

File No. 240542

Committee Item No. 2

Board Item No. 41

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date June 10, 2024

Board of Supervisors Meeting

Date June 18, 2024

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- Memorandum of Understanding (MOU)
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 - Ethics Commission
- Award Letter
- Application
- Form 700
- Information/Vacancies (Boards/Commissions)
- Public Correspondence

OTHER (Use back side if additional space is needed)

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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Victor Young

Date June 6, 2024

Completed by: _____

Date _____

1 [Appointments, San Francisco Health Authority - Abigail Laurence Alderson, Jian Zhang,
2 Roland Pickens, Joseph Woo, Steven Fugaro, Norlissa Cooper, and Juthaport Chaloeicheep]

3 **Motion appointing Abigail Laurence Alderson, term ending January 15, 2025, Jian**
4 **Zhang, term ending January 15, 2026, and Roland Pickens, Joseph Woo, Steven**
5 **Fugaro, Norlissa Cooper, and Juthaport Chaloeicheep, terms ending January 15, 2027,**
6 **to the San Francisco Health Authority.**

7

8 MOVED, That the Board of Supervisors of the City and County of San Francisco does
9 hereby appoint the hereinafter designated persons to serve as members of the San Francisco
10 Health Authority, pursuant to the provisions in the California Welfare and Institutions Code,
11 Section 14087.36, and the San Francisco Administrative Code, Sections 69.1 et seq., for the
12 terms specified:

13 Abigail Laurence Alderson, seat 10, succeeding Maria Luz Torre, term expired, must
14 be nominated by the Health Authority and enrolled, or be the parent or legal guardian of an
15 enrollee, in any of the health insurance or health care coverage programs operated by the
16 Health Authority, for the unexpired portion of a three-year term ending January 15, 2025;

17 Jian Zhang, seat 2, succeeding themselves, term expired, must be employed in the
18 senior management of a hospital not operated by the county or the University of California
19 and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any
20 successor organization, or if no successor organization, a person who shall be nominated by
21 the Hospital Council of Northern and Central California, for the unexpired portion of a three-
22 year term ending January 15, 2026;

23 Roland Pickens, seat 3, succeeding themselves, term expired, must be employed in the
24 senior management of San Francisco General Hospital, for the unexpired portion of a three-
25 year term ending January 15, 2027;

1 Joseph Woo, seat 7, succeeding themselves, term expired, must be a physician,
2 nominated by the San Francisco Medical Society, or any successor organization, for the
3 unexpired portion of a three-year term ending January 15, 2027;

4 Steven Fugaro, seat 8, succeeding themselves, term expired, must be a physician,
5 nominated by the San Francisco Medical Society, or any successor organization, for the
6 unexpired portion of a three-year term ending January 15, 2027;

7 Norlissa Cooper, seat 9, succeeding themselves, term expired, must be nominated by the
8 San Francisco labor Council, or any successor organization, for the unexpired portion of a
9 three-year term ending January 15, 2027;

10 Juthaporn Chaloeicheep, seat 11, initial appointment, must be a nominee of the Health
11 Authority Beneficiary Advisory Committee, at least one of whom shall, at the time of
12 appointment and during their tenure, be a Medi-Cal beneficiary, for the unexpired portion of a
13 three-year term ending January 15, 2027.

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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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Plan

Seat # (Required - see Vacancy Notice for qualifications): 2

Full Name: Jian Zhang

[Redacted] Zip Code: 94010

Home Phone: [Redacted] Occupation: Health executive

Work Phone: 4156772477 Employer: Chinese Hospital

Business Address: 845 Jackson st, SF, CA Zip Code: 94133

Business Email: jianz@chasf.org Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

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

18 Years of Age or Older: Yes No

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:

This is reappointment for the same position as San Francisco Health Plan Board of Director. I have been on the board since 2018.

Business and/or Professional Experience:

As the CEO of Chinese Hospital, a community-based acute care hospital in San Francisco, I lead a team of dedicated professionals who provide culturally competent and quality health care services to the diverse and underserved population. With over 20 years of progressive experience in hospital and clinics, health plan, and medical group management, I have a strong track record of strategic planning, business development, physician recruitment, leadership development, crisis management, operation, marketing, growth, expansion, turnaround, innovation, clinical practice, fund development, government affairs, and public relations.

I am also a Clinical Professor at the University of California, San Francisco, where I teach and mentor the next generation of nurse practitioners and health care leaders. I hold a Doctorate in Nursing Practice with a focus on health care system executive leadership, and I am a board-certified Family Nurse Practitioner and a Fellow of the American Academy of Nursing. I have published multiple articles on diabetes, hepatitis and breast health, and I have been recognized as a Distinguished Woman of the Year and a Forbes 50 Over 50 Innovation List honoree for my leadership in the COVID-19 pandemic and my efforts to address health disparities and improve health care equity and access.

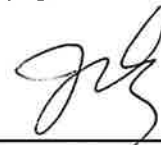
Civic Activities:

I have been on multiple non-profit organizations' board including Chinese Community Health Resource Center, California Hospital Council, NICOS, and SFHP to help address health disparities and advocate for health equity and access for many years.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: March 18, 2024 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 Vacated: _____



**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A Public Document

Date Initial Filing Received
Filing Official Use Only

1618378

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Zhang, Jian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Health Authority Governing Board Member
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of San Francisco
 City of Other

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

Annual: The period covered is January 1, 2023 through December 31, 2023. Leaving Office: Date Left ____/____/____
-or- The period covered is 07 / 05 / 2023, through (Check one circle)
December 31, 2023. The period covered is January 1, 2023 through the date of leaving office.
 Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached
 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 <i>(Business or Agency Address Recommended - Public Document)</i> | STREET | CITY | STATE | ZIP CODE |
| Chinese Hospital | 845 Jackson Street | San Francisco | AL | 94133 |
| DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS | | | |
| (415) 677-2477 | jianz@chasf.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 03/18/2024 Signature Jian Zhang
(month, day, year) *(File the originally signed paper statement with your filing official.)*

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

| | |
|--|------------|
| CALIFORNIA FORM | 700 |
| FAIR POLITICAL PRACTICES COMMISSION | |
| Name | Jian Zhang |

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

| Agency | Div/Board/Dept/District | Position | Type of Statement | SAN # |
|----------------------------------|-------------------------|------------------------|------------------------------|--------------------|
| City and County of San Francisco | Health Authority | Governing Board Member | Annual 7/5/2023 - 12/31/2023 | 060600029-NFH-0029 |
| City and County of San Francisco | Health Authority | Member | Annual 1/1/2023 - 7/5/2023 | 060600029-NFH-0029 |

March 20, 2024

Yolanda R. Richardson
Chief Executive Officer
San Francisco Health Plan
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Ms. Richardson,

In accordance with Section 14087.36(K)(1)(B) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, The Hospital Council Northern & Central California hereby designates Dr. Jian Zhang, CEO of Chinese Hospital, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,



Michon Coleman
Regional Vice President
Hospital Council of Northern and Central California

cc: Dr. Jian Zhang

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Authority

Seat # (Required - see Vacancy Notice for qualifications): #3

Full Name: Roland Pickens

[Redacted] Zip Code: 94122
Occupation: Healthcare Executive

Work Phone: 415554-2611 Employer: City and County of San Francisco

Business Address: 101 Grove Street Zip Code: 94102

Business Email: roland.pickens@sfdph.org Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

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 possess over 30 years of experience in health care management. The San Francisco Health Network is the Integrated Delivery System of the San Francisco Department of Public Health and consists of hospitals, ambulatory clinics and community based programs. In this position, I am responsible for 7,000 Full-Time Equivalent employees and an annual operating budget of \$1.8 billion. Prior to my appointment at the San Francisco Health Network, I served as Chief Operating Officer at San Francisco General Hospital and Trauma Center. I have held progressively responsible positions in a wide spectrum of the health care industry, including positions in academic medical centers, for profit acute care and psychiatric/substance abuse hospitals and not for profit hospitals. While at San Francisco General Hospital and Trauma Center, I was at the forefront of several projects, to include: Installation of a PACS Imaging Solution, Incorporation of Telemedicine Initiatives, Redesign of Ambulatory Care Chronic Care Services and Implementation of Inpatient and Ambulatory EMRs. I received my undergraduate degree in Public Health from Dillard University and a Master of Health Administration degree from the Tulane University School of Public Health and Tropical Medicine, both of which are located in New Orleans, LA. I am Board Certified in Healthcare Management as a Fellow of the American College of Healthcare Executives, the premiere professional association for Healthcare Executives. I am Former Board Chair (2019 - 2020) of the California Association of Public Hospitals and Health Systems(CAPH) and presently serve as Vice-Chair of the San Francisco Health Authority, dba, San Francisco Health Plan. If approved for reappointment to the San Francisco Health Authority, I plan to work to implement the State's new CalAim program under the 1115, 5-Year Medicaid Waiver to continue delivery system transformation and expansion of non-traditional services(housing assistance, medical respite and drug sobering centers) to underserved safety-net populations.

Business and/or Professional Experience:

11/13 - Present City and County of San Francisco Department of Public Health San Francisco Health Network, Director. To prepare SFDPH for successful implementation of the Affordable Care Act, consolidated all DPH clinical services across the City and County of San Francisco into one integrated delivery system to align care, finances and care experience under one leadership structure. The Director provides the executive managerial leadership of an integrated healthcare delivery system consisting of an acute care-trauma medical center (Zuckerberg San Francisco General Hospital-ZSFG), primary care and specialty clinics, home health agency, maternal and child health programs, public health nursing, forensic/all health, transitions in care consisting of community based supportive housing and residential care, street medicine program for homeless, telehealth and language access services, gender health services, skilled nursing facilities (Laguna Honda Hospital and Rehabilitation Center & ZSFG), and behavioral health (mental health & substance abuse treatment) inpatient and emergency (ZSFG acute and PES), out-patient and community based programs. Total annual operating budget consists of 7,000 FTE's, and \$1.8 Billion. Served as executive sponsor of innovative health delivery services and administrative programs: gender health and surgical programs, business intelligence unit, black/african american health initiative.

09/09 - 11/13 City and County of San Francisco Department of Public Health San Francisco General Hospital and Trauma Center, Chief Operating Officer. As COO provided the executive managerial leadership of an integrated healthcare delivery system consisting of an acute care-trauma medical center, primary care and specialty clinics, diagnostic services, home health agency, skilled nursing facilities, telemedicine services and behavioral health (mental health & drug treatment) inpatient, out-patient and community programs. Total annual operating budget consisted of 3,073.3 FTE's, \$1.3 Billion in gross revenues/charges and \$600 Million in expenses. Key statistics included: 1) Licensed for 509 acute beds, 89 SNF beds and 47 mental health beds; 2) Annual acute admissions totaled 15,935 and 100,380 acute days & annual SNF admissions total 459 and 57,031 patient days; and 3) 488,865 ambulatory care visits and 62,044 emergency visits. Attained Lean Leader Certification. Served as Executive Sponsor of SFGH's inaugural Lean process improvement initiative in the urgent care center. In collaboration with the UCSF School of Medicine, implemented telemedicine services lines at SFGH and community based clinics. Developed and implemented Video Medical Interpretation (VMI) service which double the productivity and capacity to provide 250,000 language interpreter sessions per year. Served as SFGH lead executive in the development and implementation of Healthy San Francisco, the universal health coverage program for uninsured CCSF residents and workers.

12/01 - 08/09 City and County of San Francisco Department of Public Health San Francisco General Hospital Medical Center, Senior Associate Hospital Administrator, Primary Care, Medical Specialties, Diagnostic Imaging and Telemedicine Services. Reporting to the CEO, provided executive leadership to Department Managers and Physician Medical Directors. Responsible for management coordination, clinical service delivery and oversight of primary care, medical specialty, clinical diagnostic and telemedicine service lines. Additional areas of responsibility included: Patient Relations and Volunteer Services. Worked collaboratively with the academic and administrative leadership of the UCSF School of Medicine in the provision of medical staff services at SFGH. Maintained responsibility for 670 FTE's, \$67 Million in expenses and \$169 Million in revenues. Successfully deployed two telemedicine initiatives (eReferral and Video Medical Interpretation-VMI) throughout the Clinical Network.

6/01 - 11/01 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO School of Medicine, Department of Medicine and Clinical Practice Group at SFGH. Concurrent positions of Management Specialist and Director of Administration. Provided varied management analyses, clinical operations consultation and project coordination services to the Department of Medicine. Provided management of the administrative functions of the UCSF physician group at SFGH, to include promulgation of new business initiatives, and clinical and business operations analysis.

6/85 - 5/01 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO School of Medicine, Department of Medicine Director, SFO Medical Services. Coordinated transition from Private to University Practice Management. Directed all management operations of the San Francisco Airport Medical Facility, a primary care and multi-specialty group practice providing medical services 17 hours per day. Medical Service Lines included: Internal Medicine, Family Practice, Occupational Medicine, Orthopaedic Surgery, Urgent Care, Aviation Medicine, Physical Therapy and Emergency Services. Served as the Department Manager with reporting and daily interface with the three stakeholder organizations: UCSF, San Francisco General Hospital, San Francisco International Airport. Maintained responsibility for 50 FTE's, 25,000 annual visits, and \$5 Million annual budget. Management Activities included: Budget Development, Monitoring and Reporting, Strategic Planning, Marketing & Referral Development, Information Systems Coordination, Medical Service Line Business & Financial Analysis, and CQI Program Management. Directed Pro Fee Billing Compliance Program.

4/93 - 5/95 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO Medical Center/ School of Medicine, Department of Orthopaedic Surgery, Practice Manager. Directed all management functions related to Departmental Professional Practice Operations to include: 13 Faculty Practices, both Ambulatory Care Clinic Teaching Practices and Off-Site Private Practices; Sports Medicine Center; (3) Orthotic & Prosthetic facilities. Multiple site responsibility for 36 FTE's, 48,000 annual visits, \$17 Million in annual Pro Fees. Developed case rates (combined IP & Pro Fees) for marketing Orthopaedic Sub-Specialty Services. Developed Outcomes Program. Facilitated development of Guests Relations Program.

2/81 - 3/83 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO School of Medicine - Department of Orthopaedic Surgery

Civic Activities:

President, San Francisco Bay Area Chapter, Dillard University National Alumni Association
Chair, Third Baptist Gardens Housing Not-For-Profit Agency

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 03/26/2024 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 Vacated: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

1618129

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Pickens, Roland

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Public Health Department of Administrator DPH

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Multi-County City of Judge, Retired Judge, Pro Tem 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, 2023 through December 31, 2023. Leaving Office: Date Left The period covered is January 1, 2023 through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 4

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) c/o San Francisco Department of Public Health 101 Grove Street, Room 308 San Francisco CA 94102 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (415) 554-2610 roland.pickens@sfdph.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 03/18/2024 Signature Roland Pickens

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
 Roland Pickens

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

| Agency | Div/Board/Dept/District | Position | Type of Statement | SAN # |
|----------------------------------|-----------------------------|-------------------|------------------------------|--------------------|
| City and County of San Francisco | Public Health Department of | Administrator DPH | Annual 1/1/2023 - 12/31/2023 | 060600029-NFH-0029 |
| City and County of San Francisco | Health Authority | Member | Annual 1/1/2023 - 12/31/2023 | 060600029-NFH-0029 |

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Pickens, Roland

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
city and county of san francisco
ADDRESS (Business Address Acceptable)
101 grove street
san francisco, ca 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
DPH, Administrator
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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
INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN

Comments:

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Pickens, Roland

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City and County of San Francisco
ADDRESS (Business Address Acceptable)
101 Grove Street
San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Director, San Francisco Health Network

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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 Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

March 26, 2024

Valerie Huggins
San Francisco Health Plan
50 Beale Street, 12th Floor
PO Box 194247
San Francisco, CA 94119

Dear Ms. Huggins,

In accordance with Section 14087.36(k)(1)(C) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Zuckerberg San Francisco General Hospital and Trauma Center hereby designate Roland Pickens, Director of San Francisco Health Network to serve on the Governing Board of the San Francisco Health Plan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Grant Colfax".

Grant Colfax, MD
Director of Health

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: SF Health Authority

Seat # (Required - see Vacancy Notice for qualifications): 7

Full Name: Joseph William Woo, MD

[Redacted] SF CA Zip Code: 94127

Occupation: Physician

Work Phone: 415.216.0090 Employer: Astrana Health

Business Address: 827 Pacific Av. SF CA Zip Code: 94133

Business Email: joseph.woo@aamgdoctors.com Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes No If No, place of residence: _____
18 Years of Age or Older: Yes No

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:

Joseph Woo, M.D. is a board-certified emergency physician who is in his 30th year of service to San Francisco Chinatown. He is a local graduate of Lowell High School and the University of San Francisco. Currently, Dr. Woo is the President of AAMG, a community medical group whose emphasis is caring for mono-lingual Asian Seniors. He is especially proud of AAMG's service to its community, especially during the COVID crisis. With the help of the SFDPH, AAMG was able to stand up COVID vaccination clinics, Senior Center Pop-ups, and Homebound outreach on an all-volunteer physician basis. For spearheading these efforts, Dr. Woo received special recognition from the SF Board of Supervisors. He has had many leadership roles over the past decades including Chief of Staff of Chinese Hospital, President of NICOS Chinese Health Coalition, Medical Director of the Chinese Community Healthcare Association, many roles on the Board of the San Francisco Marin Medical Society, and he completed the term of the late Dr. Lawrence Cheung on the Governing Board of the San Francisco Health Authority. Dr. Woo's current professional interests are Senior Health issues and bringing Stop the Bleed emergency training to the public.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

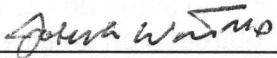
San Francisco Health Advisory Board, term ending January 2024
Emergency Medicine Physician
Past Chief of Staff, Medical Director, Board Member of Chinese Hospital
President, All American Medical Group
Past Medical Director, Chinese Community Healthcare Association
Chair, Political Action Committee and past Board Member, SFMarin Medical Society
Past President NICOS Chinese Health Coalition
Past Board Member, CCHP and For Your Benefit Health Plans
Multiple citations, presentations to the improvement of community medicine

Civic Activities:

Convenor of Chinese Community Task Force on Covid-19
Organizer of Senior center vaccinations, homebound vaccinations, and health fairs promoting Covid and flu vaccinations
Member of Chinese Community Palliative Care Workgroup
Member of Chinese Community Grantmaking Committee on behalf of the Stupski Foundation
Recipient of Stupski grant to improve Advanced Care Planning and Care Coordination in the Chinese Community

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: March 8, 2024 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 Vacated: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

1600553

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Woo, Joseph

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Governing Board Member

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, Retired Judge, Pro Tem 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, 2023 through December 31, 2023. -or- The period covered is ... through December 31, 2023.

- Leaving Office: Date Left ... (Check one circle) The period covered is January 1, 2023 through the date of leaving office. The period covered is ... through the date of leaving office.

Assuming Office: Date assumed _____

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

Total number of pages including this cover page: 8

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 827 Pacific Avenue San Francisco CA 94133 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (415) 216-0090 jwoomd@gmail.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 02/29/2024 (month, day, year)

Signature Joseph Woo (File the originally signed paper statement with your filing official.)

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
Woo, Joseph

▶ NAME OF BUSINESS ENTITY
Alc3

GENERAL DESCRIPTION OF THIS BUSINESS
software

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF THIS BUSINESS
hardware

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
software

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
snowflake

GENERAL DESCRIPTION OF THIS BUSINESS
software

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
keysight

GENERAL DESCRIPTION OF THIS BUSINESS
software

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
pfizer

GENERAL DESCRIPTION OF THIS BUSINESS
pharma

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Woo, Joseph

*Investments must be itemized.
Do not attach brokerage or financial statements.*

▶ NAME OF BUSINESS ENTITY
Comcast

GENERAL DESCRIPTION OF THIS BUSINESS
entertainment

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
pharma

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
intel

GENERAL DESCRIPTION OF THIS BUSINESS
computer

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GE

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Apollo Medical

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Nvidia

GENERAL DESCRIPTION OF THIS BUSINESS
computer

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

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 <u>Woo, Joseph</u> |
|---|

▶ NAME OF BUSINESS ENTITY
ATT

GENERAL DESCRIPTION OF THIS BUSINESS
communication

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Agilent

GENERAL DESCRIPTION OF THIS BUSINESS
stock-scientific solutions

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Yum

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
grocery outlet

GENERAL DESCRIPTION OF THIS BUSINESS
grocery

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:
 _____/_____/23 _____/_____/23
 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:
 _____/_____/23 _____/_____/23
 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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Woo, Joseph

▶ 1. BUSINESS ENTITY OR TRUST

Woo Limited Partnership
 Name
 237 Columbus Av
 San Francisco, Ca 94133
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/23 ____/____/23 |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

211-241 Columbus Av
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
 211-241 Columbus Av
 Description of Business Activity or
 City or Other Precise Location of Real Property

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/23 ____/____/23 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input checked="" type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 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 THIS BUSINESS

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/23 ____/____/23 |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

 Description of Business Activity or
 City or Other Precise Location of Real Property

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/23 ____/____/23 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Woo, Joseph

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Astrana Health
ADDRESS (Business Address Acceptable)
827 Pacific Av
San Francisco, Ca 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare Administration
YOUR BUSINESS POSITION
President, AAMG

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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: _____

February 23, 2024

Ms. Yolanda Richardson
Chief Executive Officer, San Francisco Health Plan
50 Beale Street, 12th Floor
P.O. Box 194247
San Francisco, CA 94119

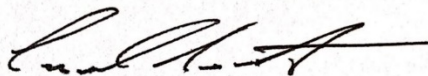
Dear Ms. Richardson:

In accordance with Section 14087.36(k)(1)(E) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Marin Medical Society (SFMMMS) hereby designates to serve on the Governing Board of the San Francisco Health Authority Joseph Woo, MD, who serves as President of the All American Medical Group and a member of the Board of Directors of the Chinese Community Health Care Association.

Dr. Woo is key expert and leader for both the Medical Society and the broader medical profession in San Francisco County. Dr. Woo possesses a deep knowledge of the needs of the Medi-Cal patient population and has consistently sought new and better ways to identify and serve underserved and underrepresented patient populations. Dr. Woo currently serves as Chair of SFMMMS' Political Action Committee, and thus has developed important relationships with legislators and other policymakers. Finally, Dr. Woo's robust volunteerism, and ability to recruit physicians to campaigns designed to serve underserved patient populations has proven indispensable to the medical profession and the communities it serves.

Dr. Woo is an immensely dedicated physician and a proven leader in the physician community in San Francisco. SFMMMS is proud to advance his candidacy to the Governing Board.

Sincerely,

A handwritten signature in black ink, appearing to read "Conrad Amenta".

Conrad Amenta
Executive Director
San Francisco Marin Medical Society

Cc : Dr. Joseph Woo

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: _____

Seat # (Required - see Vacancy Notice for qualifications): _____

Full Name: _____



Zip Code: _____

Occupation: _____

Work Phone: _____ Employer: _____

Business Address: _____ Zip Code: _____

Business Email: _____ Home Email: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [] No [] If No, place of residence: _____

18 Years of Age or Older: Yes [] No []

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:

Large empty rectangular box for providing qualifications.

Business and/or Professional Experience:

Civic Activities:

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: _____ Applicant's Signature (required): Steven H. Fugaro, MD

*(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 Vacated: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

1641957

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Fugaro, Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Health Authority Governing Board Member

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, Retired Judge, Pro Tem 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, 2023 through December 31, 2023. Leaving Office: Date Left, The period covered is January 1, 2023 through the date of leaving office. Assuming Office: Date assumed, The period covered is through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 4

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 2001 Union Street, # 570 San Francisco CA 94123 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (415) 694-7500 fugaro@md2.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 04/04/2024 (month, day, year)

Signature Steven Fugaro (File the originally signed paper statement with your filing official.)

