

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

Application for Boards, Commissions, Committees, & Task Forces
Name of Board, Commission, Committee, or Task Force: Lastern Neighborhoods CAC
Seat # or Category (If applicable):Sea + District:
Name: Nathan Mee
St. zip: 94/07
Work Phone: Employer: Ninble Holdings LCC
Business Address: 100 Gozgas Ave A4900, SF, CA Zip: 94129
Business E-Mail: Home E-Mail:
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.
Check All That Apply:
Registered voter in San Francisco: Yes No If No, where registered:
Resident of San Francisco Yes No If No, place of residence:
Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:
I am a resident-of Potrero Hill and an active member
of the community, including serving on the board of
the Poters Boosters and worly withe the Dogpatch Neighborhood Association on logal transportation
motters.

Business and/or professional experience:
I have been a proching a Hone for 12 years and have extensive expenses in regulation, compliance and transactional law.
Civic Activities:
Medien of the executive countries of the Potens Boosters Weden of the Boostes & DNA joint liveble streets committee Former member of the RABCWG Have you attended any meetings of the Board/Commission to which you wish appointment? Yes INO For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)
Date: 6/30/27 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 #: Date Seat was Vacated: