

File No. 140696

Committee Item No. 7

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date June 19, 2014

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"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" 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)

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Alisa Miller Date June 13, 2014

Completed by: _____ Date _____



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2014 APR 22 PM 2:59

[Handwritten Signature]

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Children and Families First Commission

Seat # or Category (If applicable): 5, 8 District: _____

Name: Leah Hughes

Home Address: _____ Clay Street # _____ San Francisco California Zip: 94108

Home Phone: 510- _____ Occupation: Therapist

Work Phone: _____ Employer: Jail Behavioral Health Services/Healthright360

Business Address: 650 5th Street Suite 309 San Francisco California Zip: 94103

Business E-Mail: leah.hughes@sfdph.org Home E-Mail: lmhughes@ _____

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:

As a therapist at San Francisco County Jail, I bring a unique perspective to the commission. I also bring youth, energy, and a commitment to the work that I do. I reside in Nob Hill and, as a result of my job and involvement in various social and charitable organizations, am exposed to the city's expansive demographic profile.

Business and/or professional experience:

I am currently a therapist at San Francisco County Jail specializing in treating those found incompetent to stand trial on the misdemeanor level. I work extensively with the collaborative courts and various treatment providers in the community. I also have experience in school and hospital settings.

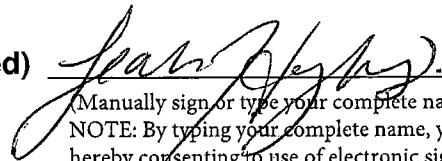
Civic Activities:

I currently serve on the Leadership Committee at the San Francisco Chamber of Commerce, the Advocacy Committee for the Junior League of San Francisco, Events & Planning Committee for SPARK, and on the Board of Directors for East Bay Agency for Children.

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: 3.29.14 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.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hughes Leah M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Children and Families First Commission
 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 San Francisco
- Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election year 2014 and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- 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)
Clay Street Apt - San Francisco CA 94108
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (510) _____ leahmichellhughes@_____

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 April 15, 2014
 (month, day, year)

Signature [Signature]
 (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) 554-7714

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 MAY -5 PM 1:10
RZ

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Children and Families Commission

Seat # or Category (If applicable): 8 District: _____

Name: Betty Robinson-Harris

Home Address: _____ E 25th Street Oakland Zip: 94606

Home Phone: 510 _____ Occupation: Early Childhood Educator

Work Phone: 415 956-8373 Employer: SFUSD/Early Education School

Business Address: 2110 Greenwich St San Francisco Zip: 94123

Business E-Mail: _____ Home E-Mail: Ancestorschoyce@_____

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: Oakland

Resident of San Francisco Yes No If No, place of residence: Oakland

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 am a life long Early Educator, who has worked in SF since 1976. I have worked in the Mission, the Tenderloin, the Bayview, the Sunset, and currently the Marina district, serving all of these diverse communities of children and their families. I have worked with children with exceptional needs since 1991, mainstreaming and now working in an inclusion classroom. My forty plus years of educating young children and their families has given me the unique opportunity to work with very distinct populations of children and families effectively.

As a practitioner I am familiar with the needs of the educators, the children and families of San Francisco. I would be honored to continue to represent them all again for another term.

Business and/or professional experience:

Early Educator since 1972, SFUSD Early Education Schools since 1989, UESF Child Development Chair over ten years, AFT Early Childhood Cohort 2004-2008, CFT Early Childhood Committee 2002-currently the Chair, CTA Early Childhood Committee 2006. Trainer, presenter, facilitator 1994, Literacy and instructional Coach-SFUSD/CDP 2000-2004 and 2009-2011. Teacher of Year Award San Francisco Mayors Office.

Civic Activities:

Community Board Member--Western Addition Culture Center 1980-1985
African Music and Dance Ensemble - Assistant to Director 1982-1992
Diamano Coura West African Dance Ensemble 1990-Current
UESF Community Engagement Community - Current

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: May 1, 2014 Applicant's Signature: (required) Betty Robinson-Harris

(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)
Robinson-Harris Betty

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Children and Families Commission
Division, Board, Department, District, if applicable
Children and Families Commission
Your Position
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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other _____

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- 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, 2013, 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: 1

- 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 (Business or Agency Address Recommended - Public Document)
STREET CITY STATE ZIP CODE
2110 Greenwich Street San Francisco Ca 94123
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(510) _____ Ancestorschoyce@ _____

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 26 March 2014
(month, day, year)

Signature [Handwritten Signature]
(File the originally signed statement with your filing official.)