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
Fugaro, Steven

▶ NAME OF BUSINESS ENTITY
Google

GENERAL DESCRIPTION OF THIS BUSINESS
Internet / software

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:
 ____/____/23 ____/____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
Computers and Software

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:
 ____/____/23 ____/____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Apple Computer

GENERAL DESCRIPTION OF THIS BUSINESS
Computers / Software

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:
 ____/____/23 ____/____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Nvidia

GENERAL DESCRIPTION OF THIS BUSINESS
Computer chip manufacturer

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:
 02 / 10 / 23 ____/____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amazon

GENERAL DESCRIPTION OF THIS BUSINESS
Tech retail and delivery

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:
 ____/____/23 ____/____/23
 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:
 ____/____/23 ____/____/23
 ACQUIRED DISPOSED

Comments: _____

FPPC Form 700 - Schedule A-1 (2023/2024)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

March 13, 2024

Ms. Yolanda Richardson
Chief Executive Officer, San Francisco Health Plan
50 Beale Street, 12th Floor
P.O. Box 194247
San Francisco, CA 94119

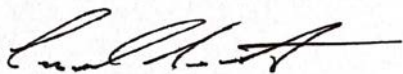
Dear Ms. Richardson:

In accordance with Section 14087.36(k)(1)(E) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Marin Medical Society (SFMMMS) hereby designate Dr. Steven Fugaro of MD Squared to serve on the Governing Board of the San Francisco Health Authority.

Dr. Fugaro has consistently proven himself a visionary and inclusive leader for the Medical Society and for the broader medical profession in San Francisco. As both Past-President and a key member of committees and strategic initiatives for the Medical Society, Dr. Fugaro remains an important voice in our professional community as it strives to find new and better ways to identify and serve underserved and underrepresented patients.

I am confident that Dr. Fugaro's deep knowledge of the needs of the Medi-Cal population and technical expertise regarding how physicians can help to meet those needs will continue to prove indispensable to the Governing Board. SFMMMS is proud to advance his candidacy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Conrad Amenta', is written over a light blue circular stamp. The signature is fluid and cursive.

Conrad Amenta
Executive Director
San Francisco Medical Society

Cc: Dr. Steven Fugaro, MD

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Authority Governing Body

Seat # (Required - see Vacancy Notice for qualifications): Seat 9

Full Name: Norlissa Cooper

[Redacted] CA Zip Code: 94541

[Redacted] Registered Nurse

Work Phone: (628) 206-4797 Employer: San Francisco Department of Public Health

Business Address: 1001 Potrero Ave, San Francisco CA Zip Code: 94110

Business Email: norlissa.cooper@sfdph.org Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [] No [x] If No, place of residence: Alameda County
18 Years of Age or Older: Yes [x] No []

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 feel that I represent the communities interest in several ways. As an African American woman hailing from Oakland, California, I possess a unique insight into the struggles faced by minority communities. My experiences have nurtured a strong sense of empathy and understanding, equipping me with the necessary tools to resonate with the diverse population of San Francisco. Having overcome various obstacles tied to both my race and gender, I'm intimately familiar with the challenges many of my patients face. These shared experiences shape my approach to nursing, allowing me to connect with patients on a deeper, more personal level.
Furthermore, as a minority within the nursing profession itself, I bring a unique perspective and understand the importance of inclusion and representation in healthcare. I am committed to advocating for the needs of underrepresented groups within the profession, and to working towards creating a more equitable environment for all healthcare workers.
My qualifications, therefore, not only represent the diverse demographics of San Francisco but also embody a deep-seated commitment to serving those demographics with the highest level of empathy, care, and professionalism.

Business and/or Professional Experience:

With over 14 years of comprehensive healthcare experience, I am a dynamic and innovative professional, combining nursing proficiency, strategic planning, research, teaching, policy expertise, and a deep commitment to health equity. My experience spans from direct patient care to policy consultation, research, and spearheading larger organizational strategies and initiatives. I excel in navigating intricate, matrixed organizations, including unionized environments and academic medical centers, while consistently bringing innovative solutions to enhance patient care and operational efficiency.

I hold a PhD in nursing with a concentration with health policy. I am particularly interested in how policy, practice, and patient outcomes intersect to mitigate or eliminate health disparities. With over 14 years of experience at Zuckerberg San Francisco General Hospital and Trauma Center as a Registered Nurse not only do I possess the necessary clinical skills to serve on this board, but I also have first hand experience with the patient population. In addition to my work at ZSFG, I currently serve as the regional director for the Southwest Region of Chi Eta Phi Sorority, Inc. In my capacity of regional director, I oversee the operations of eight chapters located in four states. Lastly, I served two terms on the executive board of Service Employee International Union Local 1021 as the Registered Nurses Industry Chair. In my capacity as industry chair, I was tasked with unifying registered nurses throughout the local.

Civic Activities:

My civic activities include voting, attending SF board of supervisor meetings to provide public comment, signing petitions, and organizational membership. I am a member of Black Women Organized for Political Action.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 07/25/2023 Applicant's Signature (required): Norlissa M. Cooper Digitally signed by Norlissa M. Cooper
Date: 2023.07.25 13:34:31 -07'00'

*(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 Vacated: _____

Professional Summary:

With over 14 years of comprehensive healthcare experience, I am a dynamic and innovative professional, combining nursing proficiency, strategic planning, research, teaching, policy expertise, and a deep commitment to health equity. My experience spans from direct patient care to policy consultation, research, and spearheading larger organizational strategies and initiatives. I excel in navigating intricate, matrixed organizations, including unionized environments and academic medical centers, while consistently bringing innovative solutions to enhance patient care and operational efficiency.

Education:

| | | |
|---------------|---|---------|
| Ph.D | University of California, San Francisco, CA Dissertation: Illicit Substance Use, Pregnancy, and Perinatal Screening Practices | 05/2021 |
| M.S. | Georgetown University, Washington, DC Masters of Science concentration Nursing Education | 08/2014 |
| B.S.N. | University of Rochester, Rochester, NY Bachelor of Nursing Science, Cum Laude | 05/2008 |
| B.A. | San Francisco State University, San Francisco, CA Psychology | 05/2003 |

License(s)/Certification(s):

| | | | |
|-------------------------------|------------------------|--------------|----------------|
| Registered Nurse - California | License Number: 740525 | Issued 11/08 | Expires: 08/24 |
|-------------------------------|------------------------|--------------|----------------|

Work Experience:

| | |
|---|--------------------------|
| REparations and Anti-Institutional Racism (REPAIR) University of California, San Francisco Postdoctoral Fellow Leading strategic planning efforts to facilitate REPAIR's transition from an initiative to a more sustainable model. Establishing and maintaining relationships with internal and external key stakeholders and community partners. Serving as the REPAIR research committee co-chair and Co-Principal Investigator, overseeing all research activities and budget management. Collaborating with the team to identify and secure funding opportunities to support the program's initiatives. Collaborate as a co-author on publications and conference presentations. | 10/2022- present |
| Zuckerberg San Francisco General Hospital and Trauma Center Registered Nurse/Relief Charge Nurse/Preceptor Manage and supervise a team of 12 nursing staff as the charge nurse, ensuring adequate staffing levels, assigning patient care duties, and providing guidance and support. Collaborated with physicians, nurse managers, and other healthcare professionals to develop and implement comprehensive care plans for patients, ensuring efficient and effective care delivery. Conducted patient assessments, including physical examinations, medical history review, and medication reconciliation, to identify and address immediate and ongoing healthcare needs. Administered medications, treatments, and therapies as prescribed, while ensuring accurate documentation and adherence to established protocols and best practices. Monitored and evaluated patient responses to interventions, adjusting care plans as necessary and communicating changes to the healthcare team. Orient new graduate and student nurses assigned to my unit. | 07/2008 - present |
| Nursing Administration Project Support (03/2023 - present) Collaborate with interdisciplinary teams and stakeholders to coordinate project activities and ensure timely execution. Co-lead the coordination of the Mahoney REGIn externship program for nursing students from underrepresented races and ethnicities. Participate in project meetings, contributing ideas, and providing updates on project status. Co-lead the design and implementation of a new medical-surgical patient classification tool. Collaborate with cross-functional teams, including clinical experts and IT professionals, to ensure alignment with | |

Norlissa M. Cooper, PhD, MS, BSN, RN

organizational objectives. Utilized expertise in data analysis and process improvement to refine the tool's algorithms, optimizing accuracy and effectiveness.

Step-down Nurse Educator (12/2011- 02/2013)

Spearheaded the development of clinical competencies for a new graduate residency program and implemented a standardized nurse orientation process. Developed and implemented annual competency programs for over 100 clinical and non-clinical staff incorporating multiple teaching strategies. Provided professional educational support and guidance to clinical and nonclinical staff. Evaluated patient care guidelines and identified areas of opportunity for improvement. Implemented Plan-Do-Study-Act (PDSA) cycles to drive continuous quality improvement initiatives within the department. Conducted needs assessments to determine educational needs for the department. Wrote and was awarded a San Francisco General Foundation Hearts grant for 5K. The grant was used to procure educational materials to revitalize and enhance the progressive care training, enrichment, and continuing education programs, aimed at optimizing patient safety and improving outcomes.

Pregnancy Coronavirus Outcomes Registry (PRIORTY)

07/2022 - present

University of California, San Francisco & University of California, Los Angeles

Consultant for the Reproductive Health Equity & Birth Justice Core

Providing mentorship and support to CERISH operations and administrative staff, attend planning meetings and offer thought leadership for RPAC analyses. Co-plan analyses for proposed manuscripts, assist in identifying co-authors, and support various analysis and dissemination activities of the CERISH RPAC data.

Southwest Region Chi Eta Phi Sorority, Incorporated

03/2022 – present

Regional Director (Volunteer Position)

Developed and implemented the regional strategic plan while monitoring progress towards set objectives. Provide executive supervision over the administrative operations of the region, which includes eight chapters across four states. Utilize constructive problem-solving skills to address challenges and improve efficiency within the region. Conceptualized and established standard operating procedures to streamline processes and enhance overall effectiveness. Exercise budget oversight to ensure financial responsibility and resource allocation aligned with the regional strategic plan.

Committee Appointments:

Zuckerberg San Francisco General Hospital Patient Classification System Committee

07/2018 - present

Co-chair

Responsible for the data gathering and comprehensive analysis of patient classification system records. Prepare and present periodic reports to track compliance with Title 22 nurse-to-patient staffing ratios in alignment with the focus on patient care and health equity. Collaborate with committee members to identify potential issues affecting compliance, offering strategic recommendations for enhancing the compliance and validity of the patient classification system in line with the institution's commitment to innovation and excellence in health care.

Zuckerberg San Francisco General Hospital/ Service Employee International Union Local 1021 Nursing Education Program

06/2012 - 08/2019

Co-Chair

Served as a strategic planner and co-manager for the organization-wide continuing education program for registered and vocational nurses, nursing assistants, and social workers. Played a key role in fostering a culture of lifelong learning and innovation, critical for driving the hospital's commitment to health equity and research. Developed and implemented monthly continuing education workshops, average number of attendees 100.

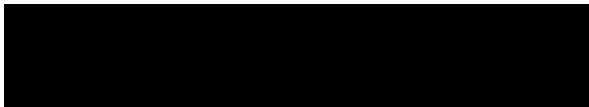
Zuckerberg San Francisco General Hospital Professional Development Council

08/2013 - 02/2014

Co-Chair

Promoted professional development for nurses as transformational and clinical leaders within SFGH, with a focus on driving strategic initiatives and outcomes. Served as a resource for nursing education throughout the hospital, encouraging and supporting the pursuit of advanced degrees for nursing staff. Defined and advocated for the

Norlissa M. Cooper, PhD, MS, BSN, RN



professional role of nurses at SFGH, emphasizing their critical role in patient care and evidence-based practice.

Zuckerberg San Francisco General Hospital Integrated Nurse Leadership Program **12/2008 - 12/2010**
Member

Analyzed medication administration practices as part of a commitment to excellence in patient care and safety. Conducted PDSA cycles to redesign medication administration procedures to reflect best practice, enhance patient safety, and support the hospital's commitment to evidence-based practice. Oversaw compliance audits of medication administration procedures, ensuring consistent adherence to high-quality, evidenced-based health care standards.

Research, Fellowships, & Evidence-Based Projects:

Research:

REParations and Anti-Institutional Racism (REPAIR) **10/2022**

University of California, San Francisco

Focus: The REPAIR Project, a transformative three-year strategic initiative, was established to combat Anti-Black Racism in the health sciences and to amplify the presence and voices of Black, Indigenous, People of Color (BIPOC) in Science and Medicine and healthcare. This initiative focuses on conducting a comprehensive study to identify and establish best practices for effectively implementing an Anti-Black racism initiative within an academic setting

Pregnancy Coronavirus Outcomes Registry (PRIORTY) **07/2022**

University of California, San Francisco & University of California, Los Angeles

Focus: To gain an understanding of how racism and other factors impact birthing individuals affected by COVID-19 and identify priority research topics important to them.

University of California, San Francisco **05/2021**

Faculty: Dr. Ifeyinwa Asiodu

Focus: Perinatal Illicit Substance Screening in the Acute Care Setting

University of California Preterm Birth Initiative **08/2015**

University of California, San Francisco

Faculty: Linda S. Franck, RN, PhD & Monica McLemore, PhD, MPH, RN

Focus: Research priority setting for birthing individuals at risk for preterm birth

Fellowships:

Jonas Nurse Leaders Scholar Program **10/2015**

University of California, San Francisco

Leadership Project: Road to resolution: An End to Big Tobacco

Focus: Engaged in comprehensive community outreach initiatives to educate local community organizations on the insidious marketing tactics employed by the tobacco industry. Collaborated closely with these organizations to develop and implement a robust tobacco resolution, aimed at countering the detrimental impact of tobacco use within our community.

UCSF Center for Nursing Research and Innovation Evidence Base Practice Fellowship **01/2011**

San Francisco General Hospital

Fellowship Project: Implemented a systematic and evidence-based approach to effectively reduce the utilization of restraints in the acute care setting. Incorporated best practices and research findings into the development and implementation of protocols, policies, and staff training programs, with the ultimate goal of promoting patient safety, dignity, and autonomy.

Evidence-Based Projects:

Certified Nursing Assistant Education and Job Performance Gap Analysis **01/2014**

Georgetown University

Professor: Dr. Robin Dennison DNP, APRN, CCNS, CEN, CNE

Norlissa M. Cooper, PhD, MS, BSN, RN



The Relationship Between Just Culture and Patient Outcomes

08/2013

Georgetown University

Professor: Dr. Janelle Baker RN PhD

Service:

Service Employee International Union Local 1021

6/2023 to present

Registered Nurse Industry Chair

12/2014 - 01/2018

Served as a liaison between the nursing members and the executive board, providing valuable insights, recommendations, and promoting standards to enhance the well-being of our nursing members. Actively participated in the establishment and approval of compensation packages, benefits, and allowances for union staff, ensuring adherence to organizational policies. Collaborated closely with executive leadership to formulate and execute the organization's strategic plan, aligning it with the overall goals and objectives. Demonstrated expertise in establishing, adopting, and implementing procedures, rules, and regulations in accordance with organizational guidelines, fostering a compliant and efficient environment. Spearheaded the negotiation process for a direct entry nursing program in partnership with San Francisco City College School of Nursing and San Francisco General Hospital, facilitating seamless career transitions for non-nursing staff aspiring to enter the nursing profession.

References & Publications:

Available upon request

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cooper Norlissa M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
The City and County of San Francisco

Division, Board, Department, District, if applicable Your Position
San Francisco Health Authority Governing Body Board member - Seat 9

► 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, Retired Judge, Pro Tem 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, 2022, through December 31, 2022.
- or- The period covered is ____/____/____, through December 31, 2022.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

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)
P. O. Box 6792 Oakland CA 94603

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(628) 206-4797 norlissa.cooper@sfdph.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 07/25/2023
(month, day, year)

Signature Norlissa M. Cooper
(File the originally signed paper statement with your filing official.)

Digitally signed by Norlissa M. Cooper
Date: 2023.07.27 11:03:54 -07'00'

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.

Name

Cooper, Norlissa M.

▶ NAME OF BUSINESS ENTITY
Voya Financial

GENERAL DESCRIPTION OF THIS BUSINESS
Financial, retirement, & investment insurance co.

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:
 ____/____/22 ____/____/22
 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:
 ____/____/22 ____/____/22
 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:
 ____/____/22 ____/____/22
 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:
 ____/____/22 ____/____/22
 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:
 ____/____/22 ____/____/22
 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:
 ____/____/22 ____/____/22
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cooper, Norlissa M.

▶ 1. BUSINESS ENTITY OR TRUST

Fab Five Paraphernalia

Name
5424 Sunol Blvd #10-610 Pleasanton, CA 94566

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Sorority paraphernalia

| | |
|---|--|
| <p>FAIR MARKET VALUE</p> <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | <p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p> |
|---|--|

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input checked="" type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

| | |
|--|--|
| <p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | <p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p> |
|--|--|

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

▶ 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 THIS BUSINESS

| | |
|--|--|
| <p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | <p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p> |
|--|--|

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

| | |
|--|--|
| <p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | <p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p> |
|--|--|

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

| |
|--|
| CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name Cooper, Norlissa M. |

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME <u>San Francisco Department of Public Health</u> | NAME OF SOURCE OF INCOME <u>University of California San Francisco</u> |
| ADDRESS (Business Address Acceptable) <u>101 Grove St, San Francisco, CA 94102</u> | ADDRESS (Business Address Acceptable) <u>505 Parnassus Ave, San Francisco, CA 94143</u> |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION <u>Registered Nurse</u> | YOUR BUSINESS POSITION <u>Post Doctoral Fellow/Consultant</u> |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small> | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small> |

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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* <u>Val Chris</u> | INTEREST RATE <u>10.9</u> % <input type="checkbox"/> None | TERM (Months/Years) <u>12 months</u> |
| ADDRESS (Business Address Acceptable) <u>2601 Main Street, Suite 400, Irvine, CA 92614</u> | SECURITY FOR LOAN <input type="checkbox"/> None <input checked="" type="checkbox"/> Personal residence | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | <input checked="" type="checkbox"/> Real Property <u>22644 Byron Street</u> <small>Street address</small> | |
| HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | <u>Hayward</u> <small>City</small> | |
| | <input type="checkbox"/> Guarantor _____ | |
| | <input type="checkbox"/> Other _____ <small>(Describe)</small> | |

Comments: _____



Theresa Rutherford
President

Mary Duncan
Secretary

Amos Eaton
Treasurer

Brandon Dawkins
VP of Organizing

Ramses Teon-Nichols
VP of Politics

Sandra Lewis
VP of Representation

Akbar Bibb
VP Region A (North Central)

Mary Sandberg
VP Region B (North Coast)

Yeon Park
VP Region C (East Bay)

Kristin Hardy
VP Region D (San Francisco)

Taffie Walter
VP Region E
(Amador/Calaveras/San Joaquin)

Executive Board

John Arantes
Julie Beardsley
Derrick Boutte
Lorraine Bowser
Charito Casanas
Nicole Christian
Kasha Clarke
Desiree Collins
Norlissa Cooper
Felipe Cuevas
Evelyn Curiel
Tina Diep
Debbie Dobson
Geneva Haines
Elizabeth Harrison
Greg Marro
Todd Nosanow
Patricia Orey
Veronica Palacios
Alicia Ramirez
Maria Salazar-Colon
Sandy Sigala
Tina Tapia
Richard Thoele
Angel Valdez
Sandra Wall

Executive Board & Budget & Finance Committee

Trevor Adams
Tazamisha Alexander
Monique Baca
Travis Balzarini
Rhea Davis
Karla Faucett
Cynthia Landry
James Maher

August 9, 2023

Yolanda R. Richardson
Chief Executive Officer
San Francisco Health Plan
50 Beale Street, 12th Floor,
San Francisco, CA. 94105

Subject: Certification of Norlissa Cooper, PhD, MS, RN

Dear Ms. Richardson:

I certify to you that Norlissa Cooper, PhD, MS, RN, San Francisco General Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under the provisions of the California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69.

Sincerely,

Theresa Rutherford
President
SEIU Local 1021

TR/eas opeiu29/afl-cio

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

Application for Boards, Commissions, Committees, & Task Forces

San Francisco Health Authority

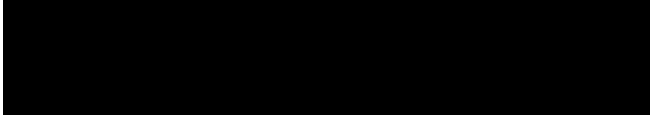
Name of Board/Commission/Committee/Task Force: _____

10

Seat # (Required - see Vacancy Notice for qualifications): _____

Abigail Laurence Alderson

Full Name: _____



94122

Zip Code: _____

IHSS worker

Occupation: _____

Work Phone: _____ Employer: _____

Business Address: _____



Business Email: _____ Home E _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence: _____

18 Years of Age or Older: Yes [X] No []

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:

Large empty rectangular box for providing qualifications and demographic information.

Business and/or Professional Experience:

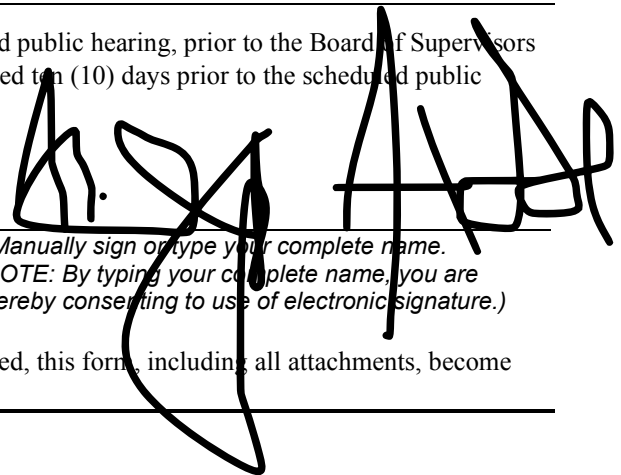
Civic Activities:

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: May 20, 2024

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 #: 10 Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Alderson Abigail Laurence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
San Francisco Health Authority Board Member/MAC representative

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 Judge, Retired Judge, Pro Tem 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, 2023, through December 31, 2023. Leaving Office: Date Left
Assuming Office: Date assumed 05/15/2024
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► 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

1864 48Th avenue #4 SF, Ca. 94122

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 417-7962 abagaillalderson@mac.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 05/20/2024

Signature [Handwritten Signature]



P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

Date: May 20, 2024

Yolanda R. Richardson
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Ms. Richardson:

On behalf of the Governing Board, I am pleased to forward the recommendation that Abigail Alderson, new Member Advisory Committee Co-Chair, sits on the Governing Board of the San Francisco Health Authority.

Sincerely,

DocuSigned by:

A handwritten signature in blue ink that reads "Steven Fugaro". The signature is enclosed in a blue rounded rectangular box.

34D4996FE23F4D6
Steven Fugaro, MD
Chair, Governing Board

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Plan

Seat # (Required - see Vacancy Notice for qualifications): 11

Full Name: Juthaporn Chaloeicheep

[Redacted] S.F, CA Zip Code: 94109
Occupation: Relief Counselor

Work Phone: 415-861-0828 Employer: Progress Foundation

Business Address: 368 Fell St. S.F, CA Zip Code: 94102

Business Email: www.progressfoundation.org Home Email [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

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 an Asian American women who have 20 years of lived experience with homeless and drug addiction. I currently live in the Tenderloin district and is excited to be their voice.

Business and/or Professional Experience:

Civic Activities:

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 5/20/2024 Applicant's Signature (required): Juthaporn Chaloeicheep

*(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 Vacated: _____

2023-2024 Statement of Economic Interests



Form 700

A Public Document

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Helpful Resources

- Video Tutorials
- Reference Pamphlet
- Excel Version
- FAQs
- Gift and Travel Fact Sheet for State and Local Officials

California Fair Political Practices Commission

1102 Q Street, Suite 3050 • Sacramento, CA 95811

Email Advice: advice@fppc.ca.gov

Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772

Telephone: (916) 322-5660 • Website: www.fppc.ca.gov

December 2023

Quick Start Guide

Detailed instructions begin on page 3.

WHEN IS THE ANNUAL STATEMENT DUE?

- March 1 – Elected State Officers, Judges and Court Commissioners, State Board and Commission members listed in Government Code Section 87200
- April 2 – Most other filers

WHERE DO I FILE?

Most people file the Form 700 with their agency. If you're not sure where to file your Form 700, contact your filing officer or the person who asked you to complete it.

ITEMS TO NOTE!

