File No.	240033	Committee Item No	1
		Board Item No.	

### **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Committee:	Rules Committee	Date <u>Jan 22, 2024</u>
Board of Su	pervisors Meeting	Date
Cmte Boar	rd	
	Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst Report Youth Commission Report Introduction Form Department/Agency Cover Letter and Memorandum of Understanding (MOT) Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 - Ethics Commission Award Letter Application Form 700 Information/Vacancies (Boards/Commission Public Correspondence	l/or Report U)
OTHER	(Use back side if additional space is	needed)
Completed I	by: Victor Young	_ Date <u>Jan 18, 2024</u> Date

1	[Mayoral Appointment, Controller - Greg Wagner]
2	
3	Motion approving/rejecting the Mayor's appointment of Greg Wagner as the Controller
4	for the City and County of San Francisco, for a ten-year term, pursuant to Charter,
5	Section 3.105.
6	
7	WHEREAS, Charter, Section 3.105, empowers the Mayor to appoint a Controller for a
8	ten-year term, subject to confirmation by the Board of Supervisors; and
9	WHEREAS, On January 10, 2024, Mayor London Breed submitted a communication
10	notifying the Board of Supervisors of the appointment of Greg Wagner as the Controller, for a
11	ten-year term; and
12	WHEREAS, The Board of Supervisors wishes to confirm the appointment of Greg
13	Wagner as the Controller, for a ten-year term to begin on the approval date of this Motion;
14	now, therefore, be it
15	MOVED, That the Board of Supervisors hereby approves/rejects the Mayor's
16	appointment of Greg Wagner as the Controller for the City and County of San Francisco, for a
17	ten-year term ending, 2034.
18	
19	
20	
21	
22	
23	
24	
25	

# Office of the Mayor San Francisco



LONDON N. BREED MAYOR

January 10, 2024

Angela Calvillo Clerk, San Francisco Board of Supervisors 1 Dr. Carlton B. Goodlett Place Room 244 San Francisco, California 94102

Dear Ms. Calvillo:

Pursuant to Section 3.105 of the Charter of the City and County of San Francisco, I hereby appoint Greg Wagner for the position of Controller. His term of office will be for ten years and become effective on the latter of either the effective date of the motion the Board of Supervisors adopts confirming his appointment or the resignation of current Controller Ben Rosenfield.

Should you have any questions related to this appointment, please contact my Chief of Staff, Sean Elsbernd.

Sincerely,

London N. Breed

Mayor, City and County of San Francisco

cc: San Francisco Ethics Commission

John Arntz, Director of Elections

## **Greg Wagner**

#### Appointee, Controller and Chief Operating Officer, Department of Public Health

Greg Wagner currently serves as the Chief Operating Officer for the Department of Public Health, where he oversees a budget of nearly \$3 billion annually and a robust capital expenditure program across several facilities, including San Francisco General Hospital and Laguna Honda Hospital. In this role, he also serves on the Board of the San Francisco Health Plan, which administers healthcare to uninsured and low-income San Franciscans.

He also served as Acting Director for the Department of Public Health upon Barbara Garcia's departure in late August 2018 until Dr. Grant Colfax was hired for the position in late January 2019.

Prior to joining the Department of Public Health in this leadership role, he was the Mayor's Budget Director from 2006-2011 under Mayors Newsom and Lee.

He holds a Master's Degree in Public Policy from the University of California, Berkeley.

Mayor Breed appointed Greg Wagner Controller on January 10, 2024.

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A Public Document

1571355

Please type or print in	ink.			
NAME OF FILER	(LAST)	(	FIRST)	(MIDDLE)
Wagner, Greg				
1. Office, Agency,	or Court			
Agency Name (Do	not use acronyms)			
City and County	y of San Francisco			
Division, Board, Depart	artment, District, if applicable	Y	our Position	
Public Health I	Department of	I	Manager, DPH	
► If filing for multiple	positions, list below or on an attachment. (	Do not use acronym	s)	
Agency: *SEE ATT	TACHED FOR ADDITIONAL POSITIONS	F	Position:	
2. Jurisdiction of	Office (Check at least one box)			
State			Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County		X	County of San Francisco	
City of			Other	
-				
	nent (Check at least one box)			
Decemb	riod covered is January 1, 2023 through per 31, 2023.		Leaving Office: Date Left(Chec	ck one circle)
	eriod covered is/, througher 31, 2023.	gh	The period covered is Janua of leaving office.	ry 1, 2023 through the date
☐ Assuming Offic	e: Date assumed/		<ul> <li>The period covered is</li> <li>of leaving office.</li> </ul>	_/, through the date
Candidate:Date	of Election and office s	sought, if different tha	an Part 1:	
4. Schedule Sumn Schedules attac	, , , , , , , , , , , , , , , , , , , ,	umber of pages	s including this cover pag	<b>e</b> :4
	-1 - Investments – schedule attached	X Coho	dula C. Incomo Loono & Ducin	ness Positions – schedule attached
_	-2 - Investments – schedule attached		edule D - Income, Loans, & Busin	
	- Real Property – schedule attached		edule E - Income - Gifts - Travel	
-or-	,			. ujiiionia
□ None - No r	eportable interests on any schedule			
5. Verification				
MAILING ADDRESS (Business or Agency Addre	STREET ess Recommended - Public Document)	CITY	STATE	ZIP CODE
101 Grove Stree		San Francisc		94102
( 415 ) 554-29	00	greg.	wagner@sfdph.org	
	nable diligence in preparing this statement. I ached schedules is true and complete. I acl	have reviewed this	statement and to the best of my ki	nowledge the information contained
_	lty of perjury under the laws of the State	-	•	t.
<b>D.</b> (01/01/01/01/01/01/01/01/01/01/01/01/01/0	0./2024	<b>.</b>	Change Manuage	
Date Signed _01/0	(month, day, year)	Signature	Greg Wagner (File the originally signed paper	statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

