

File No. 160113

Committee Item No. 2

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date February 11, 2016

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"/> | 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"/> | 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)

- |                                     |                          |                   |       |
|-------------------------------------|--------------------------|-------------------|-------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700          | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice    | _____ |
| <input type="checkbox"/>            | <input type="checkbox"/> |                   | _____ |
| <input type="checkbox"/>            | <input type="checkbox"/> |                   | _____ |
| <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: Derek Evans Date February 8, 2016

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document can be found 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, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Office of Small Business

Seat # or Category (If applicable): 3 District:

Name: William Ortiz-Cartagena

Home Address: Peabody Zip: 94134

Home Phone: Occupation: Consultant

Work Phone: 415-595-7949 Employer: Self

Business Address: Peabody Zip: 94134

Business E-Mail: william@cartagenaconsulting.com 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:

Registered voter in San Francisco: Yes [checked] No [ ] If No, where registered:

Resident of San Francisco [checked] 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:

I am a Latino that was born and raised in the Mission District. I understand the challenges of starting a business in San Francisco especially if Spanish is your first language, which has lead me to engage in pro bono work for Spanish speaking entrepreneurs that need help navigate San Francis's bureaucracy.

**Business and/or professional experience:**

I have 10 years of hospitality experience in San Francisco as part of Joie de Vivre Hospitality. I also have started and sold several businesses ranging from Parking Management to Landscaping.

**Civic Activities:**

I currently serve as Commissioner for the office of Small Business, seat 3. I am Vice Chair of the Mission Economic Development Agency's Board

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: 12/22/15 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**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Ortiz-Cartagena William

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

Agency Name (Do not use acronyms)

Office of Small Business

Division, Board, Department, District, if applicable

San Francisco

Your Position

Commissioner

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

Agency: Office of Small Business

Position: Commissioner

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of San Francisco

City of San Francisco

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

Candidate: Election year 2016

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 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)

Peabody

SF

CA

94134

DAYTIME TELEPHONE NUMBER

( 415 ) 595-7949

E-MAIL ADDRESS

william@cartagenaconsulting.com

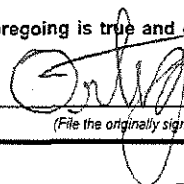
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed

12/22/2015  
 (month, day, year)

Signature



(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.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ NAME OF BUSINESS ENTITY  
Cartagena Consulting

GENERAL DESCRIPTION OF THIS BUSINESS  
Consulting

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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)

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IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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  
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IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_





San Francisco  
BOARD OF SUPERVISORS

Date Printed: December 7, 2015

Date Established: December 5, 2003

Active

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**SMALL BUSINESS COMMISSION**

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**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](mailto:regina.dick-endrizzi@sfgov.org)

**Authority:**

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Charter, Section 4.134 (Proposition D, November 4, 2003, certified by the Secretary of State on December 5, 2003); and Government Code, Section 87103.

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**Board Qualifications:**

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The Small Business Commission (Commission) was established to oversee the San Francisco Office of Small Business. Individuals appointed to the Commission are intended to represent and further the interest of the particular industries, trades, or professions specified pursuant to Government Code, Section 87103.

The Commission shall consist of seven (7) members, who shall serve at the pleasure of their appointing authority:

**BOARD OF SUPERVISORS APPOINTED**

> Three (3) members who are owners, operators, or officers of San Francisco small businesses.

**MAYOR APPOINTED**

> Two (2) members who are owners, operators, or officers of San Francisco small businesses.

> One (1) member who is a current or former owner, operator, or officer of a San Francisco small business.

> One (1) member who is an officer or representative of a neighborhood economic development organization or an expert in small business finance.

All Commission members shall service for four-year terms and reflect the diversity of neighborhood and small business interests in the City.

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"R Board Description" (Screen Print)



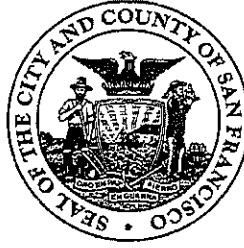
San Francisco  
BOARD OF SUPERVISORS

Reports: None.

Sunset Date: None.

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BOARD of SUPERVISORS



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

## VACANCY NOTICE

### SMALL BUSINESS COMMISSION

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

**Vacant seat 3**, succeeding William Ortiz-Cartagena, term expired, must be an owner, operator, or officer of a San Francisco small business and appointed by the Board of Supervisors, for the unexpired portion a four-year term ending January 6, 2020.

**Pursuant to Charter, Section 4.101, members of this Commission must be, and remain during their tenure, an elector of the City and County of San Francisco.** *(The Charter defines an elector as a person registered to vote in the City and County of San Francisco. This voter registration requirement encompasses other requirements: that a member must be a citizen of the United States, a resident of San Francisco, at least 18 years of age or older before the next election, must not be in prison or on parole for the conviction of a felony, and must not have been judged by a court to be mentally incompetent to register and vote.)*

Reports: None.

Sunset Date: None.

Additional information relating to the Small Business Commission may be obtained by reviewing Charter, Section 4.134, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Commission's website at <http://www.sfgov.org/sbc>.


Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Board must complete and submit, with their application, a copy (**not original**) of their Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Interested persons may obtain an application from the Board of Supervisors website at <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=19462> or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA

94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

**Next Steps:** Applicants who meet the minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment at the meeting and applicant(s) may be asked to state their qualifications. The appointment of the individual who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

*Please Note: Depending upon the posting date, this vacancy may have already been filled. To determine if the vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.*

  
Angela Calvillo  
Clerk of the Board

DATED/POSTED: January 27, 2016

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