- The Form 700 is a public document.
- Only filers serving in active military duty may receive an extension on the filing deadline.
- You must also report interests held by your spouse or registered domestic partner.
- Your agency's conflict of interest code will help you to complete the Form 700. You are encouraged to get your conflict of interest code from the person who asked you to complete the Form 700.

NOTHING TO REPORT?

Mark the "No reportable interests" box on Part 4 of the Cover Page, and submit only the signed Cover Page. Please review each schedule carefully!

| Schedule | Common Reportable Interests | Common Non-Reportable Interests |
|----------------------------------|---|--|
| A-1: Investments | Stocks, including those held in an IRA or 401K. Each stock must be listed. | Insurance policies, government bonds, diversified mutual funds, funds similar to diversified mutual funds. |
| A-2: Business Entities/Trusts | Business entities, sole proprietorships, partnerships, LLCs, corporations and trusts. (e.g., Form 1099 filers). | Savings and checking accounts, cryptocurrency, and annuities. |
| B: Real Property | Rental property in filer's jurisdiction, or within two miles of the boundaries of the jurisdiction. | A residence used exclusively as a personal residence (such as a home or vacation property). |
| C: Income | Non-governmental salaries. Note that filers are required to report only half of their spouse's or partner's salary. | Governmental salary (from school district, for example). |
| D: Gifts | Gifts from businesses, vendors, or other contractors (meals, tickets, etc.). | Gifts from family members. |
| E: Travel Payments | Travel payments from third parties (not your employer). | Travel paid by your government agency. |

Note: Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.

QUESTIONS?

- advice@fppc.ca.gov
- (866) 275-3772 Mon-Thurs, 9-11:30 a.m.

E-FILING ISSUES?

- If using your agency's system, please contact technical support at your agency.
- If using FPPC's e-filing system, write to form700@fppc.ca.gov.

What's New

Gift Limit Increase

The gift limit increased to **\$590** for calendar years **2023** and **2024**. The gift limit was \$520 for calendar years 2021 and 2022.

Who must file:

- Elected and appointed officials and candidates listed in Government Code Section 87200
- Employees, appointed officials, and consultants filing pursuant to a conflict of interest code ("code filers"). **Obtain your disclosure categories, which describe the interests you must report, from your agency;** they are not part of the Form 700
- Candidates running for local elective offices that are designated in a conflict of interest code (e.g., county sheriffs, city clerks, school board trustees, and water board members)

Exception:

- Candidates for a county central committee are not required to file the Form 700
- Employees in newly created positions of existing agencies

For more information, see Reference Pamphlet, page 3, at www.fppc.ca.gov.

Where to file:

87200 Filers

| | | |
|----------------------|---|-----------------------------|
| State offices | ⇒ | Your agency |
| Judicial offices | ⇒ | The clerk of your court |
| Retired Judges | ⇒ | Directly with FPPC |
| County offices | ⇒ | Your county filing official |
| City offices | ⇒ | Your city clerk |
| Multi-County offices | ⇒ | Your agency |

Code Filers — State and Local Officials, Employees, and Consultants Designated in a Conflict of Interest

Code: File with your agency, board, or commission unless otherwise specified in your agency's code (e.g., Legislative staff files directly with FPPC). In most cases, the agency, board, or commission will retain the statements.

Members of Newly Created Boards and Commissions: File with your agency or with your agency's code reviewing body pursuant to Regulation 18754.

Employees in Newly Created Positions of Existing Agencies:

File with your agency or with your agency's code reviewing body. (See Reference Pamphlet, page 3.)

Candidates file as follow:

| | | |
|--|---|--|
| State offices, Judicial offices and multi-county offices | ⇒ | County elections official with whom you file your declaration of candidacy |
| County offices | ⇒ | County elections official |
| City offices | ⇒ | City Clerk |
| Public Employee's Retirement System (CalPERS) | ⇒ | CalPERS |
| State Teacher's Retirement Board (CalSTRS) | ⇒ | CalSTRS |

How to file:

The Form 700 is available at www.fppc.ca.gov. Form 700 schedules are also available in Excel format. Each Statement must have a handwritten "wet" signature or "secure electronic signature," meaning either (1) a signature submitted using an approved electronic filing system or (2) if permitted by the filing officer, a digital signature submitted via the filer's agency email address. (See Regulations 18104 and 18757.) Companies such as Adobe and DocuSign offer digital signature services. All statements are signed under the penalty of perjury and must be verified by the filer. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When to file:

Annual Statements

⇒ March 1, 2024

- Elected State Officers
- Judges and Court Commissioners
- State Board and State Commission Members listed in Government Code Section 87200

⇒ April 2, 2024

- Most other filers

Individuals filing under conflict of interest codes in city and county jurisdictions should verify the annual filing date with their filing official or filing officer.

Statements postmarked by the filing deadline are considered filed on time.

Statements of 30 pages or less may be emailed or faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict of interest code.

Exception:

If you assumed office between October 1, 2023, and December 31, 2023, and filed an assuming office statement, you are not required to file an annual statement until March 1, 2025, or April 1, 2025, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2024. (See Reference Pamphlet, page 6, for additional exceptions.)

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents. A candidate statement is not required if you filed an assuming office or annual statement for the same jurisdiction within 60 days before filing a declaration of candidacy or other nomination documents.

Late Statements

There is no provision for filing deadline extensions unless the filer is serving in active military duty. (See page 19 for information on penalties and fines.)

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. The amended schedule(s) is attached to your original filed statement. Obtain amendment schedules at www.fppc.ca.gov.

Types of Statements

Assuming Office Statement:

If you are a newly appointed official or are newly employed in a position designated, or that will be designated, in a state or local agency's conflict of interest code, your assuming office date is the date you were sworn in or otherwise authorized to serve in the position. If you are a newly elected official, your assuming office date is the date you were sworn in.

- Report: Investments, interests in real property, and business positions held on the date you assumed the office or position must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position.

For positions subject to confirmation by the State Senate or the Commission on Judicial Appointments, your assuming office date is the date you were appointed or nominated to the position.

- Example: Maria Lopez was nominated by the Governor to serve on a state agency board that is subject to state Senate confirmation. The assuming office date is the date Maria's nomination is submitted to the Senate. Maria must report investments, interests in real property, and business positions Maria holds on that date, and income (including loans, gifts, and travel payments) received during the 12 months prior to that date.

If your office or position has been added to a newly adopted or newly amended conflict of interest code, use the effective date of the code or amendment, whichever is applicable.

- Report: Investments, interests in real property, and business positions held on the effective date of the code or amendment must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the effective date of the code or amendment.

Annual Statement:

Generally, the period covered is January 1, 2023, through December 31, 2023. If the period covered by the statement is different than January 1, 2023, through December 31, 2023, (for example, you assumed office between October 1, 2022, and December 31, 2022 or you are combining statements), you must specify the period covered.

- Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement must be reported. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2023.

- If your disclosure category changes during a reporting period, disclose under the old category until the effective date of the conflict of interest code amendment and disclose under the new disclosure category through the end of the reporting period.

Leaving Office Statement:

Generally, the period covered is January 1, 2023, through the date you stopped performing the duties of your position. If the period covered differs from January 1, 2023, through the date you stopped performing the duties of your position (for example, you assumed office between October 1, 2022, and December 31, 2022, or you are combining statements), the period covered must be specified. The reporting period can cover parts of two calendar years.

- Report: Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2023.

Candidate Statement:

If you are filing a statement in connection with your candidacy for state or local office, investments, interests in real property, and business positions held on the date of filing your declaration of candidacy must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date of filing your declaration of candidacy is reportable. Do not change the preprinted dates on Schedules A-1, A-2, and B.

Candidates running for local elective offices (e.g., county sheriffs, city clerks, school board trustees, or water district board members) must file candidate statements, as required by the conflict of interest code for the elected position. The code may be obtained from the agency of the elected position.

Amendments:

If you discover errors or omissions on any statement, file an amendment as soon as possible. You are only required to amend the schedule that needs to be revised; it is not necessary to refile the entire form. Obtain amendment schedules from the FPPC website at www.fppc.ca.gov.

Note: Once you file your statement, you may not withdraw it. All changes must be noted on amendment schedules.

Expanded Statement:

If you hold multiple positions subject to reporting requirements, you may be able to file an expanded statement for each position, rather than a separate and distinct statement for each position. The expanded statement must cover all reportable interests for all jurisdictions and list all positions on the Form 700 or on an attachment for which it is filed. The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1.

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Other

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

Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left (Check one circle.)
-or- The period covered is through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed -or- The period covered is through the date of leaving office.
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► 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)
San Francisco Health Plan

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 (month, day, year)

Signature Juthaporn Chaloeicheep
(File the originally signed paper statement with your filing official.)

Instructions Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission) you may be required to file separate and distinct statements with each agency. To simplify your filing obligations, in some cases you may instead complete a single expanded statement and file it with each agency.
 - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

Example:

Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.

- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the “other” box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

| | |
|---|---|
| 1. Office, Agency, or Court | |
| Agency Name (Do not use acronyms) | |
| Feather River Irrigation District | |
| Division, Board, Department, District, if applicable | Your Position |
| N/A | Board Member |
| ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) | |
| Agency: N/A | Position: |
| 2. Jurisdiction of Office (Check at least one box) | |
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input checked="" type="checkbox"/> Multi-County Yuba & Sutter Counties | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2023 annual statement, **do not** change the pre-printed dates to reflect 2024. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2024, through December 31, 2024, will be disclosed on your statement filed in 2025. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; **or** if you have nothing to disclose on any schedule, check the “No reportable interests” box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original “wet” signature unless filed with a secure electronic signature. (See page 3 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When you sign your statement, you are stating, under penalty of perjury, that it is true and correct. Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

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.

Name

▶ 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:

_____/_____/23 _____/_____/23
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:

_____/_____/23 _____/_____/23
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:

_____/_____/23 _____/_____/23
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:

_____/_____/23 _____/_____/23
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:

_____/_____/23 _____/_____/23
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:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

Comments: _____

Instructions – Schedules A-1 and A-2 Investments

“Investment” means a financial interest in any business entity (including a consulting business or other independent contracting business) that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency’s jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more at any time during the reporting period. (See Reference Pamphlet, page 13.)

Reportable investments include:

- Stocks, bonds, warrants, and options, including those held in margin or brokerage accounts and managed investment funds (See Reference Pamphlet, page 13.)
- Sole proprietorships
- Your own business or your spouse’s or registered domestic partner’s business (See Reference Pamphlet, page 8, for the definition of “business entity.”)
- Your spouse’s or registered domestic partner’s investments even if they are legally separate property
- Partnerships (e.g., a law firm or family farm)
- Investments in reportable business entities held in a retirement account (See Reference Pamphlet, page 15.)
- If you, your spouse or registered domestic partner, and dependent children together had a 10% or greater ownership interest in a business entity or trust (including a living trust), you must disclose investments held by the business entity or trust. (See Reference Pamphlet, page 16, for more information on disclosing trusts.)
- Business trusts

You are not required to disclose:

- Government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. (See Reference Pamphlet, page 13.) (Regulation 18237)
- Bank accounts, savings accounts, money market accounts and certificates of deposits
- Cryptocurrency
- Insurance policies
- Annuities
- Commodities
- Shares in a credit union
- Government bonds (including municipal bonds)

Reminders

- Do you know your agency’s jurisdiction?
- Did you hold investments at any time during the period covered by this statement?
- Code filers – your disclosure categories may only require disclosure of specific investments.

- Retirement accounts invested in non-reportable interests (e.g., insurance policies, mutual funds, or government bonds) (See Reference Pamphlet, page 15.)
- Government defined-benefit pension plans (such as CalPERS and CalSTRS plans)
- Certain interests held in a blind trust (See Reference Pamphlet, page 16.)

Use Schedule A-1 to report ownership of less than 10% (e.g., stock). Schedule C (Income) may also be required if the investment is not a stock or corporate bond. (See second example below.)

Use Schedule A-2 to report ownership of 10% or greater (e.g., a sole proprietorship).

To Complete Schedule A-1:

Do not attach brokerage or financial statements.

- Disclose the name of the business entity. Do not use acronyms for the name of the business entity, unless it is one that is commonly understood by the public.
- Provide a general description of the business activity of the entity (e.g., pharmaceuticals, computers, automobile manufacturing, or communications).
- Check the box indicating the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively. (See page 20 for more information.)
- Identify the nature of your investment (e.g., stocks, warrants, options, or bonds).
- An acquired or disposed of date is only required if you initially acquired or entirely disposed of the investment interest during the reporting period. The date of a stock dividend reinvestment or partial disposal is not required. Generally, these dates will not apply if you are filing a candidate or an assuming office statement.

Examples:

Frank Byrd holds a state agency position. Frank’s conflict of interest code requires full disclosure of investments. Frank must disclose stock holdings of \$2,000 or more in any company that is located in or does business in California, as well as those stocks held by Frank’s spouse or registered domestic partner and dependent children.

Alice Lance is a city council member. Alice has a 4% interest, worth \$5,000, in a limited partnership located in the city. Alice must disclose the partnership on Schedule A-1 and income of \$500 or more received from the partnership on Schedule C.

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 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 THIS BUSINESS

| | | |
|-------------------------|---------------------------|--------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| \$0 - \$1,999 | ____/____/23 | ____/____/23 |
| \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| \$10,001 - \$100,000 | | |
| \$100,001 - \$1,000,000 | | |
| Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

| | | |
|-------------------------|---------------------------|--------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| \$0 - \$1,999 | ____/____/23 | ____/____/23 |
| \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| \$10,001 - \$100,000 | | |
| \$100,001 - \$1,000,000 | | |
| Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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.)

None or Names listed below _____

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below _____

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 | ____/____/23 | ____/____/23 |
| \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| \$100,001 - \$1,000,000 | | |
| Over \$1,000,000 | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 | ____/____/23 | ____/____/23 |
| \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| \$100,001 - \$1,000,000 | | |
| Over \$1,000,000 | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Instructions – Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

Use Schedule A-2 to report investments in a business entity (including a consulting business or other independent contracting business) or trust (including a living trust) in which you, your spouse or registered domestic partner, and your dependent children, together or separately, had a 10% or greater interest, totaling \$2,000 or more, during the reporting period and which is located in, doing business in, planning to do business in, or which has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. Do not report a trust that contains non-reportable interests. For example, a trust containing only your personal residence not used in whole or in part as a business, your savings account, and some municipal bonds, is not reportable.

Also report on Schedule A-2 investments and real property held by that entity or trust if your pro rata share of the investment or real property interest was \$2,000 or more during the reporting period.

To Complete Schedule A-2:

Part 1. Disclose the name and address of the business entity or trust. If you are reporting an interest in a business entity, check "Business Entity" and complete the box as follows:

- Provide a general description of the business activity of the entity.
- Check the box indicating the highest fair market value of your investment during the reporting period.
- If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.
- Identify the nature of your investment.
- Disclose the job title or business position you held with the entity, if any (i.e., if you were a director, officer, partner, trustee, employee, or held any position of management). A business position held by your spouse is not reportable.

Part 2. Check the box indicating **your pro rata** share of the **gross** income received **by** the business entity or trust. This amount includes your pro rata share of the **gross** income **from** the business entity or trust, as well as your community property interest in your spouse's or registered domestic partner's share. Gross income is the total amount of income before deducting expenses, losses, or taxes.

Part 3. Disclose the name of each source of income that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction, as follows:

- Disclose each source of income and outstanding loan **to the business entity or trust** identified in Part 1 if your pro rata share of the **gross** income (including your community property interest in your spouse's or registered domestic partner's share) to the business entity or trust from that source was \$10,000 or more during the reporting period. (See Reference Pamphlet, page 11, for examples.) Income from governmental sources may be reportable if not considered salary. See Regulation 18232. 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 are not reportable.
- Disclose each individual or entity that was a source of commission income of \$10,000 or more during the reporting period through the business entity identified in Part 1. (See Reference Pamphlet, page 8.)

You may be required to disclose sources of income located outside your jurisdiction. For example, you may have a client who resides outside your jurisdiction who does business on a regular basis with you. Such a client, if a reportable source of \$10,000 or more, must be disclosed.

Mark "None" if you do not have any reportable \$10,000 sources of income to disclose. Phrases such as "various clients" or "not disclosing sources pursuant to attorney-client privilege" are not adequate disclosure. (See Reference Pamphlet, page 14, for information on procedures to request an exemption from disclosing privileged information.)

Part 4. Report any investments or interests in real property held or leased **by the entity or trust** identified in Part 1 if your pro rata share of the interest held was \$2,000 or more during the reporting period. Attach additional schedules or use FPPC's Form 700 Excel spreadsheet if needed.

- Check the applicable box identifying the interest held as real property or an investment.
- If investment, provide the name and description of the business entity.
- If real property, report the precise location (e.g., an assessor's parcel number or address).
- Check the box indicating the highest fair market value of your interest in the real property or investment during the reporting period. (Report the fair market value of the portion of your residence claimed as a tax deduction if you are utilizing your residence for business purposes.)
- Identify the nature of your interest.
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property or investment during the reporting period.

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

| | | |
|-------------------------|--------------|--------------|
| \$2,000 - \$10,000 | | |
| \$10,001 - \$100,000 | ____/____/23 | ____/____/23 |
| \$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.

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

| | | |
|-------------------------|--------------|--------------|
| \$2,000 - \$10,000 | | |
| \$10,001 - \$100,000 | ____/____/23 | ____/____/23 |
| \$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.

None

* You are not required to report loans from a commercial lending institution 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: _____

Instructions – Schedule B Interests in Real Property

Report interests in real property located in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more any time during the reporting period. Real property is also considered to be "within the jurisdiction" of a local government agency if the property or any part of it is located within two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the local government agency. (See Reference Pamphlet, page 13.)

Interests in real property include:

- An ownership interest (including a beneficial ownership interest)
- A deed of trust, easement, or option to acquire property
- A leasehold interest (See Reference Pamphlet, page 14.)
- A mining lease
- An interest in real property held in a retirement account (See Reference Pamphlet, page 15.)
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater ownership interest (Report on Schedule A-2.)
- Your spouse's or registered domestic partner's interests in real property that are legally held separately by him or her

You are not required to report:

- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Some interests in real property held through a blind trust (See Reference Pamphlet, page 16.)
 - **Please note:** A non-reportable property can still be grounds for a conflict of interest and may be disqualifying.

To Complete Schedule B:

- Report the precise location (e.g., an assessor's parcel number or address) of the real property.
- Check the box indicating the fair market value of your interest in the property (regardless of what you owe on the property).
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property during the reporting period.
- Identify the nature of your interest. If it is a leasehold,

Reminders

- Income and loans already reported on Schedule B are not also required to be reported on Schedule C.
- Real property already reported on Schedule A-2, Part 4 is not also required to be reported on Schedule B.
- Code filers – do your disclosure categories require disclosure of real property?

disclose the number of years remaining on the lease.

- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your pro rata share of the gross income from any single tenant was \$10,000 or more during the reporting period. If you received a total of \$10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the first and last name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total \$500 or more and are secured by real property may be reportable. **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 are not reportable.**

When reporting a loan:

- Provide the name and address of the lender.
- Describe the lender's business activity.
- Disclose the interest rate and term of the loan. For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period. The term of a loan is the total number of months or years given for repayment of the loan at the time the loan was established.
- Check the box indicating the highest balance of the loan during the reporting period.
- Identify a guarantor, if applicable.

If you have more than one reportable loan on a single piece of real property, report the additional loan(s) on Schedule C.

Example:

Allison Gande is a city planning commissioner. During the reporting period, Allison received rental income of \$12,000, from a single tenant who rented property owned in the city's jurisdiction. If Allison received \$6,000 each from two tenants, the tenants' names would not be required because no single tenant paid her \$10,000 or more. A married couple is considered a single tenant.

| | |
|---|---|
| ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 4600 24th Street | |
| CITY Sacramento | |
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | <input type="checkbox"/> / / XX / XX |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> ACQUIRED <input type="checkbox"/> DISPOSED |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INTEREST | |
| <input type="checkbox"/> Ownership/Deed of Trust | <input type="checkbox"/> Easement |
| <input type="checkbox"/> Leasehold | <input type="checkbox"/> Other |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED | |
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$500 - \$1,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> 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. | |
| <input type="checkbox"/> None | |
| Henry Wells | |
| NAME OF LENDER* | |
| Sophia Petroillo | |
| ADDRESS (Business Address Acceptable) | |
| 2121 Blue Sky Parkway, Sacramento | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | |
| Restaurant Owner | |
| INTEREST RATE | TERM (Months/Years) |
| 8 % <input type="checkbox"/> None | 15 Years |
| HIGHEST BALANCE DURING REPORTING PERIOD | |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> \$1,001 - \$10,000 |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> Guarantor, if applicable | |
| Comments: | |

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

| ▶ 1. INCOME RECEIVED | | ▶ 1. INCOME RECEIVED | |
|--|--|--|--|
| NAME OF SOURCE OF INCOME _____ | | NAME OF SOURCE OF INCOME _____ | |
| ADDRESS <i>(Business Address Acceptable)</i> _____ | | ADDRESS <i>(Business Address Acceptable)</i> _____ | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ | | BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ | |
| YOUR BUSINESS POSITION _____ | | YOUR BUSINESS POSITION _____ | |
| GROSS INCOME RECEIVED | No Income - Business Position Only | GROSS INCOME RECEIVED | No Income - Business Position Only |
| \$500 - \$1,000 | \$1,001 - \$10,000 | \$500 - \$1,000 | \$1,001 - \$10,000 |
| \$10,001 - \$100,000 | OVER \$100,000 | \$10,001 - \$100,000 | OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | | CONSIDERATION FOR WHICH INCOME WAS RECEIVED | |
| Salary | Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i> | Salary | Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i> |
| Partnership <i>(Less than 10% ownership. For 10% or greater use Schedule A-2.)</i> | | Partnership <i>(Less than 10% ownership. For 10% or greater use Schedule A-2.)</i> | |
| Sale of _____ | <i>(Real property, car, boat, etc.)</i> | Sale of _____ | <i>(Real property, car, boat, etc.)</i> |
| Loan repayment | | Loan repayment | |
| Commission or _____ | Rental Income, <i>list each source of \$10,000 or more</i> | Commission or _____ | Rental Income, <i>list each source of \$10,000 or more</i> |
| _____ <i>(Describe)</i> | | _____ <i>(Describe)</i> | |
| Other _____ | | Other _____ | |
| <i>(Describe)</i> | | <i>(Describe)</i> | |

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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* _____ | INTEREST RATE _____ % | TERM (Months/Years) _____ |
| ADDRESS <i>(Business Address Acceptable)</i> _____ | None | _____ |
| BUSINESS ACTIVITY, IF ANY, OF LENDER _____ | SECURITY FOR LOAN | |
| HIGHEST BALANCE DURING REPORTING PERIOD | None Personal residence | |
| \$500 - \$1,000 | Real Property _____ | |
| \$1,001 - \$10,000 | <i>Street address</i> | |
| \$10,001 - \$100,000 | _____ | |
| OVER \$100,000 | <i>City</i> | |
| | Guarantor _____ | |
| | Other _____ | |
| | <i>(Describe)</i> | |

Comments: _____

Instructions – Schedule C

Income, Loans, & Business Positions

(Income Other Than Gifts and Travel Payments)

Reporting Income:

Report the source and amount of gross income of \$500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was \$500 or more during the reporting period.

The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency's conflict of interest code.

Reporting Business Positions:

You must report your job title with each reportable business entity even if you received no income during the reporting period. Use the comments section to indicate that no income was received.

Commonly reportable income and loans include:

- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse's or registered domestic partner's income - **report the employer's name and all other required information**
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10.)
- Incentive compensation (See Reference Pamphlet, page 12.)

Reminders

- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

You are not required to report:

- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- Income from a PERS retirement account.

(See Reference Pamphlet, page 12.)

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure

- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of \$10,000 or more. (See Reference Pamphlet, page 8.) **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

Part 2. Loans Received or Outstanding During the Reporting Period

- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
 - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
 - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

Comments: _____

Instructions – Schedule D Income – Gifts

A gift is anything of value for which you have not provided equal or greater consideration to the donor. A gift is reportable if its fair market value is \$50 or more. In addition, multiple gifts totaling \$50 or more received during the reporting period from a single source must be reported.

