File No.	101292
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Committee	ltem	No
<b>Board Item</b>	No.	·

### COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	Rules	Da	ite	October 21, 2010
Board of Su	pervisors Meeting	Da	ıte	
Cmte Boa	• •	3)		eport
	MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence			
OTHER  OTHER	(Use back side if additional spa			
•	by: Linda Wong			ber 18, 2010

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

4/3/07



#### 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 and Committees**

Application for Appointment to: Immigrant	Rights Commission  Name of Board, Commission, Committee, or Task Force			
Seat # or Category (If applicable): Seat 1,	non-immigrant with knowledge of immigrant needs District: 1			
Name: Vera Haile Dalenberg				
Home Address: — 44th Avenue, San Franc	isco, CA 94121 Zip:			
Home Phone: (415)	Occupation: Retired Social Worker			
Work Phone: None	Employer: None			
Business Address: None	Zip:			
Business E-Mail: None	Home E-Mail: @prodigy.net			
Check All That Apply:				
A citizen of the United States.	At least 18 years old on or before Election Day.			
Not in prison or on parole for a felony	conviction 🗸			
A resident of San Francisco	Yes: No: (Place of Residence):			
Please state your qualifications (attach s	upplemental sheet if necessary)			
	town at Self-Help for the Elderly & the Tenderloin at Curry Senior nt coalitions and Immigrant Rights Commission.			
Education:				
MSW Univ. of Calif. at Berkeley; BA Antioch Co Program.	llege at Yellow Springs,Ohio; & Berkeley Professional Studies in India			
Business and/or professional experience				
Curry Senior Center, Exec. Dir.,1983-1996; Self Agency, Comty Services Rep, 1968-1970	-Help for the Elderly, Asst. Dir. 1970-1983; SFCC Human Services			
Civic Activities:				
	nt Rights Commission, IHSS Health Task Force of P.E.C.C., Self-Help nerican Friends Service Committee, Democratic Women's Forum			
Ethnicity: (optional) White	Sex: (optional) M F			
Have you attended any meetings of the	Board/Commission to which you wish appointment? ✓ YesNo			
(Applications must be received 10 days before the scheduled (Please Note: Once Completed, this form, including all a				
Date: 3-29-10 Applicant's Signature: (required) The Nuke Laboration will be retained for one year.				
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires:	Date Seat was Vacated:			

#### **VERA HAILE** - 44<sup>th</sup> Avenue San Francisco, CA 94121 (415)

Currently I am retired and serve on the following Commission and Committees. San Francisco Immigrant Rights Commission Advisory Council to the Dept. of Aging and Adult Services Aging and Adult Services Long Term Care Coordination Council, co-chair of the LTCCC Mental Health Access Workgroup and Alzheimers/Dementia Panel In-home Supportive Services and Health Committee, Planning for Elders in Central City Coalition of Agencies Serving the Elderly (CASE) American Friends Service Committee, Regional Community Relations Committees

#### PREVIOUS EMPLOYMENT:

North of Market Senior Services (now Curry Senior Center), 333 Turk Street, San Francisco. Executive Director, 1983-96.

Self-Help for the Elderly, 407 Sansome Street, San Francisco. Assistant Director, 1970 -1983.

San Francisco Department of Social Services, 180 Otis Street, San Francisco, Community Services Representative, 1968-70.

Berkeley Professional Studies in India Program and Delhi Department of Urban Community Development, 1967-68.

San Francisco Human Rights Commission, 25 Van Ness Avenue, 8th floor, San Francisco. Social Welfare Intern, 1966-67.

Social Service Dept. Veterans Administration Hospital, Fort Miley, San Francisco. Case worker, 1965-66.

Youth for Service, 25 – 14<sup>th</sup> Street, San Francisco. Administrative Assistant, 1961-65.

American Friends Service Committee, 65 Ninth Street, San Francisco. Community Relations Program Associate, 1959-61.

#### **EDUCATION:**

University of California School of Social Welfare, Berkeley, CA. Masters of Social Welfare with a major in community organization and administration, 1967.