	ORNIA FORM	
Name	Greg Wagne	er

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page

	- Poblicions indiading one plimal	F		
Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
City and County of San Francisco	Health Authority	Board Member	Annual 1/1/2023 - 12/31/2023	060600029-NFH-0029
City and County of San Francisco	Public Health Department of	Manager, DPH	Annual 11/7/2023 - 12/31/2023	060600029-NFH-0029

# SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Wagner, Greg

$\blacktriangleright$	NAME OF BUSINESS ENTITY	▶	NAME OF BUSINESS ENTITY
	Apple Inc	l	
	GENERAL DESCRIPTION OF THIS BUSINESS	-	GENERAL DESCRIPTION OF THIS BUSINESS
	Technology		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000   X   \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
		[	Stock Other
	(Describe)  Partnership		(Describe)  ☐ Partnership
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 23 / / 23		, , 23 , , , 23
	ACQUIRED DISPOSED	-	ACQUIRED DISPOSED
<b></b>	NAME OF BUSINESS ENTITY	<b>•</b>	NAME OF BUSINESS ENTITY
	OFNEDAL PERCENTION OF THE PHONESO	;	OFFICE AL DESCRIPTION OF THE PHONESS
	GENERAL DESCRIPTION OF THIS BUSINESS	'	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	;	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	l	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	Ι,	NATURE OF INVESTMENT
	Stock Other	[	Stock Other
	(Describe)  Partnership (Income Received of \$0 - \$499	l ,	(Describe)  Partnership () Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , <b>23</b> , , <b>23</b>		, , <b>23</b> , , <b>23</b>
	ACQUIRED DISPOSED	-	ACQUIRED DISPOSED
_			
•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	7	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	[	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other	[	Stock Other
	(Describe)  ☐ Partnership ◯ Income Received of \$0 - \$499	1	(Describe)  Partnership (Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)	'	☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ /23 / /23		, , 23 , , , 23
	ACQUIRED DISPOSED	'	ACQUIRED DISPOSED
	'	'	
Co	omments:		

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Wagner, Greg

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Wilson Sonsini Goodrich and Rosati	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
One Market Plaza Suite 3300 San Francisco , CA 94105	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Spouse's Income	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
□ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary X Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of(Real property, car, boat, etc.)
(Real property, car, boat, etc.)  Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	(Describe)
(Describe)  Other(Describe)	(Describe)
Other	Other(Describe)
Other	Other (Describe)  RIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
Other	Other (Describe)  RIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
Other	Other (Describe)  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's vs:  INTEREST RATE TERM (Months/Years)
Other	Other (Describe)  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's vs:
Other	Other (Describe)  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's vs:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in the members of the public without regard to your official start regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in the members of the public without regard to your official star regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in t members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official storegular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other
Other  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official storegular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Other
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official storegular course of business must be disclosed as follow 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	Other
Other	Other
Other	Other

#### **BOARD of SUPERVISORS**



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

#### **MEMORANDUM**

Date: January 10, 2024

To: Members, Board of Supervisors

From: Angela Calvillo, Clerk of the Board

Subject: Mayoral Nomination - Controller

On January 10, 2024, the Office of the Mayor submitted the following complete nomination package, pursuant to Charter, Section 3.105. This nomination is subject to confirmation by a majority of the Board.

• Greg Wagner as the Controller for a ten-year term, to commence upon Board Approval.

Pursuant to Board Rule 2.18.2, the Clerk of the Board shall refer the Motion for this matter to the Rules Committee and work with the Rules Committee Chair to schedule the hearing.

c: Supervisor Hillary Ronen- Rules Committee Chair Alisa Somera - Legislative Deputy

Victor Young - Rules Clerk

Anne Pearson - Deputy City Attorney

Tom Paulino - Mayor's Legislative Liaison

Jesse Mainardi - Director of Appointments

#### Member, Board of Supervisors District 9



City and County of San Francisco

Lillay From

#### HILLARY RONEN

DATE: January 18, 2024

TO: Angela Calvillo

Clerk of the Board of Supervisors

FROM: Supervisor Hillary Ronen, Chair, Rules Committee

RE: Rules Committee

COMMITTEE REPORT

Pursuant to Board Rule 4.20, as Chair of the Rules Committee, I have deemed the following matters of an urgent nature and request they be considered by the full Board on Tuesday, January 23, 2024, as Committee Reports:

- 1. 240033 Mayoral Appointment, Controller Greg Wagner
- 2. 231254 Mayoral Appointment, Municipal Transportation Agency Board of Directors Janet Tarloy

These matters will be heard in the Rules Committee at a regular meeting on Monday, January 22, 2023, at 10:00 a.m.

Hillary.Ronen@sfgov.org