It is the acceptance of a gift, not the ultimate use to which it is put, that imposes your reporting obligation. Except as noted below, you must report a gift even if you never used it or if you gave it away to another person.

If the exact amount of a gift is unknown, you must make a good faith estimate of the item's fair market value. Listing the value of a gift as "over \$50" or "value unknown" is not adequate disclosure. In addition, if you received a gift through an intermediary, you must disclose the name, address, and business activity of both the donor and the intermediary. You may indicate an intermediary either in the "source" field after the name or in the "comments" section at the bottom of Schedule D.

Commonly reportable gifts include:

- Tickets/passes to sporting or entertainment events
- Tickets/passes to amusement parks
- Parking passes not used for official agency business
- Food, beverages, and accommodations, including those provided in direct connection with your attendance at a convention, conference, meeting, social event, meal, or like gathering
- Rebates/discounts not made in the regular course of business to members of the public without regard to official status
- Wedding gifts (See Reference Pamphlet, page 16)
- An honorarium received prior to assuming office (You may report an honorarium as income on Schedule C, rather than as a gift on Schedule D, if you provided services of equal or greater value than the payment received. See Reference Pamphlet, page 10.)
- Transportation and lodging (See Schedule E.)
- Forgiveness of a loan received by you

Reminders

- Gifts from a single source are subject to a \$590 limit in 2023. (See Reference Pamphlet, page 10.)
- Code filers – you only need to report gifts from reportable sources.

Gift Tracking Mobile Application

- FPPC has created a gift tracking app for mobile devices that helps filers track gifts and provides a quick and easy way to upload the information to the Form 700. Visit FPPC's website to download the app.

You are not required to disclose:

- Gifts that were not used and that, within 30 days after receipt, were returned to the donor or delivered to a charitable organization or government agency without being claimed by you as a charitable contribution for tax purposes
- Gifts from your spouse or registered domestic partner, child, parent, grandparent, grandchild, brother, sister, and certain other family members (See Regulation 18942 for a complete list.). The exception does not apply if the donor was acting as an agent or intermediary for a reportable source who was the true donor.
- Gifts of similar value exchanged between you and an individual, other than a lobbyist registered to lobby your state agency, on holidays, birthdays, or similar occasions
- Gifts of informational material provided to assist you in the performance of your official duties (e.g., books, pamphlets, reports, calendars, periodicals, or educational seminars)
- A monetary bequest or inheritance (However, inherited investments or real property may be reportable on other schedules.)
- Personalized plaques or trophies with an individual value of less than \$250
- Campaign contributions
- Up to two tickets, for your own use, to attend a fundraiser for a campaign committee or candidate, or to a fundraiser for an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. The ticket must be received from the organization or committee holding the fundraiser.
- Gifts given to members of your immediate family if the source has an established relationship with the family member and there is no evidence to suggest the donor had a purpose to influence you. (See Regulation 18943.)
- Free admission, food, and nominal items (such as a pen, pencil, mouse pad, note pad or similar item) available to all attendees, at the event at which the official makes a speech (as defined in Regulation 18950(b)(2)), so long as the admission is provided by the person who organizes the event.
- Any other payment not identified above, that would otherwise meet the definition of gift, where the payment is made by an individual who is not a lobbyist registered to lobby the official's state agency, where it is clear that the gift was made because of an existing personal or business relationship unrelated to the official's position and there is no evidence whatsoever at the time the gift is made to suggest the donor had a purpose to influence you.

To Complete Schedule D:

- Disclose the full name (not an acronym), address, and, if a business entity, the business activity of the source.
- Provide the date (month, day, and year) of receipt, and disclose the fair market value and description of the gift.

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

Name _____

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

 Made a Speech/Participated in a Panel _____

 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

 Made a Speech/Participated in a Panel _____

 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

 Made a Speech/Participated in a Panel _____

 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

 Made a Speech/Participated in a Panel _____

 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

Instructions – Schedule E Travel Payments, Advances, and Reimbursements

Travel payments reportable on Schedule E include advances and reimbursements for travel and related expenses, including lodging and meals.

Gifts of travel may be subject to the gift limit. In addition, certain travel payments are reportable gifts, but are not subject to the gift limit. To avoid possible misinterpretation or the perception that you have received a gift in excess of the gift limit, you may wish to provide a specific description of the purpose of your travel. (See the FPPC fact sheet entitled “Limitations and Restrictions on Gifts, Honoraria, Travel, and Loans” to read about travel payments under section 89506(a).)

You are not required to disclose:

- Travel payments received from any state, local, or federal government agency for which you provided services equal or greater in value than the payments received, such as reimbursement for travel on agency business from your government agency employer.
- A payment for travel from another local, state, or federal government agency and related per diem expenses when the travel is for education, training or other inter-agency programs or purposes.
- Travel payments received from your employer in the normal course of your employment that are included in the income reported on Schedule C.
- A travel payment that was received from a nonprofit entity exempt from taxation under Internal Revenue Code Section 501(c)(3) for which you provided equal or greater consideration, such as reimbursement for travel on business for a 501(c)(3) organization for which you are a board member.

Note: Certain travel payments may not be reportable if reported via email on Form 801 by your agency.

To Complete Schedule E:

- Disclose the full name (not an acronym) and address of the source of the travel payment.
- Identify the business activity if the source is a business entity.
- Check the box to identify the payment as a gift or income, report the amount, and disclose the date(s).
 - **Travel payments are gifts** if you did not provide services that were equal to or greater in value than the payments received. You must disclose gifts totaling \$500 or more from a single source during the period covered by the statement.

When reporting travel payments that are gifts, you must provide a description of the gift, the **date(s)** received, and the **travel destination**.

- **Travel payments are income** if you provided services that were equal to or greater in value than the

payments received. You must disclose income totaling \$500 or more from a single source during the period covered by the statement. You have the burden of proving the payments are income rather than gifts. When reporting travel payments as income, you must describe the services you provided in exchange for the payment. You are not required to disclose the date(s) for travel payments that are income.

Example:

City council member MaryClaire Chandler is the chair of a 501(c)(6) trade association, and the association pays for MaryClaire's travel to attend its meetings. Because MaryClaire is deemed to be providing equal or greater consideration for the travel payment by virtue of serving on the board, this payment may be reported as income. Payments for MaryClaire to attend other events for which they are not providing services are likely considered gifts.

| | |
|---|----------------|
| ▶ NAME OF SOURCE (Not an Acronym) | |
| Health Services Trade Association | |
| ADDRESS (Business Address Acceptable) | |
| 1230 K Street, Suite 610 | |
| CITY AND STATE | |
| Sacramento, CA | |
| <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE | |
| Association of Healthcare Workers | |
| DATE(S): | AMT: \$ 550.00 |
| (if gift) | |
| ▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input checked="" type="checkbox"/> Income | |
| <input type="radio"/> Made a Speech/Participated in a Panel | |
| <input checked="" type="radio"/> Other - Provide Description <u>Travel reimbursement for board meeting.</u> | |
| ▶ If Gift, Provide Travel Destination _____ | |

Note that the same payment from a 501(c)(3) would NOT be reportable.

Example:

Mayor Kim travels to China on a trip organized by China Silicon Valley Business Development, a California nonprofit, 501(c)(6) organization. The Chengdu Municipal People's Government pays for Mayor Kim's airfare and travel costs, as well as meals and lodging during the trip. The trip's agenda shows that the trip's purpose is to promote job creation and economic activity in China and in Silicon Valley, so the trip is reasonably related to a governmental purpose.

| | |
|---|------------------|
| ▶ NAME OF SOURCE (Not an Acronym) | |
| Chengdu Municipal People's Government | |
| ADDRESS (Business Address Acceptable) | |
| 2 Caoshi St. CaoShiJie, Qingyang Qu, Chengdu Shi, | |
| CITY AND STATE | |
| Sichuan Sheng, China, 610000 | |
| <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE | |
| DATE(S): | AMT: \$ 3,874.38 |
| (if gift) | |
| ▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income | |
| <input type="radio"/> Made a Speech/Participated in a Panel | |
| <input checked="" type="radio"/> Other - Provide Description <u>Travel reimbursement for trip to China.</u> | |
| ▶ If Gift, Provide Travel Destination <u>Sichuan Sheng, China</u> | |

Thus, Mayor Kim must report the gift of travel, but the gift is exempt from the gift limit. In this case, the travel payments are not subject to the gift limit because the source is a foreign government and because the travel is reasonably related to a governmental purpose. (Section 89506(a)(2).) Note that Mayor Kim could be disqualified from participating in or making decisions about The Chengdu Municipal People's Government for 12 months. Also note that if China Silicon Valley Business Development (a 501(c)(6) organization) paid for the travel costs rather than the governmental organization, the payments would be subject to the gift limits. (See the FPPC fact sheet, Limitations and Restrictions on Gifts, Honoraria, Travel and Loans, at www.fppc.ca.gov.)

Restrictions and Prohibitions

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their economic interests including personal assets and income. The Act's conflict of interest provisions also disqualify a public official from taking part in a governmental decision if it is reasonably foreseeable that the decision will have a material financial effect on these economic interests as well as the official's personal finances and those of immediate family. (Gov. Code Sections 87100 and 87103.) The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the Act's provisions.

Gift Prohibition

Gifts received by most state and local officials, employees, and candidates are subject to a limit. In 2023-2024, the gift limit increased to \$590 from a single source during a calendar year.

Additionally, state officials, state candidates, and certain state employees are subject to a \$10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 10.

State and local officials and employees should check with their agency to determine if other restrictions apply.

Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose. For example, a personal residence is often not reportable, but may be grounds for disqualification. Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must publicly identify the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18707, and the Guide to Recognizing Conflicts of Interest page at www.fppc.ca.gov.

Honorarium Ban

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. (See Reference Pamphlet, page 10.)

Loan Restrictions

Certain state and local officials are subject to restrictions on loans. (See Reference Pamphlet, page 14.)

Post-Governmental Employment

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

Late Filing

The filing officer who retains originally-signed or electronically filed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is \$10 per day up to a maximum of \$100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to \$5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

Form 700 is a Public Document Public Access Must Be Provided

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

Questions and Answers

General

- Q. What is the reporting period for disclosing interests on an assuming office statement or a candidate statement?
- A. On an assuming office statement, disclose all reportable investments, interests in real property, and business positions held on the date you assumed office. In addition, you must disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you assumed office.

On a candidate statement, disclose all reportable investments, interests in real property, and business positions held on the date you file your declaration of candidacy. You must also disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you file your declaration of candidacy.

- Q. I hold two other board positions in addition to my position with the county. Must I file three statements of economic interests?
- A. Yes, three are required. However, you may instead complete an expanded statement listing the county and the two boards on the Cover Page or an attachment as the agencies for which you will be filing. Disclose all reportable economic interests in all three jurisdictions on the expanded statement. File the expanded statement for your primary position providing an original “wet” signature unless filed with a secure electronic signature. (See page 3 above.) File copies of the expanded statement with the other two agencies as required by Regulation 18723.1(c). Remember to complete separate statements for positions that you leave or assume during the year.
- Q. I am a department head who recently began acting as city manager. Should I file as the city manager?
- A. Yes. File an assuming office statement as city manager. Persons serving as “acting,” “interim,” or “alternate” must file as if they hold the position because they are or may be performing the duties of the position.

- Q. My spouse and I are currently separated and in the process of obtaining a divorce. Must I still report my spouse’s income, investments, and interests in real property?
- A. Yes. A public official must continue to report a spouse’s economic interests until such time as dissolution of marriage proceedings is final. However, if a separate property agreement has been reached prior to that time, your estranged spouse’s income may not have to be reported. Contact the FPPC for more information.
- Q. As a designated employee, I left one state agency to work for another state agency. Must I file a leaving office statement?
- A. Yes. You may also need to file an assuming office statement for the new agency.

Investment Disclosure

- Q. I have an investment interest in shares of stock in a company that does not have an office in my jurisdiction. Must I still disclose my investment interest in this company?
- A. Probably. The definition of “doing business in the jurisdiction” is not limited to whether the business has an office or physical location in your jurisdiction. (See Reference Pamphlet, page 13.)
- Q. My spouse and I have a living trust. The trust holds rental property in my jurisdiction, our primary residence, and investments in diversified mutual funds. I have full disclosure. How is this trust disclosed?
- A. Disclose the name of the trust, the rental property and its income on Schedule A-2. Your primary residence and investments in diversified mutual funds registered with the SEC are not reportable.
- Q. I am required to report all investments. I have an IRA that contains stocks through an account managed by a brokerage firm. Must I disclose these stocks even though they are held in an IRA and I did not decide which stocks to purchase?
- A. Yes. Disclose on Schedule A-1 or A-2 any stock worth \$2,000 or more in a business entity located in or doing business in your jurisdiction.

Questions and Answers Continued

- Q. The value of my stock changed during the reporting period. How do I report the value of the stock?
- A. You are required to report the highest value that the stock reached during the reporting period. You may use your monthly statements to determine the highest value. You may also use the entity's website to determine the highest value. You are encouraged to keep a record of where you found the reported value. Note that for an assuming office statement, you must report the value of the stock on the date you assumed office.
- Q. I am the sole owner of my business, an S-Corporation. I believe that the nature of the business is such that it cannot be said to have any "fair market value" because it has no assets. I operate the corporation under an agreement with a large insurance company. My contract does not have resale value because of its nature as a personal services contract. Must I report the fair market value for my business on Schedule A-2 of the Form 700?
- A. Yes. Even if there are no *tangible* assets, intangible assets, such as relationships with companies and clients are commonly sold to qualified professionals. The "fair market value" is often quantified for other purposes, such as marital dissolutions or estate planning. In addition, the IRS presumes that "personal services corporations" have a fair market value. A professional "book of business" and the associated goodwill that generates income are not without a determinable value. The Form 700 does not require a precise fair market value; it is only necessary to check a box indicating the broad range within which the value falls.
- Q. I own stock in IBM and must report this investment on Schedule A-1. I initially purchased this stock in the early 1990s; however, I am constantly buying and selling shares. Must I note these dates in the "Acquired" and "Disposed" fields?
- A. No. You must only report dates in the "Acquired" or "Disposed" fields when, during the reporting period, you initially purchase a reportable investment worth \$2,000 or more or when you dispose of the entire investment. You are not required to track the partial trading of an investment.
- Q. On last year's filing I reported stock in Encoe valued at \$2,000 - \$10,000. Late last year the value of this stock fell below and remains at less than \$2,000. How should this be reported on this year's statement?
- A. You are not required to report an investment if the value was less than \$2,000 during the **entire** reporting period. However, because a disposed date is not required for stocks that fall below \$2,000, you may want to report the stock and note in the "comments" section that the value fell below \$2,000. This would be for informational purposes only; it is not a requirement.
- Q. We have a Section 529 account set up to save money for our son's college education. Is this reportable?
- A. If the Section 529 account contains reportable interests (e.g., common stock valued at \$2,000 or more), those interests are reportable (not the actual Section 529 account). If the account contains solely mutual funds, then nothing is reported.

Income Disclosure

- Q. I reported a business entity on Schedule A-2. Clients of my business are located in several states. Must I report all clients from whom my pro rata share of income is \$10,000 or more on Schedule A-2, Part 3?
- A. No, only the clients located in or doing business on a regular basis in your jurisdiction must be disclosed.
- Q. I believe I am not required to disclose the names of clients from whom my pro rata share of income is \$10,000 or more on Schedule A-2 because of their right to privacy. Is there an exception for reporting clients' names?
- A. Regulation 18740 provides a procedure for requesting an exemption to allow a client's name not to be disclosed if disclosure of the name would violate a legally recognized privilege under California or Federal law. This regulation may be obtained from our website at www.fppc.ca.gov. (See Reference Pamphlet, page 14.)

Questions and Answers Continued

Q. I am sole owner of a private law practice that is not reportable based on my limited disclosure category. However, some of the sources of income to my law practice are from reportable sources. Do I have to disclose this income?

A. Yes, even though the law practice is not reportable, reportable sources of income to the law practice of \$10,000 or more must be disclosed. This information would be disclosed on Schedule C with a note in the “comments” section indicating that the business entity is not a reportable investment. The note would be for informational purposes only; it is not a requirement.

Q. I am the sole owner of my business. Where do I disclose my income - on Schedule A-2 or Schedule C?

A. Sources of income to a business in which you have an ownership interest of 10% or greater are disclosed on Schedule A-2. (See Reference Pamphlet, page 8.)

Q. My spouse is a partner in a four-person firm where all of their business is based on their own billings and collections from various clients. How do I report my community property interest in this business and the income generated in this manner?

A. If your spouse's investment in the firm is 10% or greater, disclose 100% of your spouse's share of the business on Schedule A-2, Part 1 and 50% of your spouse's income on Schedule A-2, Parts 2 and 3. For example, a client of your spouse's must be a source of at least \$20,000 during the reporting period before the client's name is reported.

Q. How do I disclose my spouse's or registered domestic partner's salary?

A. Report the name of the employer as a source of income on Schedule C.

Q. I am a doctor. For purposes of reporting \$10,000 sources of income on Schedule A-2, Part 3, are the patients or their insurance carriers considered sources of income?

A. If your patients exercise sufficient control by selecting you instead of other doctors, then your patients, rather than their insurance carriers, are sources of income to you. (See Reference Pamphlet, page 14.)

Q. I received a loan from my grandfather to purchase my home. Is this loan reportable?

A. No. Loans received from family members are not reportable.

Q. Many years ago, I loaned my parents several thousand dollars, which they paid back this year. Do I need to report this loan repayment on my Form 700?

A. No. Payments received on a loan made to a family member are not reportable.

Real Property Disclosure

Q. During this reporting period we switched our principal place of residence into a rental. I have full disclosure and the property is located in my agency's jurisdiction, so it is now reportable. Because I have not reported this property before, do I need to show an “acquired” date?

A. No, you are not required to show an “acquired” date because you previously owned the property. However, you may want to note in the “comments” section that the property was not previously reported because it was used exclusively as your residence. This would be for informational purposes only; it is not a requirement.

Q. I am a city manager, and I own a rental property located in an adjacent city, but one mile from the city limit. Do I need to report this property interest?

A. Yes. You are required to report this property because it is located within 2 miles of the boundaries of the city you manage.

Q. Must I report a home that I own as a personal residence for my daughter?

A. You are not required to disclose a home used as a personal residence for a family member unless you receive income from it, such as rental income.

Q. I am a co-signer on a loan for a rental property owned by a friend. Since I am listed on the deed of trust, do I need to report my friend's property as an interest in real property on my Form 700?

A. No. Simply being a co-signer on a loan for property does not create a reportable interest in that real property.

Questions and Answers Continued

Gift Disclosure

- Q. If I received a reportable gift of two tickets to a concert valued at \$100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?
- A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.
- Q. Julia and Jared Benson, a married couple, want to give a piece of artwork to a county supervisor. Is each spouse considered a separate source for purposes of the gift limit and disclosure?
- A. Yes, each spouse may make a gift valued at the gift limit during a calendar year. For example, during 2023 the gift limit was \$590, so the Bensons may have given the supervisor artwork valued at no more than \$1,080. The supervisor must identify Jared and Julia Benson as the sources of the gift.
- Q. I am a Form 700 filer with full disclosure. Our agency holds a holiday raffle to raise funds for a local charity. I bought \$10 worth of raffle tickets and won a gift basket valued at \$120. The gift basket was donated by Doug Brewer, a citizen in our city. At the same event, I bought raffle tickets for, and won a quilt valued at \$70. The quilt was donated by a coworker. Are these reportable gifts?
- A. Because the gift basket was donated by an outside source (not an agency employee), you have received a reportable gift valued at \$110 (the value of the basket less the consideration paid). The source of the gift is Doug Brewer and the agency is disclosed as the intermediary. Because the quilt was donated by an employee of your agency, it is not a reportable gift.
- Q. My agency is responsible for disbursing grants. An applicant (501(c)(3) organization) met with agency employees to present its application. At this meeting, the applicant provided food and beverages. Would the food and beverages be considered gifts to the employees? These employees are designated in our agency's conflict of interest code and the applicant is a reportable source of income under the code.
- A. Yes. If the value of the food and beverages consumed by any one filer, plus any other gifts received from the same source during the reporting period total \$50 or more, the food and beverages would be reported using the fair market value and would be subject to the gift limit.
- Q. I received free admission to an educational conference related to my official duties. Part of the conference fees included a round of golf. Is the value of the golf considered informational material?
- A. No. The value of personal benefits, such as golf, attendance at a concert, or sporting event, are gifts subject to reporting and limits.



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Date: May 20, 2024

Yolanda R. Richardson
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Ms. Richardson:

On behalf of the Governing Board, I am pleased to forward the recommendation that Juthaporn Chaloeicheep, new Member Advisory Committee Co-Chair, sits on the Governing Board of the San Francisco Health Authority.

Sincerely,

DocuSigned by:

A handwritten signature in black ink that reads "Steven Fugaro".

34D4996FE23F4D6...
Steven Fugaro, MD
Chair, Governing Board



SAN FRANCISCO HEALTH AUTHORITY

The below listed summary of seats, term expirations and membership information shall serve as notice of **vacancies, upcoming term expirations** and information on currently held seats, appointed by the Board of Supervisors. Appointments by other bodies are listed, if available. Seat numbers listed in **bold** are open for immediate appointment. However, you are able to submit applications for all seats and your application will be maintained for one year, in the event that an unexpected vacancy or opening occurs.

Membership and Seat Qualifications

| Seat # | Appointing Authority | Seat Holder | Term Ending | Qualification |
|----------|----------------------|------------------------|-------------------|---|
| 1 | BOS | VACANT | Indefinite | Member of the Board of Supervisors or designee |
| 2 | BOS | Jian Qing Zhang | 1/15/23 | Must be employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California, for a three-year term |
| 3 | BOS | Roland Pickens | 1/15/24 | Must be employed in the senior management of San Francisco General Hospital, for a three-year term |
| 4 | BOS | Emily Webb | 1/15/24 | Must be employed in the senior management of St. Luke's Hospital (San Francisco), for a three-year term |
| 5 | BOS | Johanna Liu | 1/15/24 | Must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term |

| Seat # | Appointing Authority | Seat Holder | Term Ending | Qualification |
|---------------|-----------------------------|--------------------|--------------------|---|
| 6 | BOS | Eddie Chan | 1/15/25 | Must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term |
| 7 | BOS | Joseph Woo | 1/15/24 | Must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term |
| 8 | BOS | Steven Fugaro | 1/15/24 | Must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term |
| 9 | BOS | Norlissa Cooper | 1/15/24 | Must be nominated by the San Francisco Labor Council, or any successor organization, for a three-year term |
| 10 | BOS | Maria Luz Torre | 1/15/19 | Must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term |
| 11 | BOS | VACANT | 1/15/27 | Must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term |

| Seat # | Appointing Authority | Seat Holder | Term Ending | Qualification |
|---------------|----------------------------------|---------------------------|--------------------|---|
| 12 | BOS | VACANT | 1/15/27 | Must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term |
| 13 | BOS | VACANT | 1/15/25 | Must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term |
| 14 | BOS | Joseph David Woods | 1/15/21 | Must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term |
| | Mayor | VACANT | | Appointed by the Mayor |
| | Public Health | Greg Wagner | | Shall be the Director of Public Health or his/her designee |
| | Chancellor of UCSF | Reece Fawley | | Shall be the Chancellor of the University of California at San Francisco or his/her designee |
| | Director of Mental Health | VACANT | | Shall be the Director of Mental Health or his/her designee |
| | Health Commission | VACANT | | Nonvoting member shall be appointed by the Health Commission |

Additional Seat Requirements: One of the members in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

BOARD OF SUPERVISORS (BOS) APPLICATION FORMS AVAILABLE HERE

- English - https://sfbos.org/sites/default/files/vacancy_application.pdf
- 中文 - https://sfbos.org/sites/default/files/vacancy_application_CHI.pdf
- Español - https://sfbos.org/sites/default/files/vacancy_application_SPA.pdf
- Filipino - https://sfbos.org/sites/default/files/vacancy_application_FIL.pdf

(For seats appointed by other Authorities please contact the Board / Commission / Committee / Task Force (see below) or the appointing authority directly.)

Pursuant to Board of Supervisors Rules of Order 2.19 (Motion No. 05-92) all applicants applying for this body must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not received.