Antioch College, Yellow Springs, Ohio, Bachelor of Arts Degree with a major in philosophy and literature, 1957. 1/09



# STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.

A Public Document

NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
Hailo Dalamhora Vera.	. (4/5)
MAILING ADDRESS STREET CITY (Business Address Acceptable)	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
-1-44 th Avenue. San 1	MUNISCOCA 94121 - Oprodicume
	The state of the s
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:  Inmigran + Rights Cemmission	► Total number of pages including this cover page:
Division, Board, District, if applicable:	► Check applicable schedules or "No reportable
	interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
Commissioner	Schedule A-1 Yes – schedule attached
► If filing for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.)	Investments (Less Ihan 10% Ownership)
Agency:	Schedule A-2 Yes – schedule attached
Agency	Investments (10% or Greater Ownership)
Position:	Schedule B Yes – schedule attached  Real Property
	Schedule C Yes – schedule attached
2. Jurisdiction of Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
State	Schedule D Yesschedule attached
County of Sail Francisco,	Income – Gifts
City of	Schedule E Yes – schedule attached
Multi-County	Income – Gifts – Travel Payments
Other:	-or-
3. Type of Statement (Check at least one box)	No reportable interests on any schedule
Assuming Office/Initial Date://	
Annual: The period covered is January 1, 2009,	5. Verification
through December 31, 2009.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
-or-	of my knowledge the information contained herein and in any
O The period covered is/, through December 31, 2009.	attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
The period covered is January 1, 2009, through the date of leaving office.	Date Signed
-or-	(month, day, year)
O The period covered is/, through the date of leaving office.	Signature The Rule Dolon Street (File the originally signed statement with your filing afficial.)
Candidate Election Vear	



#### 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 and Committees

Application for Appointment to:
Seat # or Category (If applicable): 1/3,5
Name: Kenneth Jenn
Home Address: Howard Street 1105
Home Phone: 310 Occupation: Aftorney
Work Phone: 415 431 1845 Employer: Kinkland & Ells
Business Address: 555 California, 18th Floor Zip: 94104
Business E-Mail: kenneth Jeng @ kirkland.com Home E-Mail: @gnail.com
Check All That Apply:
A citizen of the United States. 🔀 At least 18 years old on or before Election Day. 🔀
Not in prison or on parole for a felony conviction 🔀
A resident of San Francisco Yes: No: (Place of Residence):
Please state your qualifications (attach supplemental sheet if necessary)
Please see supplemental sheet
Education:  B.S. Electrical Engineering - The University of California at Los Angeles (2004)
J.D. Northwestern University School of LAN  Business and/or professional experience:
Please see supplemental sheet
Civic Activities: Homeless Advocacy Project: Volunteer Atterney
Lawyer's Committee for Civil fights; Volunteer Attemey
Ethnicity: (optional) Aran American Sex: (optional) M F
Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.) (Please Note: Once Completed, this form, including all attachments, become public record)
Date: 8/11/2010 Applicant's Signature: (required) Xenutu 94  Please Note: Your application will be retained for one year.
FOR OFFICE USE ONLY: Appointed to Seat #: Date Seat was Vacated:
12/04/09



# STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.

Candidate

Election Year: \_

Á	Pub	lic	Document
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NAME (LAST)	(FIRST)	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
Jeng	Kenneth			(3lo —
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
555 California Street 18th Fl	oor San Francisco	CA	94104	Banasi.com
1. Office, Agency, or Co	urt	4. Schedu	le Summai	ТУ
Name of Office, Agency, or Cour	t	► Total numb	per of pages this cover pag	<u>.</u> 3
Board of Superviso				
Division, Board, District, if applic	. ,	► Check appl interests."	icable schedu	les or "No reportable
Your Position:	-0/14/0/10/11	I have disc attached so		on one or more of the
Commissioner		ļ		Schodula attached
► If filing for multiple positions, position(s): (Attach a separa		t .	(Less than 10% Owl	Schedule attached nership)
Agency:	ne sheet ii necessary.)	l .	2 Yes - s	schedule attached
Position:		Schedule E		schedule attached
		Schedule C	Yes - :	schedule attached
2. Jurisdiction of Office	(Check at least one box)	Income, Loa and Travel Pay		Positions (Income Other than Gifts
☐ State		Schedule D	)	schedule attached
County of San Francisco		Income – Gi	fts	·
City of San Francisc	1	Schedule E		schedule attached
☐ Multi-County		Income - Gi	fts – Travel Payn	nents
Other	***************************************		-or	**************************************
3. Type of Statement (c	heck at least one box)	No repo	rtable interests	on any schedule
Assuming Office/Initial	Date: 8 / 11 / 10			
	.	5. Verificat	ion	
Annual: The period covered through December 31, 2009.				e diligence in preparing this
-or-	·			this statement and to the best tion contained herein and in any
O The period covered is December 31, 2009.	/, through	attached sche	dules is true a	nd complete.
Leaving Office Date Left:(Check one)		I certify under of California	penalty of perj that the foreg	iury under the laws of the State oing is true and correct.
O The period covered is Jar date of leaving office.	luary 1, 2009, through the	Date Signed	8	//11/2010 (month, day, year)
	1 ( )	ALL THE PERSON AND TH		
O The period covered is the date of leaving office.	, through	Signature	Yento (File the originally sig	aned statement with your filing official.)

#### **SCHEDULE A-1** Investments

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kenneth Jeng

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Citigroup (C)	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Buy Isell Stock	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>▼</b> \$2,000 - \$10,000	\$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT \$ 6,500	NATURE OF INVESTMENT Stock Other (Describe)
(Describe) Partnership O Income of \$0 - \$500	(Describe) Partnership () Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
12 / 22 / 09 / / 09	
ACQUIRED DISPOSED	ACQUIRED . DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  \$100,001 - \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership   O Income of \$0 - \$500   O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
•	
CAID MADVET VALUE	CAID MADVET MALUE
FAIR MARKET VALUE \$10,001 - \$100,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	MATURE OF MUTETAGAT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	•

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

CALIFORNIA FORM	700
Name	
Kenneth Jena	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Kirkland & Ellis LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
555 California, 18th Floor	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	·
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Attorney	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000 ·	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 📈 OVER \$100,000	S10,001 - \$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	Salary Spouse's or registered domestic partner's income
☐ Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)	Sale of (Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
·	
Other(Describe)	Other(Describe)
·	(Describe)
► 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part
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)
Access Group	7.0 % None 104
ADDRESS (Business Address Acceptable)	
P.O. Box 7430	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
Student Loans- Graduate	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	A)
\$1,001 - \$10,000	City
[] \$1,001 - \$10,000	
	Susan and Paul Jeng
<del></del>	Susan and Paul Jeng
	Guarantor Susan and Paul Jong
	Guarantor Jusan and Paul Jong

Kenneth Jenq
— Howard Street #1105
San Francisco, CA 94105
August 11, 2010

Ms. Angela Calvillo Clerk of the Board 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Dear Ms. Calvillo,

I am writing to apply for a position as a commissioner on the Immigrant Rights Commission. I became interested after serving several immigrants through pro bono cases during my work as an attorney.

My current position as an attorney will provide the commission with a unique perspective on immigrant's rights. Although my primary practice deals with complex litigation, I am currently assisting and representing several immigrants with a variety of legal issues through my firm's pro bono program. For instance, I represent Saul Granados, a Mexican immigrant, in his deportation proceedings in Federal Immigration Court. Saul is a very sympathetic client who is only in court now due to the dishonest behavior of others.

Representing Saul has motivated me to do more to assist immigrants here in San Francisco. I have partnered with the Lawyer's Committee for Civil Rights to assist another immigrant in starting a business. Also, I am involved in representing homeless people in infraction cases as part of the Homeless Advocacy Project. The insight I have gained during my representation of these clients sparked my interest and motivation for being a part of the Immigrant Rights Commission.