Save Form

Print Form



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: First 5 SF Commission

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

Name: Dr. E'leva Gibson

Home Address: John Muir Drive # _____ Zip: 94132

Home Phone: (415) _____ Occupation: Department Supervisor

Work Phone: (415) 385-4884 / 680-5603 Employer: San Francisco Unified School District

Business Address: 20 Cook Street, S.F., CA. Zip: 94118

Business E-Mail: hughese@sfusd.edu Home E-Mail: elevagibson@_____

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:

As a native San Franciscan, it would be an honor to serve on the First 5 San Francisco Commission. I know the benefits of raising a family in a culturally and linguistically diverse city as well as being familiar with the challenges that some of our neighborhoods in various districts face. As an African American and Asian woman, I can provide numerous perspectives on issues as well as ideas for solutions. As an educational leader in SFUSD, I would offer my expertise in public education, program development, implementation, organizational leadership, and facilitation of initiatives. With my educational background and experience, I am able to work well with others and contribute greatly to improve services for children.

Business and/or professional experience:


Since joining SFUSD in 2000, I have worked with several departments on various major projects. Currently, I am a supervisor responsible for the implementation (i.e., phase-in) of Transitional Kindergarten and the coordination of the Prek-3rd Grades Initiative. I have a background in Prek-Higher Education as an educator.

Civic Activities:

- Child Care Planning and Advisory Council (CPAC) - SF
- The Links Incorporated - South Bay Area chapter
- Alpha Kappa Alpha Sorority, Inc.
- Phi Delta Kappa - Chapter 1484
- San Francisco Alliance of Black School Educators
- Omega Boys Club
- Awarded Principal of the Year 2013 - SF Mayor Edwin Lee

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: 6/8/14 Applicant's Signature: (required) 

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: _____

Miller, Alisa

From: Laurel Kloomok (CFC)
Sent: Monday, June 09, 2014 7:23 PM
To: Miller, Alisa
Subject: Fwd: First 5 Commission Application E'leva Gibson
Attachments: DOC.PDF; ATT00001.htm

Dear Alisa

Here is the other Commission application I mentioned earlier today. Thanks so much for your help.

All my best
Laurel

Laurel Kloomok
Sent from my iPad

Begin forwarded message:

From: <LEAD@sfusd.edu>
Date: June 9, 2014 5:20:53 PM PDT
To: "laurel.Kloomok@first5sf.org" <laurel.Kloomok@first5sf.org>, "hughese@sfusd.edu" <hughese@sfusd.edu>
Subject: First 5 Commission Application E'leva Gibson
Reply-To: <LEAD@sfusd.edu>

Attached is an application for the First 5 Commission of San Francisco. I also faxed a copy to (415) 554-7714. Thank you.

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set
Device Name: XRX0000AAF384A5

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Gibson E'leva Delores

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 San Francisco Unified School District
 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, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- Candidate: Election year 2014 and office sought, if different than Part 1: Children and Family First Commission

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: _____
- 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)
 20 Cook Street San Francisco CA 94118

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (415) 379-2700

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 06/10/2014 Signature E'leva Delores
 (month, day, year) (File the originally signed statement with your filing official.)

Save Form

Print Form



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: First 5 SF Children and Families Commission

Seat # or Category (if applicable): _____ District: _____

Name: Jamal Harris MD MPH

Home Address: Wayne Ave # Oakland CA Zip: 94606

Home Phone: (510) _____ Occupation: Physician

Work Phone: (415) 671-7000 Employer: SFDPH, Southeast Health Center

Business Address: 2401 Keith St San Francisco CA Zip: 94124

Business E-Mail: harrisj@peds.ucsf.edu Home E-Mail: jamal.harris@_____

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: Alameda County

Resident of San Francisco Yes No If No, place of residence: Oakland, CA

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:

As a primary care pediatrician working in Bayview Hunters Point I see first-hand the challenges faced by poor minority children growing up in San Francisco. The First 5 Commission mission of ensuring optimal health for every child living in San Francisco County is most challenged by the children and families I care for in clinic daily. It is key that the work of the First 5 Commission continues to eliminate and not exacerbate disparities between San Francisco's families. For many families, the pediatric or family practice clinic is the only institution with regular contact with the family from ages 0-3. My training and experience in both medicine and public health provides me with an important perspective to the work of the commission.