FORM 700 AVAILABLE HERE (Required)

<https://www.fppc.ca.gov/Form700.html>

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Applications and other documents may be submitted to BOS-Appointments@sfgov.org

Next Steps: Applicants who meet 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(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of the individual(s) who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

The Health Authority was established as the Local Initiative under the Medi-Cal program to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate; and to ensure preservation of the safety net. The powers and responsibilities of the Health Authority are stated in Administrative Code, Section 69.3.

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

- A) One (1) member of the board or any other person designated by the Board;
- B) One (1) shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California;
- C) One (1) member shall be employed in the senior management of San Francisco General Hospital; (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San Francisco);
- D) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;
- E) (Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;
- F) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;
- G) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;
- H) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and
- I) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in "A," "H," or "I" above must represent the discipline of nursing and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board ("A" above).

The composition of the other five (5) members is as follows:

- One (1) member appointed by the Mayor;
- One (1) member shall be the Director of Public Health or his/her designee;
- One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- One (1) member shall be the Director of Mental Health or his/her designee; and
- One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

Authority: California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

Sunset Date: None

Contact: Valerie Huggins
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Updated: January 18, 2024



Gender Analysis
San Francisco Commissions and Boards
FY 2020-2021



London N. Breed
Mayor

City and County of San Francisco
Department on the Status of Women



Dear Honorable Mayor London N. Breed and Board of Supervisors:

Please find attached the 2021 Gender Analysis of Commissions and Boards Report. We are pleased to share that under Mayor Breed's leadership, representation of women, people of color, and women of color on policy bodies continues to increase. Mayoral appointments are more diverse based on gender and race compared to both supervisorial appointments and appointments in general.

Overall, policy bodies have a larger percentage of women, members of the LGBTQIA+ community, and Veterans¹ than the general San Francisco population. The percentage of women of color and people with disabilities appointed to policy bodies is near equal to the general population. Fiscal year 2020-2021 saw the largest increase in representation of women on policy bodies since the Department on the Status of Women started collecting data in 2009. Women of color have the highest representation of appointees to date.

Black and African American women and men are notably well-represented on San Francisco policy bodies. Black women are 8 percent of appointees compared to 2.4 percent of the general San Francisco population, and Black men are 4 percent of appointees compared to 2.5 percent of the general San Francisco population. Additionally, almost 1-in-4 appointees who responded to the survey question identify as a member of the LGBTQIA+ community.

Commissions that oversee the largest budgets have members of the LGBTQIA+ community, people with disabilities, and Veterans represented at higher percentages than the general population.

While San Francisco continues to make strides in diversity, there is still work to do in achieving parity of representation for Latinx and Asian groups in appointed positions overall, as well as women, people of color, and women of color on Commissions overseeing the largest budgets. The Department applauds Mayor Breed for remaining committed to diversifying policy body appointments across all diversity categories, including for positions of influence and authority.

Thank you to Department staff who worked on this report and to members of the Commission on the Status of Women for their ongoing advocacy for intersectional gender equity efforts.

Kimberly Ellis, Director of the Department on the Status of Women

A handwritten signature in black ink, appearing to read "Kimberly Ellis".

¹ "Veterans" refers to people who have served and/or have an immediate family member who has served in the military.

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Executive Summary

In 2008, San Francisco voters approved a City Charter Amendment (section 4.101) establishing as City policy for the membership of Commissions and Boards to reflect the diversity of San Francisco's population and appointing officials be urged to support the nomination, appointment, and confirmation of these candidates. Additionally, it requires the San Francisco Department on the Status of Women to conduct and publish a gender analysis of Commissions and Boards every two years.

The 2021 Gender Analysis of Commissions and Boards Report (2021 Gender Analysis Report) evaluates representation of the following groups across appointments to San Francisco policy bodies:

- Women
- People of color
- LGBTQIA+ individuals
- People with disabilities
- Veterans (or people who have immediate family members that have served)
- Various religious affiliations

The report includes policy bodies such as task forces, committees, and Advisory Bodies, in addition to Commissions and Boards.

This year, data was collected from 92 policy bodies and from a total of 349 members, mostly appointed by the Mayor and Board of Supervisors. The policy bodies surveyed for the 2021 Gender Analysis Report fall under two categories designated by the San Francisco Office of the City Attorney.² The first category, referred to as "Commissions and Boards," are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission. The second category, referred to as "Advisory Bodies," are policy bodies with advisory function whose members do not submit financial disclosures to the Ethics Commission. The report examines policy bodies and appointees both comprehensively as a whole and separately by the two categories.

Several changes were made to the survey questions for the 2021 Gender Analysis Report. Sexual Orientation and Gender Identity (SOGI) categories were aligned with the latest classifications used by the Office of Transgender Initiatives. The classification of Veteran Status was also expanded to include individuals with close family members that have served in the military and armed forces. This addition to Veteran Status was adopted based on feedback from previous reports.

While the overall number of policy bodies that submitted data increased compared to 2019, the total number of individual members who participated in the survey was dramatically less than the number who participated in 2019. Due to the pandemic, data collection methods

² "Sec. 3.1-103. Filing Officers." *American Legal Publishing Corporation*, https://codelibrary.amlegal.com/codes/san_francisco/latest/sf_campaign/0-0-0-979.

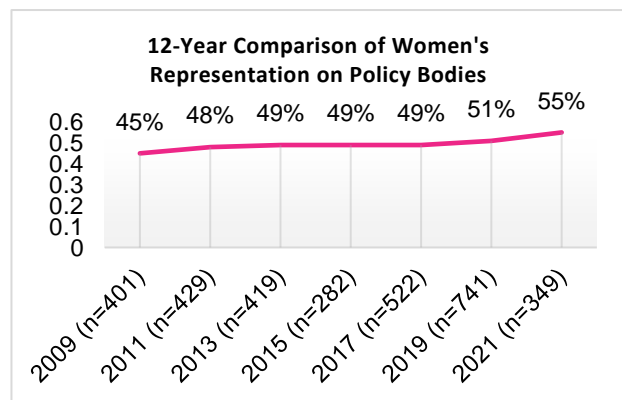
were limited compared to previous years, including the ability to conduct paper surveys and in-person meetings. Reliance on online surveying significantly reduced the level of participation, despite three to five direct contact efforts with policy bodies via phone and email. Moving forward, in addition to collecting data through paper/in-person surveys, when possible, the Department on the Status of Women recommends that all policy body appointees be required to take a training on the Gender Analysis survey process, alongside the required Ethics training, to guarantee participation.

Similarly, due to census data not being collected during COVID-19, updated demographic information on the general population of San Francisco was not available for years more recent than 2019. In this report, data on the San Francisco population references data from previous years (2015-2019) populations.

Key Findings

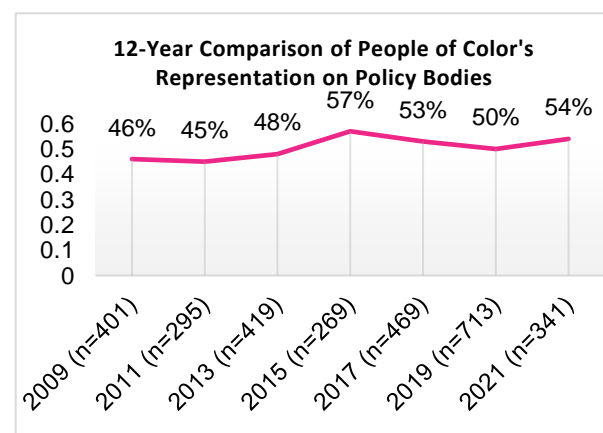
Gender

- Women's representation on policy bodies is 55%, above parity with the San Francisco female population of 49%.
- FY 2021 oversaw the largest increase in the representation of women on San Francisco policy bodies since 2009.



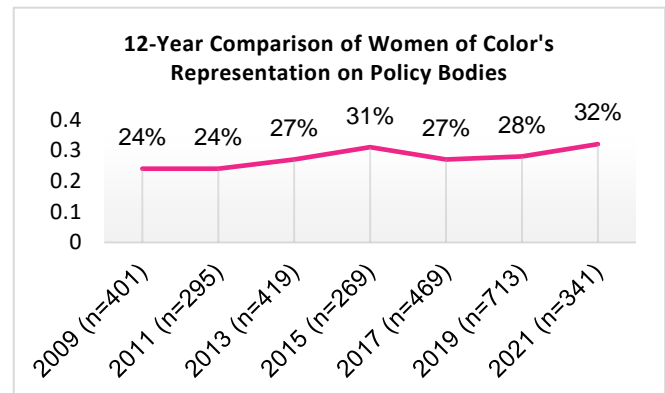
Race and Ethnicity

- The representation of people of color on policy bodies is 54%. Comparatively, in San Francisco, 62% of the population identifies with a race other than white.
- While the overall representation of people of color has increased since the 2019 report at 50%, representation has still decreased compared to 57% in 2015.
- As found in previous reports, Latinx and Asian groups are underrepresented on San Francisco policy bodies as compared to the population. Latinx individuals are 15% of the population but make up only 9% of appointees. Asian individuals are 36% of the population but make up only 26% of appointees.



Race and Ethnicity by Gender

- On the whole, women of color are 32% of the San Francisco population and 32% of appointees. This 4% increase is the highest representation of women of color appointees to date.
- Meanwhile, men of color are underrepresented at 21% of appointees compared to 31% of the San Francisco population.



- Both white women and men are overrepresented on San Francisco policy bodies. White women are 25% of appointees compared to 17% of the San Francisco population. White men are 21% of appointees compared to 20% of the population.
- Black and African American women and men are well-represented on San Francisco policy bodies. Black women are 8% of appointees compared to 2.4% of the population, and Black men are 4% of appointees compared to 2.5% of the population.
- Latinx women are 7% of the San Francisco population but 4% of appointees, and Latinx men are 7% of the population but 4% of appointees.
- Asian women are 17% of the San Francisco population but 15% of appointees, and Asian men are 15% of the population but 11% of appointees.

Additional Demographics

- Out of the 74% of appointees who responded to the survey question on LGBTQIA+ identity, 23% identify as lesbian, gay, bisexual, transgender, nonbinary, queer, or questioning, and 77% of appointees identify as straight/heterosexual.
- Out of the 70% of appointees who responded to the question on Disability Status, 12.6% identify as having one or more disabilities, which is just above parity of the 12% of the adult population with a Disability Status in San Francisco.
- Out of the 67% of appointees who responded to the question on Veteran Status, 22% have served in the military (or have an immediate family member who has served) compared to 3% of the San Francisco population (census data on military service does not include immediate family members who have served).

Proxies for Influence: Budget and Authority

- Although women are half of all appointees, those Commissions and Boards with the largest budgets have fewer women, and especially fewer women of color. Meanwhile, representation of women on Boards and Commissions with the smallest budgets are just below parity with the San Francisco population.
- Although still underrepresented relative to the San Francisco population, there is a larger percentage of people of color on Commissions and Boards with both the largest and smallest budgets compared to overall appointees.
- The percentage of total women is greater on Advisory Bodies than Commissions and Boards. Women are 60% of appointees on Advisory Bodies and 53% of appointees on Commissions and Boards. The percentage of women of color on Advisory Bodies is also higher than on Commissions and Boards.

Appointing Authorities

- Mayoral appointments include 60% women, 59% people of color, and 37% women of color, which is more diverse by gender and race compared to both Supervisorial appointments and total appointments.

Demographics of Appointees Compared to the San Francisco Population

| | Women | People of Color | Women of Color | LGBTQIA+ | Disability Status | Veteran Status |
|---|-------|-----------------|----------------|----------|-------------------|----------------|
| San Francisco Population** | 49% | 62% | 32% | 6%-15%* | 12% | 2.7% |
| Total Appointees | 55% | 54% | 32% | 23% | 13% | 22% |
| 10 Largest Budgeted Commissions and Boards | 43% | 44% | 21% | 16% | 15% | 20% |
| 10 Smallest Budgeted Commissions and Boards | 48% | 43% | 29% | 17% | 9% | 12% |
| Commissions and Boards | 53% | 53% | 30% | 18% | 11% | 21% |
| Advisory Bodies | 60% | 53% | 33% | 31% | 15% | 20% |

San Francisco population estimates come from the 2017 and 2018 American Community Survey 5-Year Estimates, SF DOSW Data Collection and Analysis Report, 2021.

**Note: Estimates vary by source. See page 16 for a detailed breakdown.*

***Due to the COVID-19 pandemic, updated data is unavailable for race/ethnicity, LGBTQIA+ status, Disability Status, and Veteran Status in 2021. Therefore, the data used to represent the San Francisco population is from the 2019 Gender Analysis Report.*

I. Introduction

Inspired by the fourth U.N. World Conference on Women in Beijing, San Francisco became the first city in the world to adopt a local ordinance reflecting the principles of the U.N. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), an international bill of rights for women. The CEDAW Ordinance was passed unanimously by the San Francisco Board of Supervisors and signed into law by Mayor Willie L. Brown, Jr. on April 13, 1998.³ In 2002, the CEDAW Ordinance was revised to address the intersection of race and gender and incorporate reference to the U.N. Convention on the Elimination of all Forms of Race Discrimination. The Ordinance requires the City to take proactive steps to ensure gender equity and specifies "gender analysis" as a preventive tool to identify and address discrimination. Since 1998, the Department on the Status of Women has employed this tool to analyze the operations of 10 City Departments using a gender lens.

In 2007, the Department on the Status of Women conducted the first gender analysis to evaluate the number of women appointed to City Commissions and Boards. The findings of this analysis informed a City Charter Amendment developed by the Board of Supervisors for the June 2008 Election. This City Charter Amendment (section 4.101) was overwhelmingly approved by voters and made it City policy that:

- The membership of Commissions and Boards are to reflect the diversity of San Francisco's population,
- Appointing officials are to be urged to support the nomination, appointment, and confirmation of these candidates, and
- The Department on the Status of Women is required to conduct and publish a gender analysis of Commissions and Boards every two years.

The 2021 Gender Analysis Report examines the representation of women, people of color, LGBTQIA+ individuals, people with disabilities, Veterans, and religious affiliations of appointees on San Francisco policy bodies. As was the case for the 2019 Gender Analysis Report, this year's analysis involved increased outreach to policy bodies as compared to previous analyses that were limited to Commissions and Boards. As a result, the data collection and analysis examine a more diverse and expansive layout of City policy bodies. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney. The first category, referred to as "Commissions and Boards," are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission. The second category, referred to as "Advisory Bodies," are policy bodies with advisory function whose members do not submit financial disclosures to the Ethics Commission. A detailed description of methodology and limitations can be found on page 27.

³ San Francisco Administrative Code Chapter 33.A.
[http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?
f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco_ca\\$anc=JD_Chapter33A.](http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$anc=JD_Chapter33A)

II. Findings

Many aspects of San Francisco's diversity are reflected in the overall population of appointees on San Francisco policy bodies. The analysis includes data from 92 policy bodies, of which 788 of the 979 seats are filled, leaving 20% vacant. As outlined below in Figure 1, slightly more than half of appointees are women and people of color, 32% are women of color, 23% identify as LGBTQIA+, 13% have a disability, and 22% are Veterans.

Figure 1: Summary Data of Policy Body Demographics, 2021

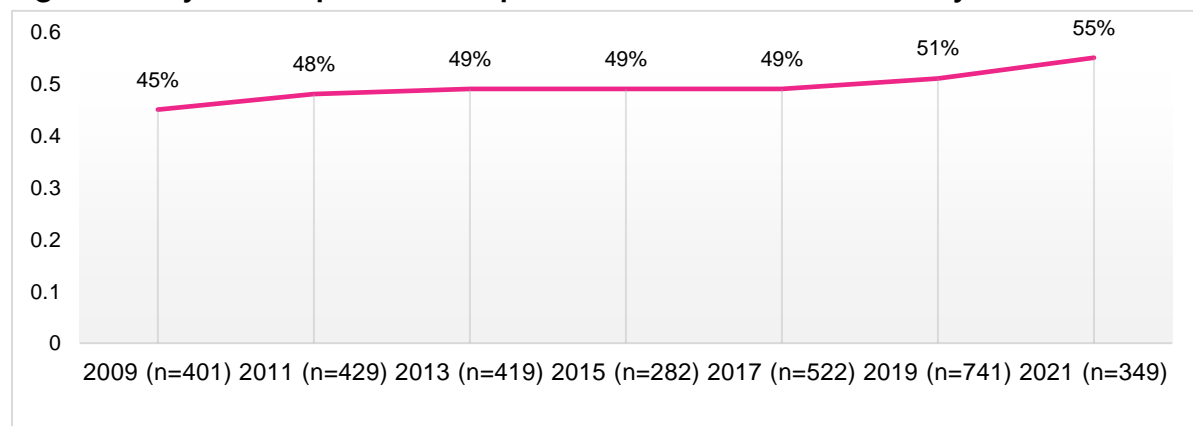
| Appointee Demographics | Percentage of Appointees |
|----------------------------------|--------------------------|
| Women (n=349) | 55% |
| People of Color (n=341) | 54% |
| Women of Color (n=341) | 32% |
| LGBTQIA+ Identifying (n=334) | 23% |
| People with Disabilities (n=349) | 13% |
| Veteran Status (n=349) | 22% |

However, further analysis reveals underrepresentation of particular groups. Subsequent sections present comprehensive data analysis providing comparison to previous years, detailing the variables of gender, race/ethnicity, LGBTQIA+ identity, Disability Status, Veteran Status, religious affiliations, and policy body characteristics of budget size, decision-making authority, and appointment authority.

A. Gender

On San Francisco policy bodies, 55% of appointees identify as women, which is above parity compared to the San Francisco female population of 49%. The representation of women remained stable at 49% from 2013 until 2017, with a slight increase to 51% in 2019. This increase could be partly due to the larger sample size used in the 2019 analysis compared to previous years. A 12-year comparison shows that the representation of women appointees has gradually increased since 2009 by a total of ten percentage points.

Figure 2: 12-year Comparison of Representation of Women on Policy Bodies



Figures 3 and 4 analyze Commissions and Boards. Figure 3 showcases the five Commissions and Boards with the highest representation of women appointees as compared to 2017 and 2019. The Commission on the Status of Women is currently comprised of all women appointees. This finding has been consistent for the Commission on the Status of Women since 2015. The Aging and Adult Services Commission, Health Commission, and Library Commission are all at 71%, respectively.

Figure 3: Commissions and Boards with the Highest Percentages of Women, 2021 Compared to 2017 and 2019

| Policy Body | Percent of Women | Response Rate | 2019 Percent | 2017 Percent |
|--|------------------|---------------|--------------|--------------|
| Commission on the Status of Women | 100% | 100% | 100% | 100% |
| Arts Commission | 79% | 100% | 67% | 60% |
| Children and Families (First 5) Commission | 75% | 75% | 100% | 100% |
| Aging and Adult Services Commission | 71% | 86% | 57% | 40% |
| Health Commission | 71% | 100% | 43% | 29% |
| Library Commission | 71% | 100% | 71% | 80% |

Out of the Commissions and Boards in this section, 6 have 40% or less women. The Commissions and Boards with the lowest representation of women are displayed in Figure 4. The lowest percentage is found on the Board of Examiners, which has 90% of responses from the Board, but 0 members identifying as women. Unfortunately, demographic data is unavailable for the Board of Examiners for 2017, however there was 0% of female representation in 2019 as well. The Police Commission, Human Services Commission, and Access Appeals Commission all have entirely completed the demographics survey at 100%, yet still have some of the lowest percentages of women at 20%. It should be noted that policy bodies with a small number of members, such as the Residential Users Appeal Board (which currently has two members), means that minimal changes in its demographic composition greatly impacts percentages. Additionally, several policy bodies had low response rates to the demographics survey, ultimately impacting the representation for their respective policy body accordingly.

Figure 4: Commissions and Boards with Lowest Percentage of Women, 2021 Compared to 2017 and 2019

| Policy Body | Percent of Women | Response Rate | 2019 Percent | 2017 Percent |
|--|------------------|---------------|--------------|--------------|
| Residential Users Appeal Board | 0% | 50% | 0% | N/A |
| Board of Examiners | 0% | 90% | 0% | N/A |
| Assessment Appeals Board No. 3 | 0% | 67% | 50% | N/A |
| Assessment Appeals Board No. 2 | 0% | 100% | 50% | N/A |
| Rent Board Commission | 10% | 60% | 44% | 30% |
| Small Business Commission | 14% | 43% | 43% | 43% |
| Retirement System Board | 14% | 57% | 43% | 43% |
| Health Service Board | 14% | 43% | 33% | 29% |
| Children, Youth, and Their Families Oversight and Advisory Committee | 14% | 14% | 50% | N/A |
| Treasure Island Development Authority | 17% | 50% | 50% | 43% |
| Public Utilities Commission | 20% | 60% | 67% | 40% |
| Police Commission | 20% | 100% | 43% | 29% |

Figure 4: Commissions and Boards with Lowest Percentage of Women, 2021 Compared to 2017 and 2019, Continued

| Policy Body | Percent of Women | Response Rate | 2019 Percent | 2017 Percent |
|--------------------------------------|------------------|---------------|--------------|--------------|
| Human Services Commission | 20% | 100% | 40% | 20% |
| Access Appeals Commission | 20% | 100% | N/A | N/A |
| Public Utilities Rate Fairness Board | 25% | 75% | 33% | 33% |
| Ethics Commission | 25% | 25% | 100% | 33% |

**Commission and Boards with 70% response rates or higher are highlighted in grey.*

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of women. This is the second year such bodies have been included, thus comparison to previous years before 2019 is unavailable. Figure 5 below displays the five Advisory Bodies with the highest representations of women. Due to a lack of survey responses from several Advisory Bodies, analysis on the five lowest representations of women is unavailable. The Office of Early Care and Education Citizens' Advisory Committee has the greatest representation of women at 67%, followed closely by the Citizen's Committee on Community Development at 63%.

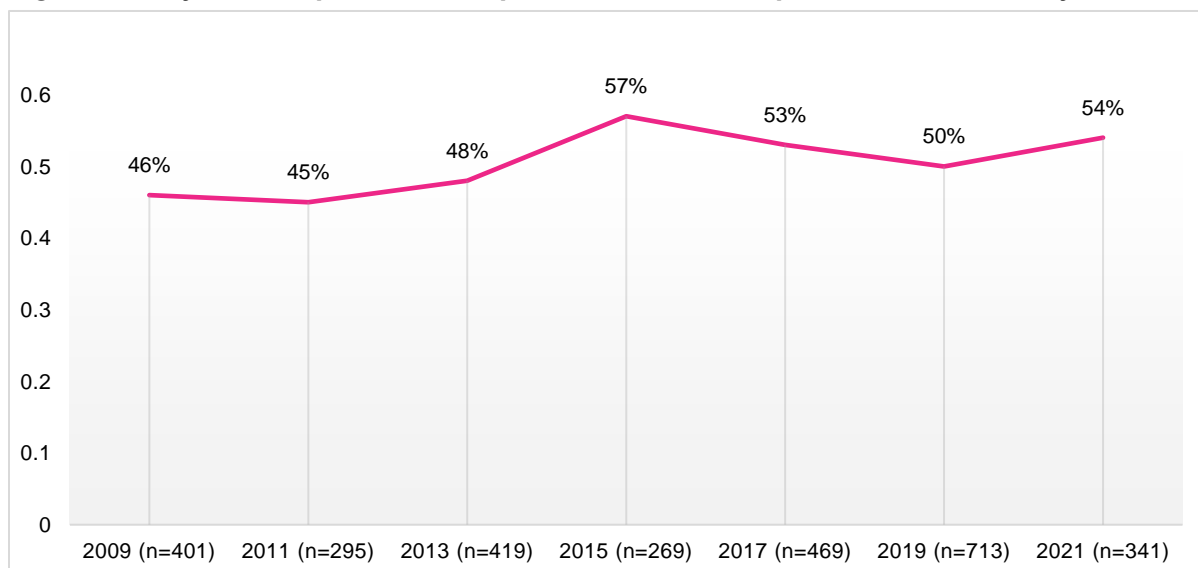
Figure 5: Advisory Bodies with the Highest Percentage of Women, 2021

| Policy Body | Percent of Women | Response Rate | 2019 Percent |
|---|------------------|---------------|--------------|
| Office of Early Care and Education Citizens' Advisory Committee | 67% | 78% | 89% |
| Citizens' Committee on Community Development | 63% | 63% | 75% |
| Ballot Simplification Committee | 50% | 75% | 75% |
| Immigrant Rights Commission | 43% | 57% | 54% |
| Municipal Green Building Task Force | 43% | 67% | 50% |

B. Race and Ethnicity

Data on racial and ethnic identity was collected from 341 participants, or 98% of the surveyed appointees. Although half of appointees identify as a race or ethnicity other than white or Caucasian, people of color are still underrepresented compared to the San Francisco population of 62%. The representation of people of color has increased since 2009 but has decreased following 2015. The number of appointees analyzed increased substantially in 2017 and 2019, as compared to 2015. These larger data samples have coincided with smaller percentages of people of color.

