



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 (415) 554-5184 FAX (415) 554-5163

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 2017 APR -7 PM 2:47  
 BY ZB

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

Name of Board, Commission, Committee, or Task Force: Caltrain Joint Powers Board

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

Name: Gillian Gillett

Home Address: ████████ Guerrero Street Zip: 94110

Home Phone: ████████████████ Occupation: Director of Transportation Policy

Work Phone: 4155544192 Employer: City and County of San Francisco

Business Address: 1 Dr. Carlton B. Goodlett Place, Room 496 Zip: 94102

Business E-Mail: gillian.gillett@sfgov.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:

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 am a resident of the Mission District, a Caltrain rider, and a middle-aged woman working in transportation.

**Business and/or professional experience:**

I have been working on modernizing Caltrain at a staff level for the past 5 years, including participation in the SF2030 Transportation Task Force (which is partially funding Caltrain Electrification), acting as Senior Staff for San Francisco on the Caltrain Staff Coordinating Committee, and acting as Senior Staff for San Francisco coordinating with California High Speed Rail.

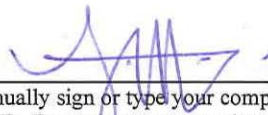
**Civic Activities:**

I participate in community organizations near where I live, and I volunteer my time maintaining medians and public gardens on and near Guerrero Street.

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: 04/07/2017 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 Initial Filing Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Gillett Gillian Elisabeth

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

Agency Name (Do not use acronyms)  
 City and County of San Francisco  
 Division, Board, Department, District, if applicable  
 Office of the Mayor  
 Your Position  
 Director of Transportation Policy

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Caltrain Joint Powers Board Position: Senior Staff Coordinating Committee - SF

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

- State
- Multi-County Caltrain Joint Powers Board
- 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, 2016, through December 31, 2016.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- 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)  
 1 Dr. Carlton B. Goodlett Drive San Francisco CA 94102

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 415 ) 554-4192 gillian.gillett@sfgov.org

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 03/31/2017 04/07/2017 Signature   
 (month, day, year) (File the originally signed statement with your filing official.)

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

Name  
 Gillian E. Gillett

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i>                  Bay Area Council, Inc.</p> <p>ADDRESS <i>(Business Address Acceptable)</i>                  353 Sacramento Street, 10th Floor</p> <p>CITY AND STATE                  San Francisco CA 94111</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE                  501 (c)(4) non-profit/Public Policy Advocacy Org.</p> <p>DATE(S): <u>09 / 19 / 16</u> - <u>09 / 21 / 16</u> AMT: \$ <u>3,900.00</u>  <i>(If gift)</i></p> <p>▶ MUST CHECK ONE:    <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="radio"/> Made a Speech/Participated in a Panel</p> <p><input type="radio"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination <u>Study trip to Los Angeles to learn about Transportation Measure M (2016)</u></p>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i>                  _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i>                  _____</p> <p>CITY AND STATE                  _____</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE                  _____</p> <p>DATE(S): _____ - _____ AMT: \$ _____  <i>(If gift)</i></p> <p>▶ MUST CHECK ONE:    <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="radio"/> Made a Speech/Participated in a Panel</p> <p><input type="radio"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination _____</p>
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Comments: \_\_\_\_\_