter 67; propose to the Board of Supervisors amendments to Chapter 67; report to the Board of Supervisors at least once annually on any practical or policy problems encountered in the administration of Chapter 67; make referrals to a municipal office with enforcement power under the Sunshine Ordinance or under the California Public Records Act and the Brown Act whenever it concludes that any person has violated any provisions of this ordinance or the Acts.

In addition to regular Task Force meetings, Task Force members are expected to participate in committee work.

Reports: Receive and review the Annual Report of the Supervisor of Public Records and may request additional reports or information as it deems necessary. Shall issue public reports as it sees fit, issue public reports, evaluating compliance with this ordinance and related California laws by the City or any Department, Officer, or Official thereof.

Sunset Date: None