Figure 6: 12-year Comparison of Representation of People of Color on Policy Bodies



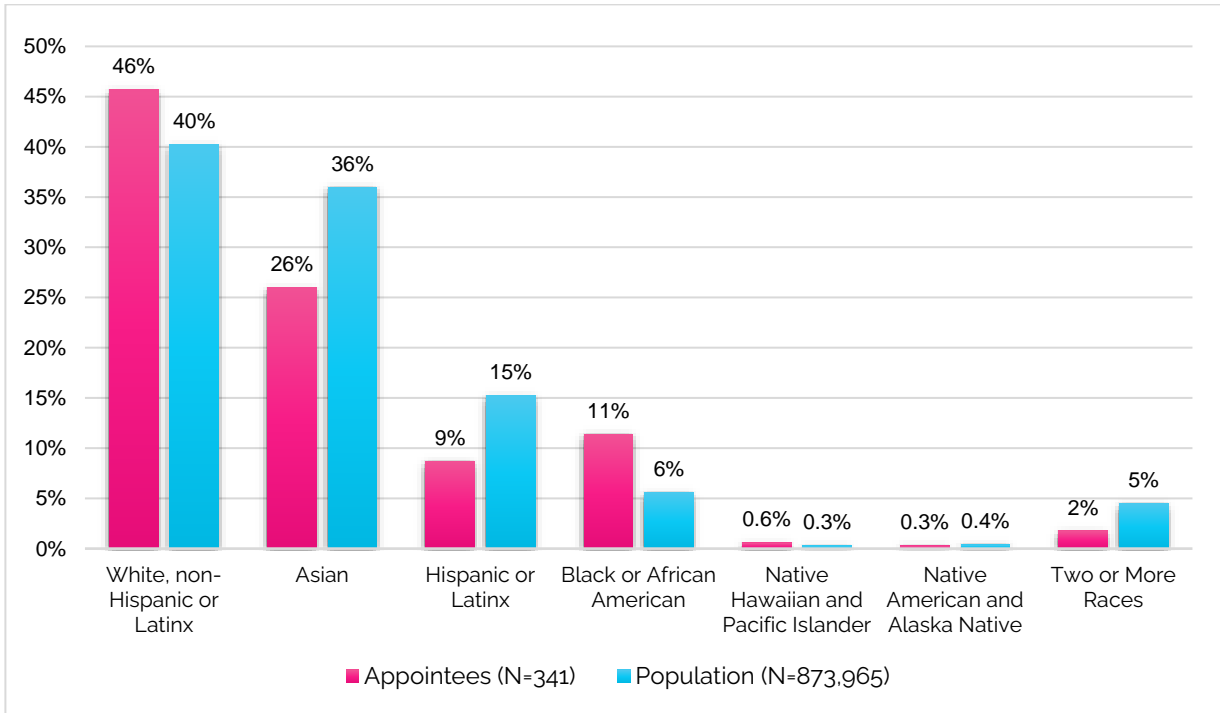
The racial and ethnic breakdown of policy body members compared to the San Francisco population is shown in Figure 7. This analysis reveals underrepresentation and overrepresentation in San Francisco policy bodies for certain racial and ethnic groups. Nearly half of all appointees are white, an overrepresentation by 6 percentage points. The Black community is represented on appointed policy bodies at 11% compared to 6% of the population of San Francisco.⁴ This is a decrease of representation compared to the 14% representation in 2019. Characterizing these as overrepresentations is inaccurate given the representation of Black or African American people on policy bodies has been consistent over the years, while the San Francisco population has declined over the same period.⁵

⁴ US Census Bureau, 2018, Retrieved from <https://www.census.gov/quickfacts/fact/table/US/PST045218>.

⁵ Samir Gambhir and Stephen Menendian, "Racial Segregation in the Bay Area, Part 2," Haas Institute for a Fair and Inclusive Society (2018).

Considerably underrepresented racial and ethnic groups on San Francisco policy bodies compared to the San Francisco population are individuals who identify as Asian or Latinx. While the Asian population is 36% of the San Francisco population, they make up 26% of appointees. While the Latinx population of San Francisco is 15%, 9% of appointees are Latinx. Although there is a small population of Native Americans and Alaska Natives in San Francisco of 0.4%, only one (0.3%) surveyed appointee identified themselves as such. The San Francisco population of Native Hawaiians and Pacific Islanders is 0.3%, which slightly less than the 0.6% of identifying appointees.

Figure 7: Race and Ethnicity of Appointees Compared to San Francisco Population, 2021



Note: Due to the COVID-19 pandemic, updated data is unavailable for race/ethnicity in 2021. Therefore, the data used to represent the San Francisco population is from the 2019 Gender Analysis Report.

The next two figures illustrate Commissions and Boards with the highest and lowest percentages of people of color. As shown in Figure 8, the Commission on the Status of Women holds the highest representation of people of color at 86%, with a 100% response rate. Both the Health Commission and Juvenile Probation Commission have decreased their percentages of people of color since 2019 and 2017.

Figure 8: Commission and Boards with Highest Percentage of People of Color, 2021 Compared to 2019 and 2017

| Policy Body | Percent of POC | Response Rate | 2019 Percent | 2017 Percent |
|--|----------------|---------------|--------------|--------------|
| Commission on the Status of Women | 86% | 100% | 71% | 71% |
| Police Commission | 80% | 100% | 71% | 71% |
| Arts Commission | 71% | 100% | 60% | 53% |
| Health Commission | 71% | 100% | 86% | 86% |
| Library Commission | 71% | 100% | 57% | 60% |
| Juvenile Probation Commission | 67% | 83% | 100% | 86% |
| Board of Appeals | 60% | 100% | 40% | 40% |
| Fire Commission | 60% | 100% | 40% | 60% |
| Human Services Commission | 60% | 100% | 40% | 60% |
| Asian Art Commission | 54% | 81% | 59% | 59% |
| Assessment Appeals Board No.2 | 50% | 100% | 63% | N/A |
| Children and Families (First 5) Commission | 50% | 75% | 75% | 63% |

There are 28 Commissions and Boards that have 40% or less appointees who identified a racial and ethnic category other than white. None of the current appointees of the Access Appeals Commission identified as people of color. Additionally, the Historic Preservation Commission remains at 14% representation since 2019. The Citizens General Obligation Bond Oversight Committee and Assessment Appeals Board No.1 are both at 17% representation for people of color. Lastly, the Public Utilities Rate Fairness Board had a large drop in representation of people of color going from 67% in 2019 to 25% this year.

Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2021 Compared to 2019 and 2017

| Policy Body | Percent of POC | Response Rate* | 2019 Percent | 2017 Percent |
|--|----------------|----------------|--------------|--------------|
| Residential Users Appeal Board | 0% | 50% | 50% | N/A |
| Children, Youth, and Their Families Oversight and Advisory Committee | 0% | 14% | 75% | N/A |
| Building Inspection Commission | 0% | 50% | 14% | 14% |
| Access Appeals Commission | 0% | 100% | N/A | N/A |
| Small Business Commission | 14% | 43% | 43% | 50% |
| Historic Preservation Commission | 14% | 71% | 14% | 17% |
| Health Service Board | 14% | 43% | 50% | 29% |
| Citizens General Obligation Bond Oversight Committee | 17% | 100% | N/A | N/A |
| Assessment Appeals Board No.1 | 17% | 100% | 20% | N/A |
| War Memorial Board of Trustees | 18% | 45% | 18% | 18% |
| Public Utilities Commission | 20% | 60% | 0% | 33% |
| Public Utilities Rate Fairness Board | 25% | 75% | 67% | 67% |

Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2021 Compared to 2019 and 2017, Continued

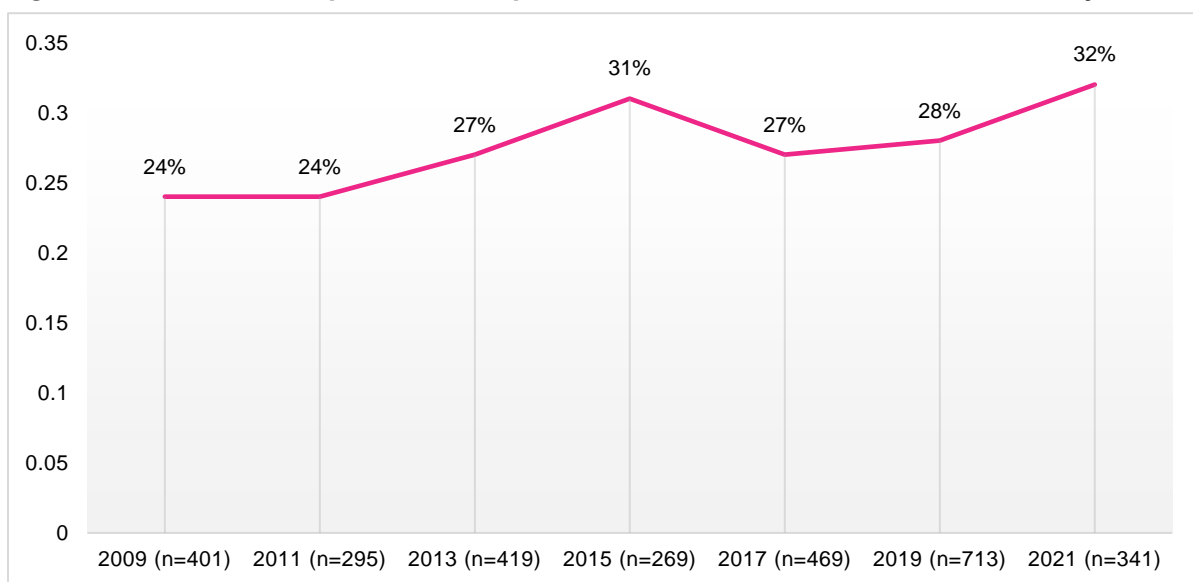
| Policy Body | Percent of POC | Response Rate* | 2019 Percent | 2017 Percent |
|--------------------------------|----------------|----------------|--------------|--------------|
| Ethics Commission | 25% | 25% | 50% | 67% |
| Retirement System Board | 29% | 57% | 29% | 29% |
| Recreation and Park Commission | 29% | 43% | 43% | 43% |
| Rent Board Commission | 30% | 60% | 33% | 50% |

Commission and Boards with 70% response rates or higher are highlighted in grey.

C. Race and Ethnicity by Gender

Both white men and women are overrepresented on San Francisco policy bodies, while Asian and Latinx men and women are underrepresented. The representation of women of color at 32% is equal to the San Francisco population of 32%, which is a notable increase compared to the 2019 percentage of 28%. Meanwhile, men of color are 21% of appointees compared to 31% of the San Francisco population.

Figure 10: 12-Year Comparison of Representation of Women of Color on Policy Bodies



The following figures present the breakdown for appointees and the San Francisco population by race, ethnicity, and gender. Both white men and women are overrepresented, holding 24% and 20% of appointments, respectively, compared to 20% and 17% of the population. Asian men and women are slightly underrepresented with Asian women making up 15% of appointees compared to 17% of the population, while Asian men comprise 11% of appointees and 15% of the population. Latinx men and women are also slightly underrepresented, with Latinx men and women comprising 4% of appointees each and 7% of the population each. Black men and women are well-represented with Black women comprising 8% of appointees, compared to 2.4% of the general San Francisco population, and Black men comprising 4% of appointees,

compared to 2.5% of the general San Francisco population. Native Hawaiian and Pacific Islander men and women, and multiracial women are below parity with the population. Similarly, although Native American and Alaska Native men and women make up only 0.4% of San Francisco's population, only one (0.3%) of the surveyed appointees identified as such.

Figure 11: Appointees by Race/Ethnicity and Gender, 2021

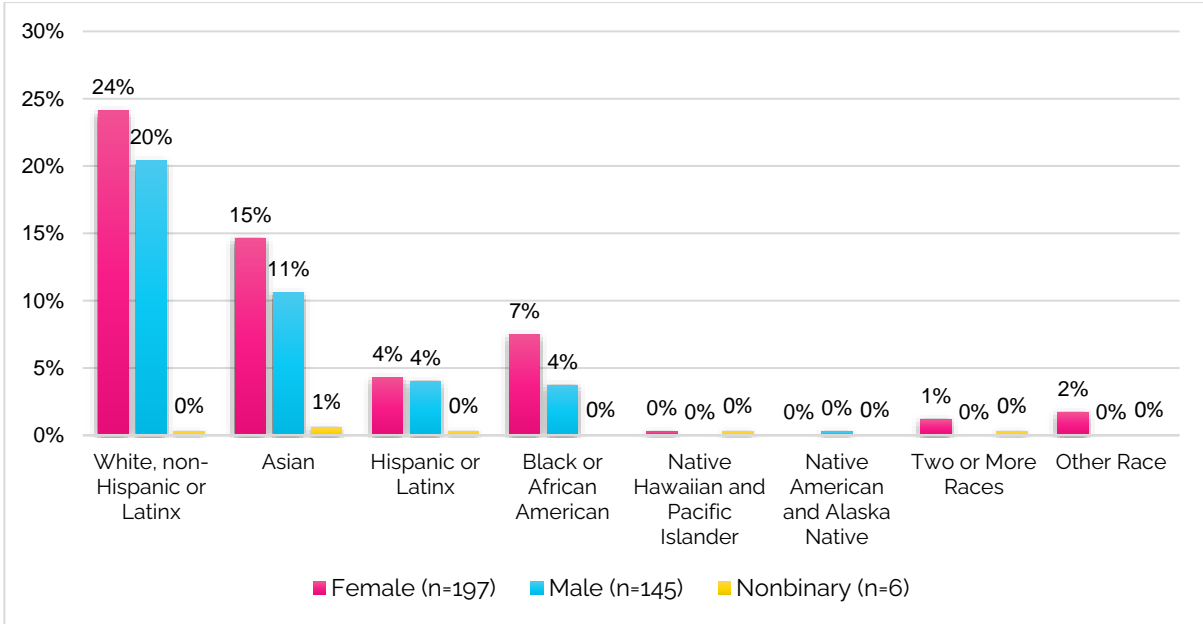
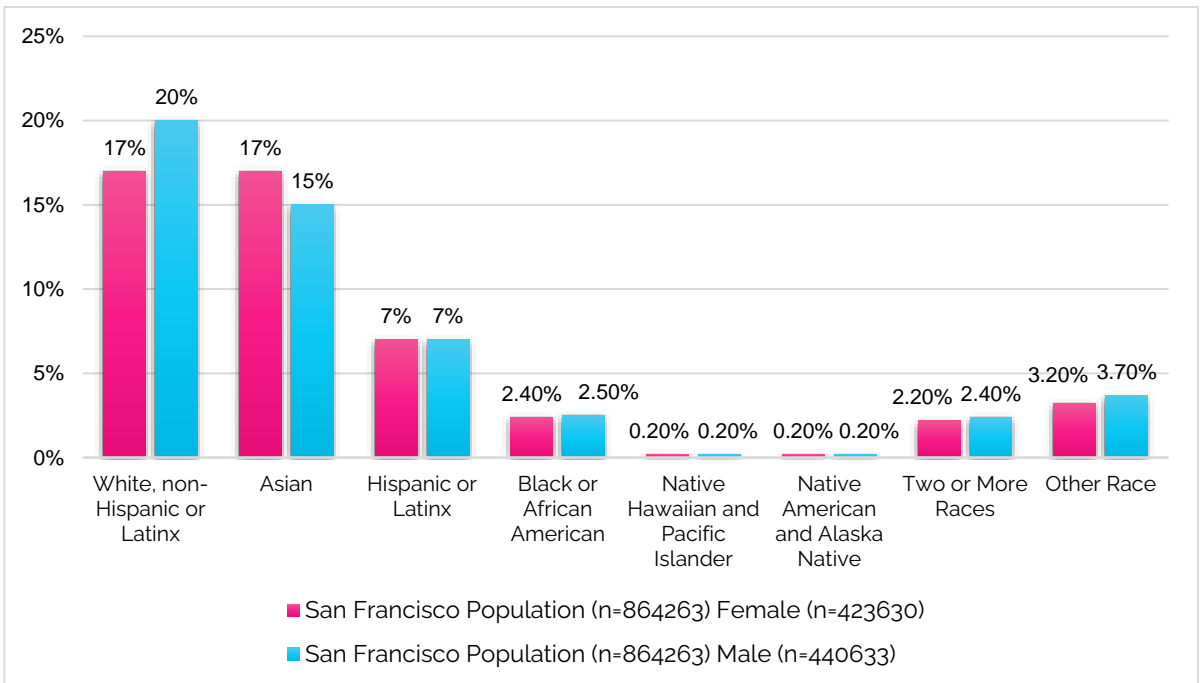


Figure 12: San Francisco Population by Race/Ethnicity

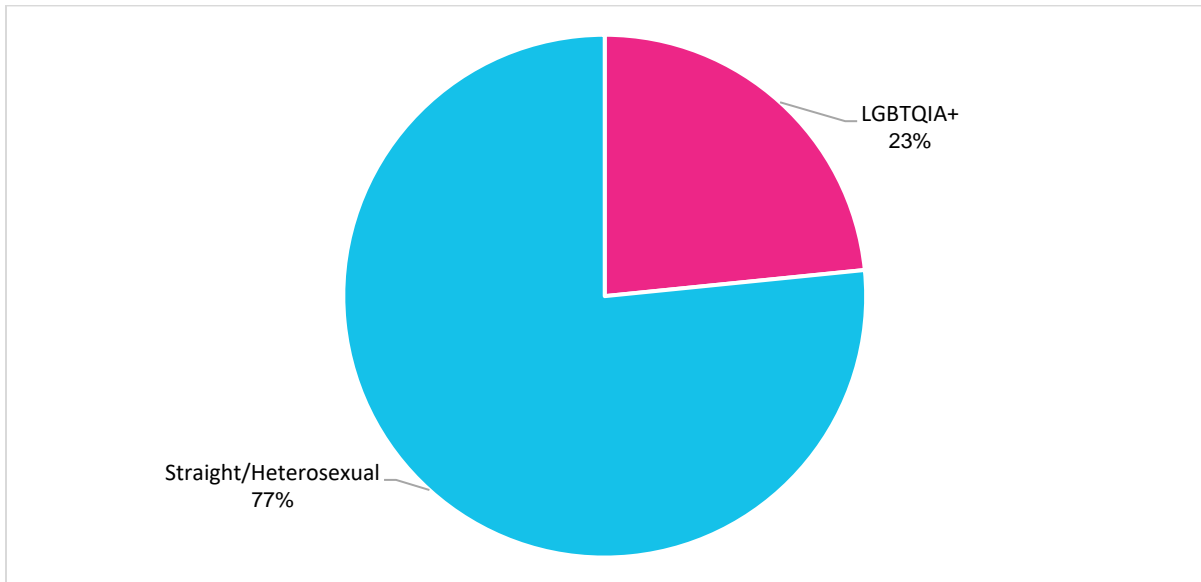


D. LGBTQIA+ Identity

LGBTQIA+ identity data was collected from 334 participants, or 96% of the surveyed appointees. This is a notable increase in data on LGBTQIA+ identity compared to previous reports. Due to limited and outdated information on the population of the LGBTQIA+ community in San Francisco, it is difficult to adequately assess the representation of the LGBTQIA+ community. However, compared to available San Francisco, greater Bay Area, and national data, the LGBTQIA+ community is well represented on San Francisco policy bodies. Recent research estimates the California LGBTQIA+ population is 5.3%⁶. The LGBTQIA+ population of the San Francisco and greater Bay Area is estimated to rank the highest of U.S. cities at 6.2%,⁷ while a 2006 survey found that 15.4% of adults in San Francisco identify as LGBTQIA+⁸.

Of the appointees who responded to this question, 23% identify as LGBTQIA+ and 77% identify as straight or heterosexual. Of the LGBTQIA+ appointees, 56% identify as gay/lesbian, 20% as bisexual, 9% as queer, 9% as transgender, 2% as questioning, and 4% as other LGBTQIA+ identities. Data on LGBTQIA+ identity by race was not captured. Efforts to capture data on LGBTQIA+ identity by race for future reports would enable more intersectional analysis.

Figure 13: LGBTQIA+ Identity of Appointees, 2021

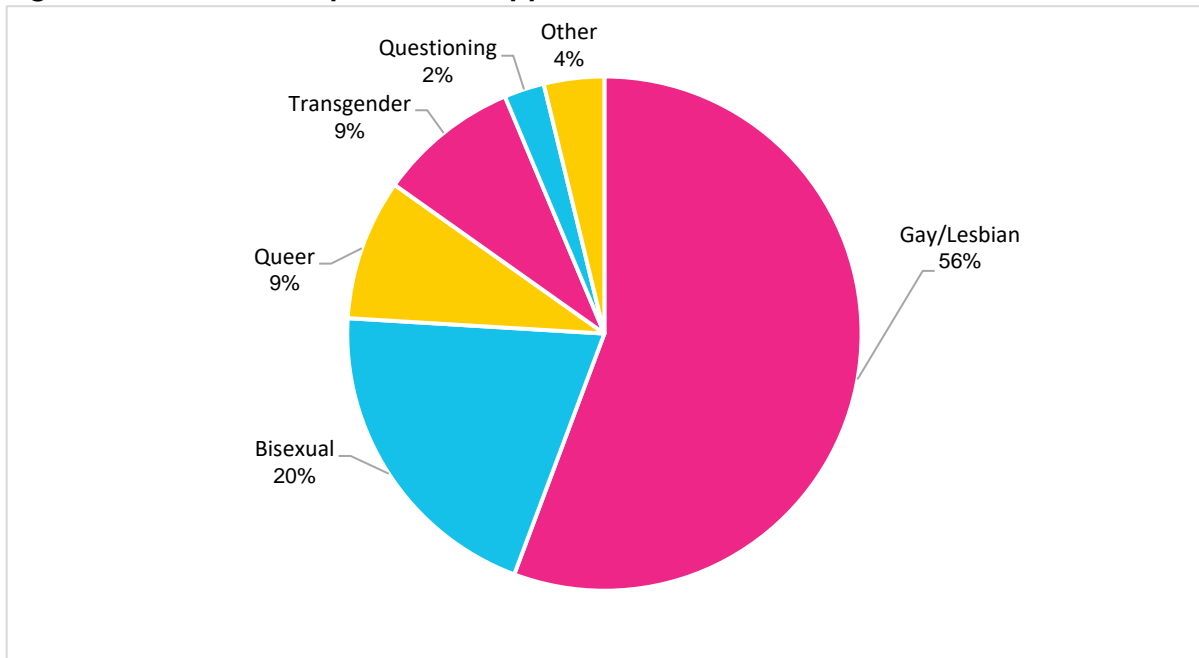


⁶ <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>

⁷ Gary J. Gates and Frank Newport, "San Francisco Metro Area Ranks Highest in LBG T Percentage," GALLUP (March 20, 2015) https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbtpercentage.aspx?utm_source=Social%20Issues&utm_medium=newsfeed&utm_campaign=titles.

⁸ Gary J. Gates, "Same Sex Couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey," The Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law (2006).

Figure 14: LGBTQIA+ Population of Appointees, 2021



E. Disability Status

Overall, more than one in twenty adults in San Francisco live with one or more disabilities. Data on Disability Status was obtained from nearly 100% of the appointees who participated in the survey. 12.6% of participating appointees reported to have one or more disabilities. Of these appointees with one or more disabilities, 56% are women, 30% are men, 2% are trans women, 5% are trans men, and 7% are nonbinary individuals.