Business and/or professional experience:

I am a board certified pediatrician with a Masters in Public Health. I completed my residency in Social Pediatrics at Montefiore Medical Center in the Bronx, New York in 2007. I first came to the Bay Area in 2008 for a fellowship UCSF, focusing on quality improvement in underserved settings. Since 2011, I have been on the medical staff at Southeast Health Center caring for a pediatric primary care panel. In addition, I have coordinated pediatric quality improvement for the SFDPH Community Oriented Primary Care Program. I also have a faculty appointment at UCSF where I work with the pediatric residency Pediatric Leadership for the Underserved program and the Physician in Community rotation.

Civic Activities:

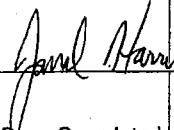
I was a member for the SF Hope Health Task Force. I also regularly participate in SFDPH Maternal and Child Health Pediatric Advisory Council and the American Academy of Pediatrics Chapter 1 Advocacy Committee.

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: 6/9/2014 Applicant's Signature: (required)



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: _____

01/20/12

Miller, Alisa

From: Laurel Kloomok (CFC)
Sent: Monday, June 09, 2014 3:27 PM
To: Miller, Alisa
Subject: First 5 SF Children and Families Commission
Attachments: First 5 Commission Application.pdf

Dear Alisa

I hope this email finds you doing well. There are two people who are interested in applying for the two vacancies on our Commission: Jamal Harris MD and Dr. E'Leva Gibson. I am forwarding you Dr. Harris's application and will forward Dr. Gibson's later this afternoon.

Please let me know if there is anything else they need to do. They both understand that the Rules Committee will discuss these appointments on June 19th. Is that still correct?

Thank so much
Laurel

Laurel Kloomok, Executive Director
First 5 SF Children and Families Commission
1390 Market Street Suite 318
San Francisco, California 94102
415 554 9250
Laurel@first5sf.org
www.first5sf.org

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Harris Jamal Cinque

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Board of Supervisors of San Francisco
Division, Board, Department, District, if applicable Your Position
First 5 Children's and Families First 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 _____
- City of San Francisco Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
 The period covered is _____, through December 31, 2013.
- Assuming Office: Date assumed 08 / 01 / 2014
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2013, 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: 3**

- 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)
Southeast Health Center 2401 Keith St San Francisco CA 94124
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 671-7000

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 6/12/2014 Signature Jamal Harris
(month, day, year) (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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____

▶ NAME OF BUSINESS ENTITY
Walmart

GENERAL DESCRIPTION OF THIS BUSINESS
General Retailer

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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Walmart.com

ADDRESS (Business Address Acceptable)
850 Cherry Ave SanBran CA 97006

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retailer

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 Partnership

Sale of _____
 (Real property, car, boat, etc.)

Commission or Rental Income, list each source of \$10,000 or more

Other _____
 (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

\$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 Partnership

Sale of _____
 (Real property, car, boat, etc.)

Commission or Rental Income, list each source of \$10,000 or more

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: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: June 13, 2014

Date Established: December 24, 1998

Active

CHILDREN AND FAMILIES FIRST COMMISSION

Contact and Address:

Kahala Drain
San Francisco Children & Families Commission
1390 Market Street, Suite 318
San Francisco, CA 94102

Phone: (415) 934-4849

Fax: (415) 565-0494

Email: Kahala@first5sf.org

Authority:

Administrative Code, Sections 86.1 et seq. (Ordinance Nos. 409-98, 321-99, and 221-00)

Board Qualifications:

The San Francisco Children and Families First Commission (aka the First Five Commission) consists of a total of nine (9) members, all of whom are appointed by the Board of Supervisors.

The following four (4) members shall be entitled to serve as long as they meet the qualifications of membership.

- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the General Manager of the Department of Human Services or his/her designee;
- > One (1) member shall be a member of the Board of Supervisors;
- > One (1) member shall be the Director of the Department of Children, Youth and Their Families or his/her designee.

The remaining five (5) members shall serve four-year terms and be appointed from among the following categories: persons responsible for management of the following county functions: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood

San Francisco
BOARD OF SUPERVISORS

development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

In the event a vacancy occurs during the term of office of any appointed member, a successor shall be appointed for the unexpired term of the office vacated in a manner similar to that for the initial member.

This Commission is established to promote, support and improve the early development of children from the prenatal state to five years of age and to carry out the provisions of the California Children and Families First Act of 1998. The powers and duties are stated in Administrative Code, Section 86.2.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Section 86.5 of the Administrative Code. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None