Figure 15: Disability Status of Appointees, 2021

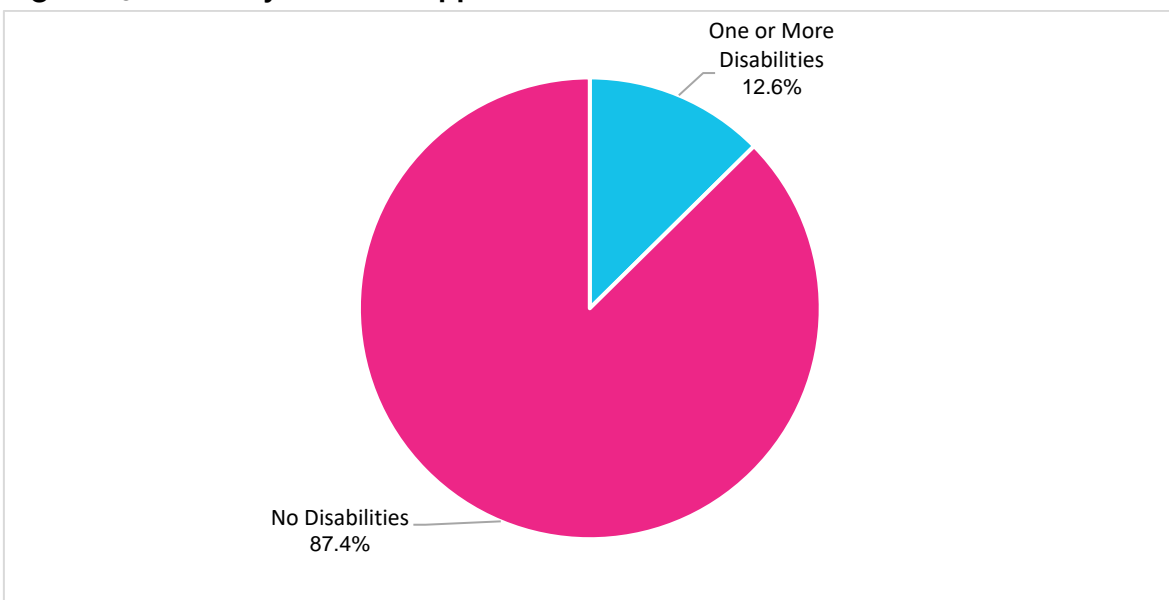
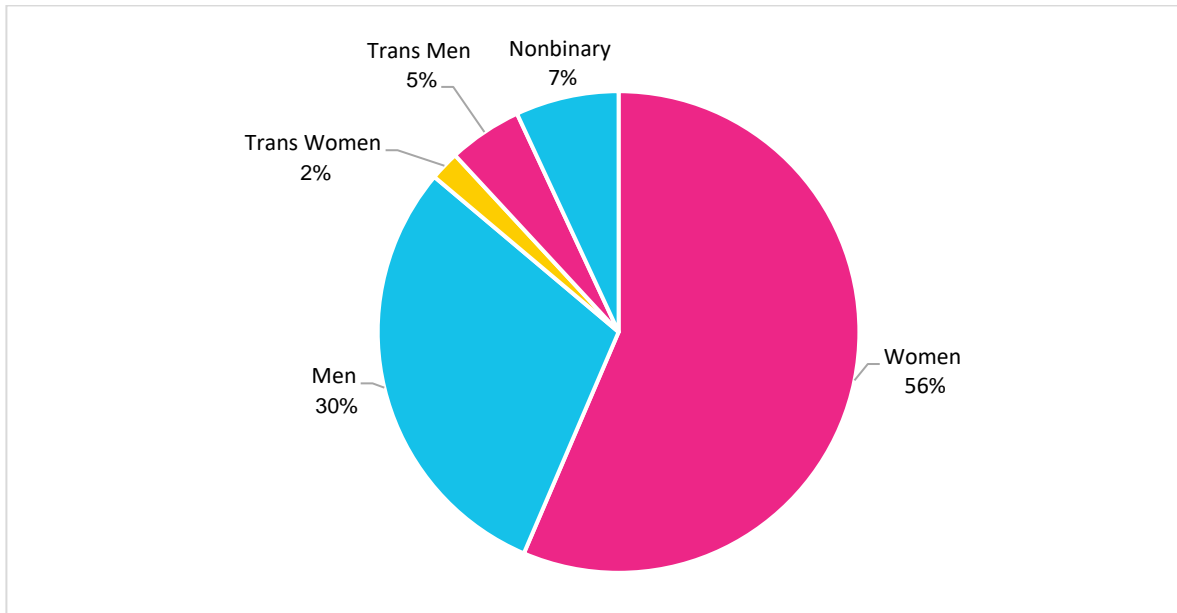


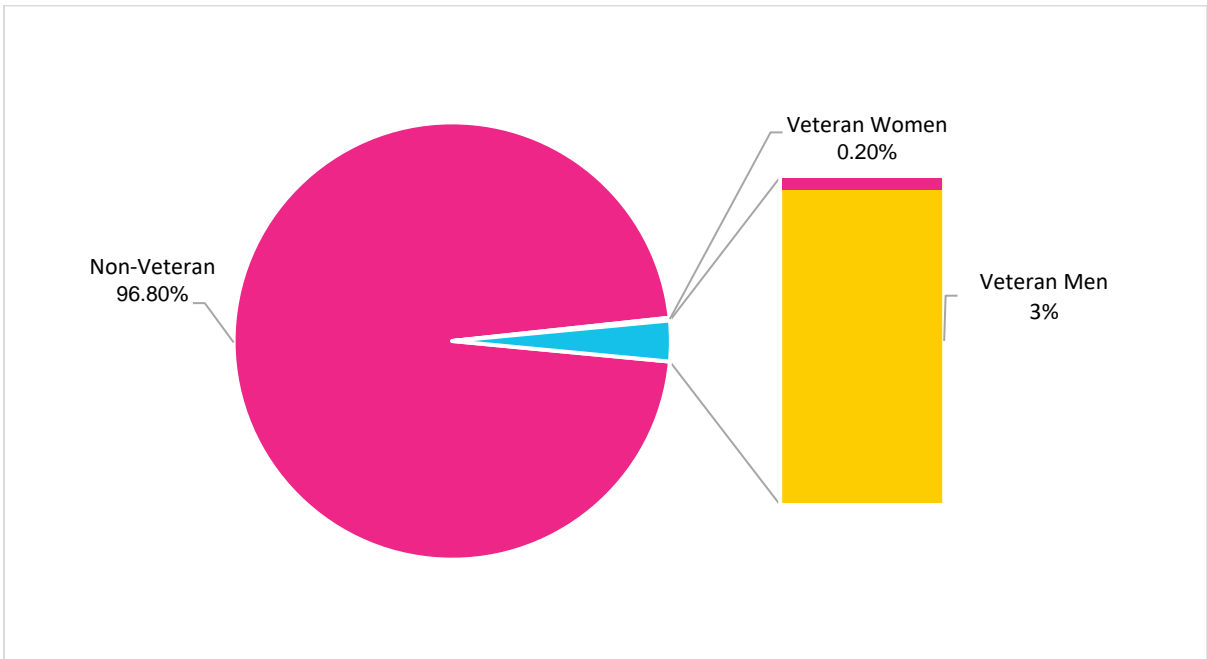
Figure 16: Appointees with One or More Disabilities by Gender Identity, 2021



F. Veteran Status

Overall, 2.7% of the adult population in San Francisco have served in the military. Data on Veteran status was obtained from 334 appointees who participated in the survey. Of the 334 appointees who responded to this question, 22% served in the military. Men comprise 47.2% and women make up 51.4% of the total number of Veteran appointees. Of participating appointees, 1.4% are nonbinary individuals. Veteran status data on transgender and gender-nonconforming individuals in San Francisco is currently unavailable. The vast increase of appointees with military service compared to 2019's 7.1% of appointees is likely due to the change in wording in the 2021 Gender Analysis Report from previous years, which defines an appointee with Veteran status as someone with a spouse or direct family member who has served, as opposed to only oneself or their spouse. This change was implemented based on feedback from prior reports. Future analyses may want to ask separate questions regarding one's personal experience with military service and one's familial ties to military service, in order to distinguish the most accurate and aggregated data results.

Figure 17: San Francisco Adult Population with Military Service by Gender*



**This graph is from the 2019 Gender Analysis Report. Due to the COVID-19 pandemic, updated data on the gendered population of Veterans in San Francisco is unavailable. This graph fails to identify nonbinary individuals with military experience. However, this graph highlights the gender disparity amongst male and female Veterans, with only 0.2% identifying as women.*

Figure 18: Appointees with Military Service, 2021

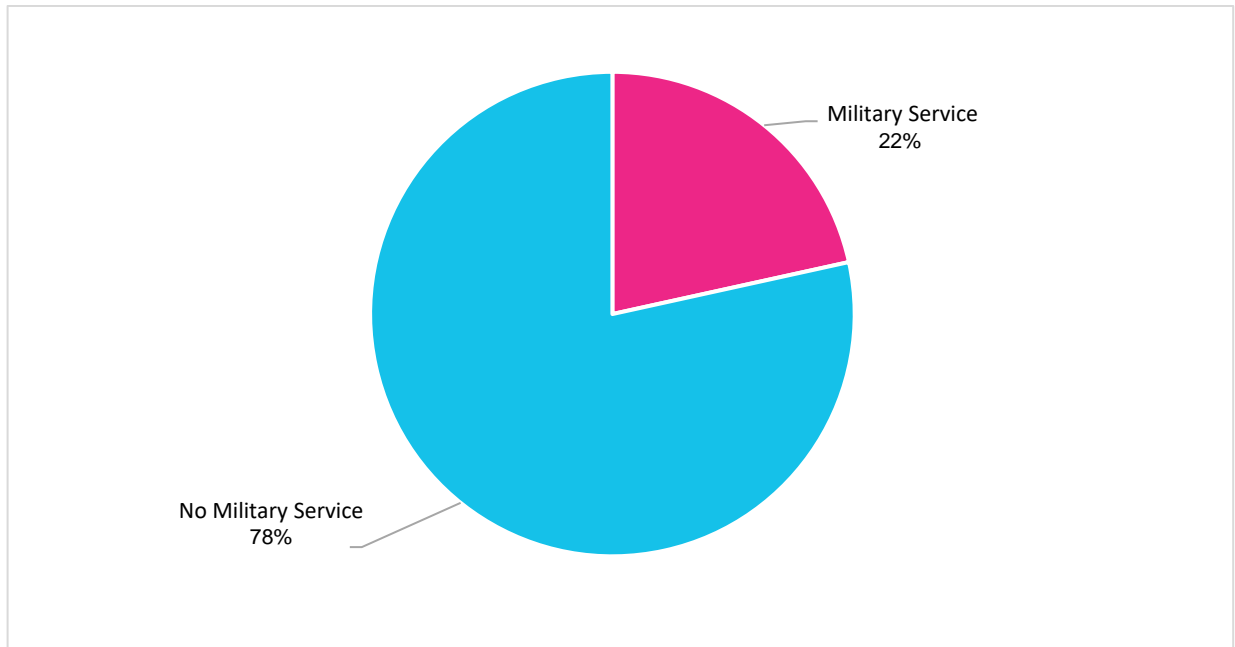
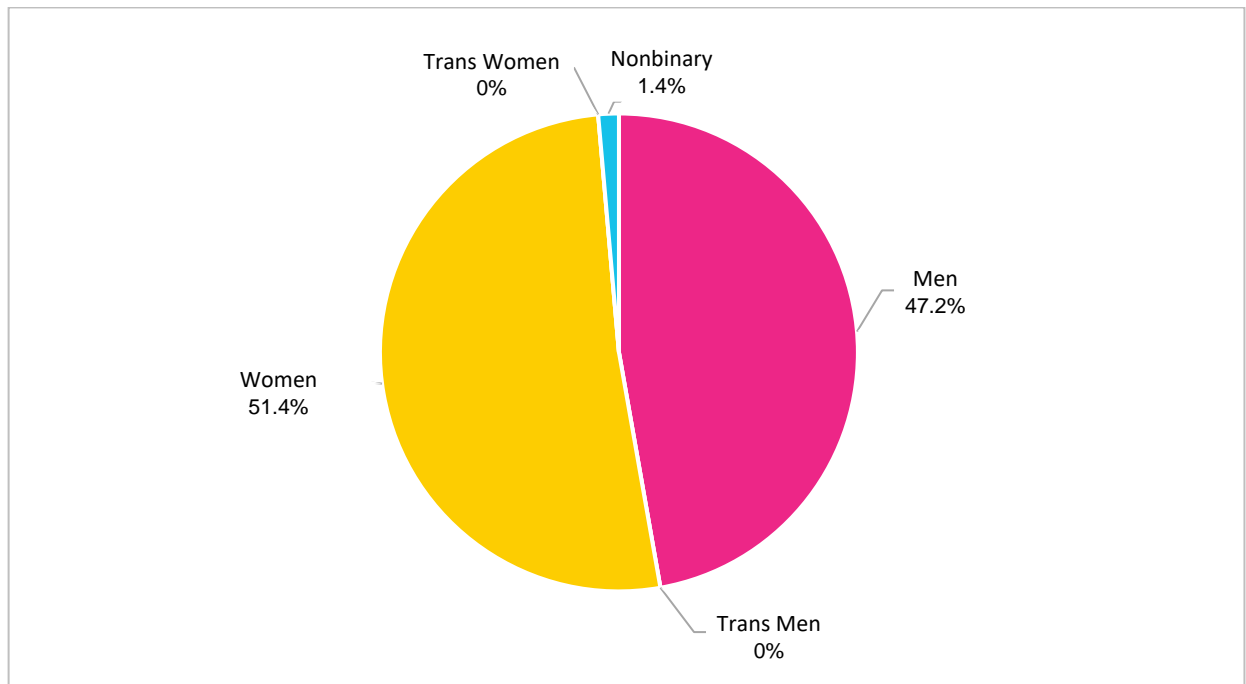


Figure 19: Appointees with Military Service by Gender, 2021



G. Policy Bodies by Budget

This 2021 Gender Analysis Report examines the demographic representativeness of policy bodies by budget size. Budget size is used as a proxy for influence. Although this report has expanded the scope of analysis to include more policy bodies compared to previous reports, this section of analysis was limited to Commissions and Boards with decision-making authority and whose members file financial disclosures with the Ethics Commission.

Overall, appointees from the 10 **largest** budgeted Commissions and Boards are 44% people of color, 43% women, and 21% women of color. Appointees from the 10 **smallest** budgeted Commissions and Boards are 43% people of color, 48% women, and 29% women of color.

Representation for women, women of color, and overall people of color is below parity with the population on both the 10 smallest and 10 largest budgeted bodies. The representation of women and women of color is greater on smaller budgeted policy bodies by 5% and 8%, respectively. The representation of people of color is 1% higher on Commissions and Boards with the largest budgets.

Figure 20: Percent of Women, Women of Color, and People of Color on Commissions and Boards with Largest and Smallest Budgets in Fiscal Year 2020-2021

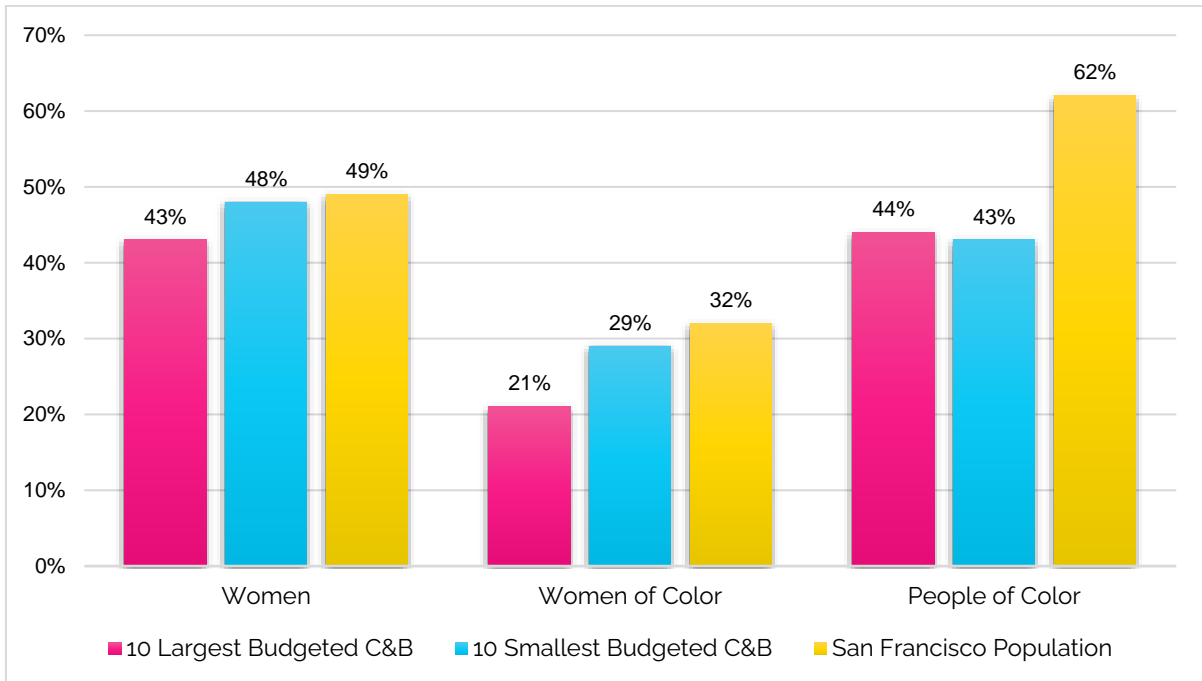


Figure 21: Demographics of Commissions and Boards with Largest Budgets, 2021

| Policy Body | FY20-21 Budget | Total Seats | Filled Seats | Response Rate | Women | Women of Color | People of Color |
|--|----------------|-------------|--------------|---------------|------------|----------------|-----------------|
| Health Commission | \$2.7B | 7 | 7 | 100% | 71% | 43% | 71% |
| Public Utilities Commission | \$1.43B | 5 | 5 | 60% | 20% | 20% | 20% |
| Airport Commission | \$1.37B | 5 | 5 | 100% | 40% | 0% | 40% |
| MTA Board of Directors and Parking Authority Commission | \$1.26B | 7 | 6 | 50% | 33% | 33% | 50% |
| Human Services Commission | \$604M | 5 | 5 | 100% | 20% | 0% | 60% |
| Aging and Adult Services Commission | \$435M | 7 | 7 | 86% | 71% | 29% | 43% |
| Fire Commission | \$414M | 5 | 5 | 100% | 40% | 20% | 60% |
| Library Commission | \$341B | 7 | 7 | 100% | 71% | 43% | 71% |
| Recreation and Park Commission | \$231.6M | 7 | 7 | 43% | 29% | 14% | 29% |
| Children, Youth, and Their Families Oversight and Advisory Committee | \$171.5M | 11 | 7 | 14% | 14% | 0% | 0% |
| Total | \$8.9B | 66 | 61 | 74% | 58% | 29% | 60% |

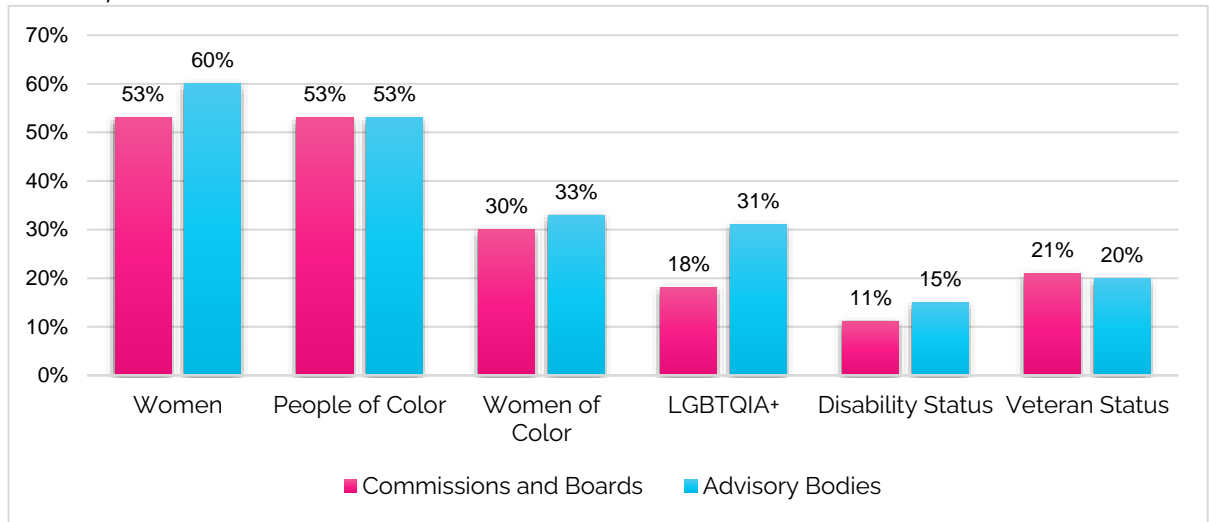
Figure 22: Demographics of Commissions and Boards with Smallest Budgets, 2021

| Policy Body | FY20-21 Budget | Total Seats | Filled Seats | Response Rate | Women | Women of Color | People of Color |
|-----------------------------------|----------------|-------------|--------------|---------------|------------|----------------|-----------------|
| Commission on the Status of Women | \$9M | 7 | 7 | 100% | 100% | 86% | 86% |
| Ethics Commission | \$6.5M | 5 | 4 | 25% | 25% | 25% | 25% |
| Small Business Commission | \$3.5M | 7 | 7 | 43% | 14% | 0% | 14% |
| Film Commission | \$1.5M | 11 | 11 | 100% | 45% | 27% | 45% |
| Civil Service Commission | \$1.3M | 5 | 5 | 100% | 60% | 20% | 40% |
| Entertainment Commission | \$1.2M | 7 | 7 | 100% | 29% | 14% | 43% |
| Board of Appeals | \$1.2M | 5 | 5 | 100% | 40% | 20% | 60% |
| Assessment Appeals Board No.1 | \$701,348 | 8 | 6 | 100% | 50% | 0% | 17% |
| Local Agency Formation Commission | \$427,685 | 7 | 4 | 50% | 50% | 50% | 50% |
| Sunshine Ordinance Task Force | \$172,373 | 11 | 9 | 89% | 56% | 44% | 44% |
| Total | \$25.5M | 73 | 65 | 86% | 56% | 35% | 51% |

H. Comparison of Advisory Body and Commission and Board Demographics

The comparison of the two policy body categories in this section provides another proxy for influence. Commissions and Boards whose members file disclosures of economic interest have greater decision-making authority in San Francisco than Advisory Bodies whose members do not file economic interest disclosures. The percentages of total women, LGBTQIA+ people, people with disabilities, and women of color are larger for total appointees on Advisory Bodies. However, the percentages of Veterans on Commissions and Boards slightly exceeds the percentage on Advisory Bodies, and both Commissions and Boards and Advisory Bodies have 53% people of color.

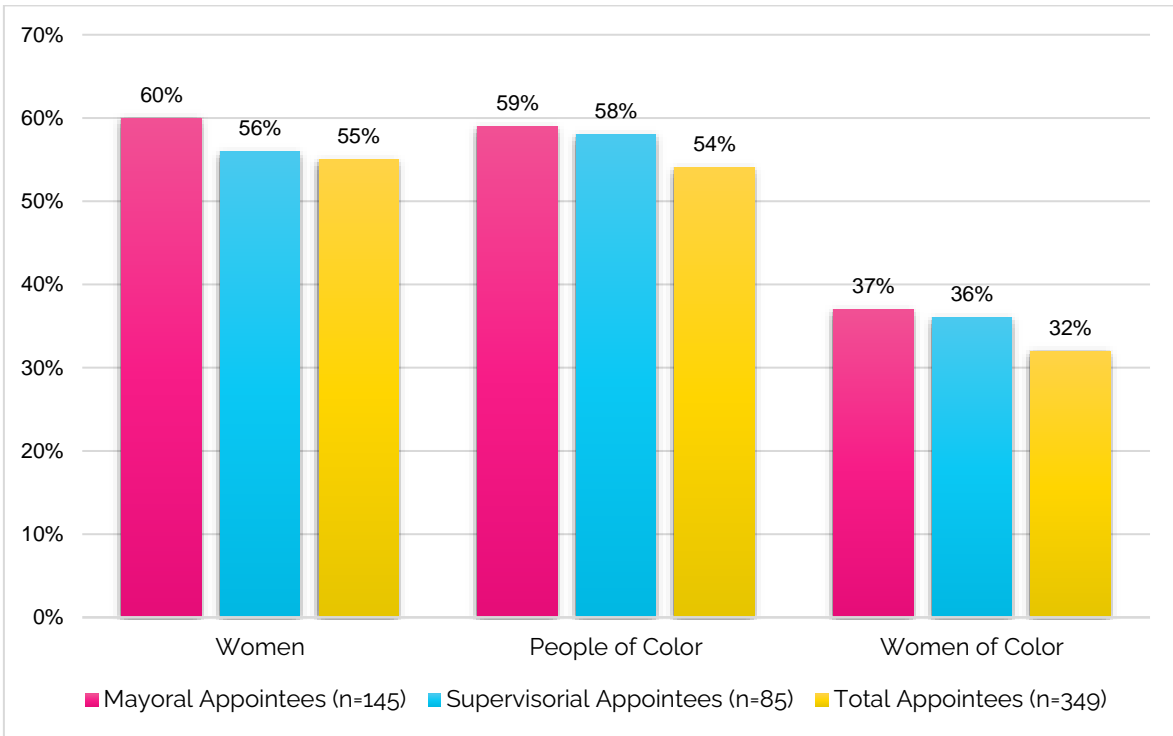
Figure 23: Demographics of Appointees on Commission and Boards and Advisory Bodies, 2021



I. Demographics of Mayoral, Supervisorial, and Total Appointees

Figure 24 compares the representation of women, women of color, and people of color for appointments made by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointments are more diverse, and consist of more women, women of color, and people of color compared to Supervisorial appointments. Mayoral appointments include 60% women, 37% women of color, and 59% people of color, while Supervisorial appointments are 56% women, 36% women of color, and 58% people of color. The total of all approving authorities combined average out at 55% women, 32% women of color, and 54% people of color. This disparity in diversity between Mayoral and Supervisorial appointments may be due in part to the appointment selection process for each authority. The 11-member Board of Supervisors only sees applicants for specific bodies through the 3-member Rules Committee or by designees, stipulated in legislation (e.g., "renter," "landlord," "consumer advocate"), whereas the Mayor typically has the ability to take total appointments into account during selections, and can therefore better address gaps in diversity.

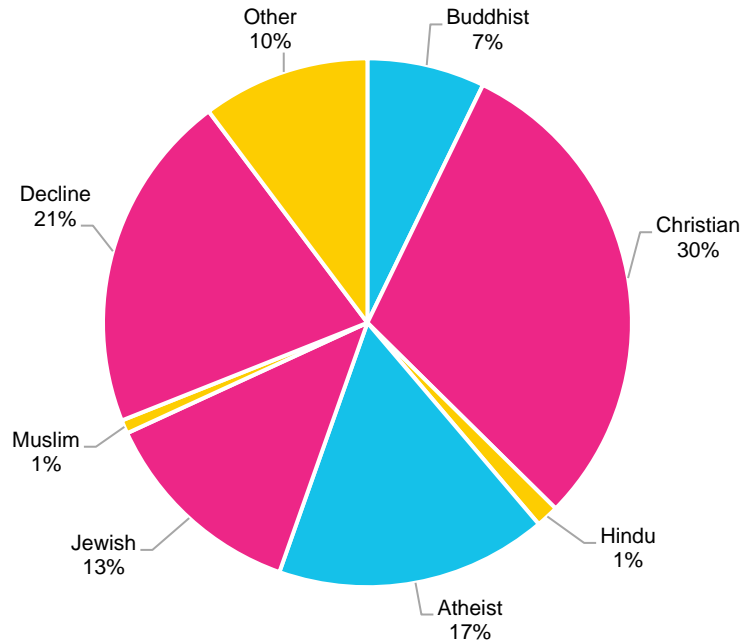
Figure 24: Demographics of Mayoral, Supervisorial, and Total Appointees, 2021



J. Religious Affiliations

The 2021 Gender Analysis Report collected data on religious affiliations to fully examine the demographics and representation of appointees. This is the first-year religious affiliations have been examined. Figure 25 illustrates the religious demographics of appointees, with the largest number of appointees identifying as Christian (30%), and the smallest number of appointees identifying as Hindu (1%) or Muslim (1%).

Figure 25: Religious Affiliations of Appointees, 2021



III. Methodology and Limitations

This report focuses on City and County of San Francisco Commissions, Boards, task forces, councils, and committees that have the majority of members appointed by the Mayor and Board of Supervisors and have jurisdiction limited to the City. The 2021 Gender Analysis Report reflects data from the policy bodies that provided information to the Department on the Status of Women through digital survey. Due to the COVID-19 pandemic, the normal outreach method of paper surveys and in-person meetings was unavailable, ultimately leaving all survey outreach and correspondence to be conducted online. Unfortunately, obtaining the data strictly online had a significant negative impact on participation rates. Following initial email outreach, policy bodies were contacted three to five times via email and phone, including two emails to Department Heads from Department on the Status of Women Director, Kimberly Ellis. All possible measures were taken to obtain accurate and complete data. While participation rates are lower than the 2019 Gender Analysis Report, this report features the most diverse individual responses, as well as participation of the largest number of Commission and Boards and Advisory Bodies to date.

Data was requested from 109 policy bodies and acquired from 92 of those bodies, a total of 349 appointees. Comparatively, the 2019 Gender Analysis Report received data from 84 policy bodies (380 Commission and Boards and 389 Advisory Bodies), a total of 741 total appointees. A Commissioner or Board member's gender identity, race/ethnicity, sexual orientation, Disability Status, Veteran Status, or religious affiliations were among data elements collected on a *voluntary* basis. Therefore, responses were incomplete or unavailable for some appointees but are included to the extent possible.

As the fundamental objective of this report is to surface patterns of underrepresentation, every attempt has been made to reflect accurate and complete information in this report. Data for some policy bodies was incomplete, and all appointees who responded were included in the total demographic categories. Only policy bodies with full data on gender and race for all appointees were included in sections comparing demographics of individual bodies. It should be noted that for policy bodies with a small number of members, the change of a single individual greatly impacts the percentages of demographic categories. This should be kept in mind when interpreting these percentages.

Several changes were made to the survey questions since the 2019 Gender Analysis Report with the goal of distinguishing all possible areas of underrepresentation. In addition to updating SOGI (sexual orientation and gender identity) categories to align with the latest classifications used by the Office of Transgender Initiatives, the 2021 Gender Analysis Report expanded its classification of Veteran Status to include individuals with close family members that have served, as opposed to only oneself or their spouse. This addition to Veteran Status was adopted based on feedback from previous reports.

As acquiring data was the biggest limitation of this report, ensuring participation from all policy bodies could significantly improve or further efforts to address underrepresentation. Some methods of guaranteeing participation include surveying all appointees during their initial onboarding training with the City, as well as relying on paper/in-person survey outreach for future reports.

The surveyed policy bodies fall under two categories designated by the San Francisco Office of the City Attorney document entitled List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute.⁹ This document separates San Francisco policy bodies into two different categories. The first category includes Commissions and Boards with decision-making authority and whose members are required to submit financial disclosures with the Ethics Commission. The second category encompasses Advisory Bodies whose members do not submit financial disclosures with the Ethics Commission. Depending on the analysis criteria in each section of this report, the surveyed policy bodies and appointees are either examined comprehensively as a whole or examined separately in the two categories designated by the Office of the City Attorney.

Data from the U.S. Census American Community Survey 5-Year Estimates provides a comparison to the San Francisco population. Due to census data not being collected during COVID-19, updated demographic information on the general population of San Francisco was not available for years more recent than 2019. Comparisons of 2021 demographic data to data on the San Francisco population reference population data from previous years (2015-2019) and will be noted as such. Figures 26 and 27 in the Appendix display these population estimates by race/ethnicity and gender.

⁹"List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute," Office of the City Attorney, <https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf>, (August 25, 2017).

IV. Conclusion

Since the first Gender Analysis of Commissions and Boards in 2007, the representation of women appointees on San Francisco policy bodies has gradually increased. The 2021 Gender Analysis Report finds the percentage of women appointees is 55%, which exceeds the population of women in San Francisco.

When appointee demographics are analyzed by gender and race, the representation of women of color has increased to 32%, which is 4% higher than 2019 representation, matching the San Francisco population. Most notably, underrepresented are individuals identifying as Asian, making up 36% of the San Francisco population but only 26% of appointees, and Latinx-identifying individuals who make up 15% of the population but only 9% of appointees. Additionally, men of color are underrepresented at 21% of appointees relative to their San Francisco population, 31%.

Furthermore, when analyzing the demographic composition of larger and smaller budgeted Commissions and Boards, women of color are underrepresented on Commission and Boards with both the largest and smallest budgets. Women comprise 43% of total appointees on the largest budgeted policy bodies compared to the population of 49%, and women of color comprise 21% of total appointees on the largest budgeted policy bodies, with the San Francisco population at 32%. Comparatively, women are 48% of total appointees on the smallest budgeted policy bodies, and women of color are 29% of appointees. However, the representation of people of color is higher on larger budgeted policy bodies by 1%. People of color make up 44% of appointees on the largest budgeted policy bodies and 43% of appointees on the smallest budgeted policy bodies compared to 54% of total appointees. The San Francisco population of people of color exceeds these percentages at 62%.

In addition to using budget size as a proxy for influence, this report analyzed demographic characteristics of appointees on Commissions and Boards who file disclosures of economic interest and have decision-making authority and appointees on Advisory Bodies who do not file economic interest disclosures. Over half (60%) of appointees on Advisory Bodies are women, while 53% of appointees on Commissions and Boards are women. Ultimately, women comprise a higher percentage of appointees on Advisory Bodies compared to Commissions and Boards.

The 2021 Gender Analysis Report found a relatively high representation of LGBTQIA+ individuals on San Francisco policy bodies. For the appointees that provided LGBTQIA+ identity information, 23% identify as LGBTQIA+ with the largest subset identifying as gay or lesbian (56%), 16% of appointees from the largest budgeted policy bodies identify as LGBTQIA+, and 17% from the smallest budgeted bodies. However, there is a significant difference of LGBTQIA+ representation when comparing Commissions and Boards (18%) and Advisory Bodies (31%). The representation of appointees with disabilities is 13%, slightly exceeding the 12% population. Veterans are highly represented on San Francisco policy bodies at 22% compared to the Veteran population of 2.7%, which could be due to differences in each source's classification of Veteran Status.

Additionally, this report evaluates and compares the representation of women, women of color, and people of color appointees by the Mayor, Board of Supervisors, and by the total of

all approving authorities combined. Mayoral appointees include 60% women, 37% women of color, and 59% people of color, which overall is more diverse by gender and race compared to both Supervisorial appointees and total appointees.

This report is intended to advise the Mayor, Board of Supervisors, and other appointing authorities, as they select appointments to policy bodies for the City and County of San Francisco. In the spirit of the 2008 City Charter Amendment that establishes this biennial Gender Analysis Report requirement and the importance of diversity on San Francisco policy bodies, efforts to address gaps in diversity and inclusion should remain at the forefront when making appointments, in order to accurately reflect the population of San Francisco.

The San Francisco Department on the Status of Women would like to thank the various Policy Body members, Commission secretaries, and Department staff who graciously assisted in collecting demographic data and providing information about their respective policy bodies, particularly Department Interns Charly De Nocker and Brooklynn McPherson for the data collection and analysis of this report.

San Francisco Commission on the Status of Women

President Breanna Zwart
Vice President Dr. Shokooh Miry
Commissioner Sophia Andary
Commissioner Sharon Chung
Commissioner Dr. Anne Moses
Commissioner Dr. Raveena Rihal
Commissioner Ani Rivera

Kimberly Ellis, Director
Department on the Status of Women

This report is available at the San Francisco Department on the Status of Women website, <https://sfgov.org/dosw/gender-analysis-reports>.

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Appendix

Figure 26: Policy Body Demographics, 2021

| Policy Body* | Total Seats | Filled Seats | FY20-21 Budget | Women | Women of Color | People of Color | Survey Response Rate |
|--|-------------|--------------|------------------|-------|----------------|-----------------|----------------------|
| Access Appeals Commission | 5 | 5 | \$0 | 20% | 0% | 0% | 100% |
| Advisory Committee of Street Artists and Craft Examiners | 5 | 5 | \$0 | 20% | 20% | 20% | 20% |
| African American Reparations Committee | 15 | 15 | \$0 | 0% | 0% | 0% | 0% |
| Aging and Adult Services Commission | 7 | 7 | \$ 435,011,663 | 71% | 29% | 43% | 86% |
| Airport Commission | 5 | 5 | \$ 1,370,000,000 | 40% | 0% | 40% | 100% |
| Animal Control and Welfare Commission | 7 | 7 | \$0 | 29% | 14% | 29% | 43% |
| Arts Commission | 15 | 14 | \$ 23,762,015 | 79% | 57% | 71% | 100% |
| Asian Art Commission | 27 | 26 | \$ 10,200,000 | 50% | 35% | 54% | 81% |
| Assessment Appeals Board No.1 | 8 | 6 | \$ - | 50% | 0% | 17% | 100% |
| Assessment Appeals Board No.2 | 8 | 4 | \$ - | 0% | 0% | 50% | 100% |
| Assessment Appeals Board No.3 | 8 | 3 | \$ - | 0% | 0% | 33% | 67% |
| Ballot Simplification Committee | 5 | 4 | \$0 | 50% | 0% | 0% | 75% |
| Bayview Hunters Point Citizens Advisory Committee | 12 | 8 | \$0 | 0% | 0% | 0% | 0% |
| Board of Appeals | 5 | 5 | \$ 1,177,452 | 40% | 20% | 60% | 100% |
| Board Of Examiners | 13 | 10 | \$0 | 0% | 0% | 40% | 90% |
| Building Inspection Commission | 7 | 6 | \$ 89,600,000 | 33% | 0% | 0% | 50% |
| Cannabis Oversight Committee | 16 | 16 | \$0 | 19% | 31% | 38% | 25% |

Figure 26: Policy Body Demographics, 2021, Continued

| Policy Body* | Total Seats | Filled Seats | FY20-21 Budget | Women | Women of Color | People of Color | Survey Response Rate |
|--|--------------------|---------------------|-----------------------|--------------|-----------------------|------------------------|-----------------------------|
| Central Subway Community Advisory Group | 21 | 14 | \$0 | 0% | 0% | 0% | 0% |
| Children and Families Commission (First 5) | 9 | 8 | \$ 31,019,003 | 75% | 50% | 50% | 75% |
| Children, Youth, and Their Families Oversight and Advisory Committee | 11 | 7 | \$ 171,481,507 | 14% | 0% | 0% | 14% |
| Citizen's Advisory Committee for the Central Market Street and Tenderloin Area | 9 | 8 | \$0 | 0% | 0% | 0% | 0% |
| Citizen's Committee on Community Development | 9 | 8 | \$ 27,755,465 | 63% | 50% | 50% | 63% |
| Citizens General Obligation Bond Oversight Committee | 9 | 6 | \$0 | 50% | 0% | 17% | 100% |
| City Hall Preservation Advisory Commission | 5 | 5 | \$0 | 0% | 0% | 0% | 20% |
| Civil Service Commission | 5 | 5 | \$ 1,286,033 | 60% | 20% | 40% | 100% |
| Commission on Community Investment and Infrastructure | 7 | 6 | \$0 | 17% | 17% | 33% | 50% |
| Commission on the Aging Advisory Council | 22 | 14 | \$0 | 21% | 0% | 0% | 21% |
| Commission on the Environment | 7 | 7 | \$0 | 57% | 29% | 43% | 86% |
| Commission on the Status of Women | 7 | 7 | \$ 9,089,928 | 100% | 86% | 86% | 100% |
| Committee on Information Technology | 17 | 17 | \$ 22,934,703 | 12% | 0% | 6% | 18% |

Figure 26: Policy Body Demographics, 2021, Continued

| Policy Body* | Total Seats | Filled Seats | FY20-21 Budget | Women | Women of Color | People of Color | Survey Response Rate |
|--|--------------------|---------------------|-----------------------|--------------|-----------------------|------------------------|-----------------------------|
| Elections Commission | 7 | 5 | \$ 69,000 | 60% | 20% | 40% | 100% |
| Entertainment Commission | 7 | 7 | \$0 | 29% | 14% | 43% | 100% |
| Ethics Commission | 5 | 4 | \$ 6,500,000 | 25% | 25% | 25% | 25% |
| Film Commission | 11 | 11 | \$0 | 45% | 27% | 45% | 100% |
| Fire Commission | 5 | 5 | \$ 414,360,096 | 40% | 20% | 60% | 100% |
| Health Commission | 7 | 7 | \$ 2,700,000,000 | 71% | 43% | 71% | 100% |
| Health Service Board | 7 | 7 | \$ 16,500,000 | 14% | 14% | 14% | 43% |
| Historic Preservation Commission | 7 | 7 | \$0 | 29% | 14% | 14% | 71% |
| Historic Preservation Fund Committee | 7 | 7 | \$0 | 0% | 0% | 0% | 0% |
| Housing Authority Commission | 7 | 5 | \$ 55,800,000 | 20% | 20% | 20% | 20% |
| Human Rights Commission | 11 | 9 | \$ 13,618,732 | 0% | 0% | 0% | 0% |
| Human Services Commission | 5 | 5 | \$ 604,412,630 | 20% | 0% | 60% | 100% |
| Immigrant Rights Commission | 15 | 14 | \$0 | 43% | 36% | 50% | 57% |
| Juvenile Probation Commission | 7 | 6 | \$0 | 50% | 33% | 67% | 83% |
| Library Commission | 7 | 7 | \$ 341,000,000 | 71% | 43% | 71% | 100% |
| Local Agency Formation Commission | 7 | 4 | \$ 427,685 | 50% | 50% | 50% | 50% |
| Local Homeless Coordinating Board | 9 | 7 | \$ 54,000,000 | 0% | 0% | 0% | 0% |
| Long Term Care Coordinating Council | 40 | 35 | \$0 | 9% | 3% | 6% | 14% |
| Mental Health Board | 17 | 9 | \$0 | 0% | 0% | 0% | 0% |
| MTA Board of Directors and Parking Authority Commission | 7 | 6 | \$ 1,258,700,000 | 33% | 33% | 50% | 50% |

Figure 26: Policy Body Demographics, 2021, Continued

| Policy Body* | Total Seats | Filled Seats | FY20-21 Budget | Women | Women of Color | People of Color | Survey Response Rate |
|---|-------------|--------------|-------------------------|------------|----------------|-----------------|----------------------|
| Municipal Green Building Task Force | 21 | 21 | \$0 | 43% | 24% | 29% | 67% |
| Municipal Transportation Agency Citizens' Advisory Council | 15 | 13 | \$0 | 15% | 8% | 8% | 15% |
| Office of Early Care and Education Citizens' Advisory Committee | 9 | 9 | \$0 | 67% | 33% | 44% | 78% |
| Paratransit Coordinating Council | 40 | 25 | \$0 | 0% | 0% | 0% | 0% |
| Park, Recreation, and Open Space Advisory Committee | 23 | 19 | \$0 | 26% | 11% | 11% | 53% |
| Planning Commission | 7 | 7 | \$ 62,194,821 | 57% | 29% | 43% | 71% |
| Police Commission | 7 | 5 | \$0 | 20% | 20% | 80% | 100% |
| Port Commission | 5 | 5 | \$ 125,700,000 | 60% | 40% | 40% | 60% |
| Public Utilities Citizen's Advisory Committee | 17 | 14 | \$0 | 21% | 0% | 14% | 43% |
| Public Utilities Commission | 5 | 5 | \$ 1,433,954,907 | 20% | 20% | 20% | 60% |
| Public Utilities Rate Fairness Board | 7 | 4 | \$0 | 25% | 0% | 25% | 75% |
| Recreation and Park Commission | 7 | 7 | \$ 231,600,000 | 29% | 14% | 29% | 43% |
| Reentry Council | 7 | 5 | \$0 | 0% | 0% | 0% | 0% |
| Rent Board Commission | 10 | 10 | \$ 9,381,302 | 10% | 0% | 30% | 60% |
| Residential Users Appeal Board | 3 | 2 | \$ 900 | 0% | 0% | 0% | 50% |
| Retire Health Care Trust Fund Board | 5 | 5 | \$ 70,000 | 0% | 0% | 0% | 0% |
| Retirement System Board | 7 | 7 | \$ 90,000,000 | 14% | 14% | 29% | 57% |
| Small Business Commission | 7 | 7 | \$ 3,505,244 | 14% | 0% | 14% | 43% |
| SoMa Community Planning Advisory Committee | 11 | 7 | \$0 | 0% | 0% | 0% | 0% |

Figure 26: Policy Body Demographics, 2021, Continued

| Policy Body* | Total Seats | Filled Seats | FY20-21 Budget | Women | Women of Color | People of Color | Survey Response Rate |
|--|--------------------|---------------------|-----------------------|--------------|-----------------------|------------------------|-----------------------------|
| SoMa Community Stabilization Fund Community Advisory Committee | 14 | 10 | \$0 | 0% | 0% | 10% | 10% |
| Southeast Community Facility Commission | 7 | 7 | \$0 | 0% | 0% | 0% | 0% |
| Sunshine Ordinance Task Force | 11 | 9 | \$0 | 56% | 44% | 44% | 89% |
| Sweatfree Procurement Advisory Group | 11 | 6 | \$0 | 0% | 0% | 0% | 0% |
| Transgender Advisory Committee | 14 | 14 | \$0 | 0% | 0% | 21% | 36% |
| Treasure Island Development Authority | 7 | 6 | \$0 | 17% | 17% | 33% | 50% |
| Urban Forestry Council | 15 | 14 | \$0 | 0% | 0% | 0% | 0% |
| Veterans Affairs Commission | 17 | 16 | \$ 150,000 | 0% | 0% | 0% | 0% |
| War Memorial Board of Trustees | 11 | 11 | \$ 18,500,000 | 27% | 18% | 18% | 45% |
| Workforce Investment Board | 30 | 27 | \$0 | 0% | 0% | 0% | 0% |
| Youth Commission | 17 | 17 | \$0 | 41% | 35% | 71% | 88% |

**Policy Bodies in bold are Commission and Boards, while unbolded bodies are Advisory Bodies.*

Figure 27: San Francisco Population Estimates by Race/Ethnicity and Gender, 2017*

| Race/Ethnicity | Total | | Female | | Male | |
|--------------------------------------|----------|---------|----------|---------|----------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| San Francisco County, California | 864,263 | - | 423,630 | 49% | 440,633 | 51% |
| White, non-Hispanic or Latino | 353,000 | 38% | 161,381 | 17% | 191,619 | 20% |
| Asian | 295,347 | 31% | 158,762 | 17% | 136,585 | 15% |
| Hispanic or Latinx | 131,949 | 14% | 62,646 | 7% | 69,303 | 7% |
| Some Other Race | 64,800 | 7% | 30,174 | 3% | 34,626 | 4% |
| Black or African American | 45,654 | 5% | 22,311 | 2.4% | 23,343 | 2.5% |
| Two or More Races | 43,664 | 5% | 21,110 | 2.2% | 22,554 | 2.4% |
| Native Hawaiian and Pacific Islander | 3,226 | 0.3% | 1,576 | 0.2% | 1,650 | 0.2% |
| Native American and Alaska Native | 3,306 | 0.4% | 1,589 | 0.2% | 1,717 | 0.2% |

San Francisco Population estimates come from the 2017 and 2018 American Community Survey 5-Year Estimates.

**Due to unavailable updated data on San Francisco population, the data used to represent the San Francisco population is from the 2019 Gender Analysis Report.*



City and County of San Francisco
Department on the Status of Women



London N. Breed
Mayor

Acknowledgments

The San Francisco Department on the Status of Women would like to thank the various policy body members, commission secretaries, and city staff who graciously assisted in collecting demographic data and providing information about their respective policy bodies. In particular, the Department would like to thank interns Charly De Nocker and Brooklynn McPherson for the data collection and analysis of this report.

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