I have attached my resume, along with my application, to this letter. Please contact me at your earliest convenience when you receive this application and when you would like to schedule an interview. Thank you for your time and consideration in reviewing my application.

Sincerely,

Kenneth Jenq

Kenut of

Enclosures: resume, application, form 700.

#### KENNETH JENO

- Howard Street #1105 San Francisco, CA 94105 - @gmail.com

310 \_\_\_\_

#### **EDUCATION**

#### Northwestern University School of Law, Chicago, IL

Juris Doctor, May 2009

• Executive Editor, Northwestern Journal of Technology and Intellectual Property

#### University of California at Los Angeles, Los Angeles, CA

Bachelor of Science in Electrical Engineering, June 2004

#### **EXPERIENCE**

#### Kirkland & Ellis LLP, San Francisco, CA

Intellectual Property Litigation Associate, 2009 - Present

- Researched and drafted memoranda for intellectual property cases
- Analyzed technology for large scale patent litigation
- Counseled and represented various pro bono clients in both transactional and litigation matters

#### Federal Trade Commission, Chicago, IL

Law Clerk, January 2008 - April 2008

- · Researched and drafted memoranda for consumer protection cases
- Drafted stipulated orders for fraudulent cancer cure case

#### The Honorable Ronald M. Whyte, United States District Judge, San Jose, CA

Judicial Extern, May 2007 - August 2007

- Drafted orders and memoranda for judge and law clerks
- Prepared case management conference summaries
- Observed courtroom proceedings

#### Raytheon Space and Airborne Systems, El Segundo, CA

Systems Engineer II, July 2004 – June 2006

- Designed and conducted test procedures for classified space program
- Obtained U.S. Security Clearance and SSBI Clearance

#### UCLA Microfabrication Laboratory, Los Angeles, CA

Undergraduate Researcher, August 2003 - November 2004

- Researched and developed innovative procedures for semiconductor research in the field of silicon crystallization
- Presented original research results in poster presentation at 2004 Materials Research Society Meeting

#### UCLA Microfabrication Laboratory, Los Angeles, CA

First Author, 2004

 Kenneth Jenq, Shawn S. Chang, Yaguang Lian, Grant Z. Pan, Yahya Rahmat-Samii: Aluminum Induced Crystallization of PECVD Crystallized Silicon, in *Amorphous and Nanocrystalline Silicon Science and Technology-2004* (Mater. Res. Soc. Symp. Proc. 808), Warrendale, PA, 2004

#### **INTERESTS**

- Brazilian Jiu Jitsu
- Boxing



# 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 and Committees**

Application for B	pards, Commissions and Committees
Application for Appointment to: Immigrant R	ghts Commission lame of Board, Commission, Committee, or Task Force
Seat # or Category (If applicable): ), 3)	S District: 4
Name: Teresa Chee	
Home Address - 36th Avenue	Zip: 94122
Home Phone: 415	Occupation: Registered Nurse
Work Phone: 415-673-8405	Employer: Tunnell Rehabilitation Center
Business Address: 1359 Pine Street, San Fran	cisco, California Zip: 94109
Business E-Mail: N/A	Home E-Mail: @yahoo.com
Check All That Apply:	
A citizen of the United States.	At least 18 years old on or before Election Day.
Not in prison or on parole for a felony	conviction
A resident of San Francisco	Yes: No: (Place of Residence): 1420 36th Avenue Sun Francisco, CA 94122
Please state your qualifications (attach s	upplemental sheet if necessary)
Please see attached	
Education:  Bachelor's of Science in Nursing at San Francis	co State University.
Business and/or professional experience	
Licensed Registered Nurse working and volunte certified instructor. Department of Justice Finge	ering since 03/2009. First Aid/CPR/BLS American Heart Association printing Technician.
Civic Activities:	U. Desident of Nursing Students Association chanter of California
President of San Francisco Chinatown LEOs Cl Nurses Association, American Legion Post #38	ub. President of Nursing Students Association chapter of California I Auxiliary member.
Ethnicity: (optional) Chinese	Sex: (optional) M F
	Board/Commission to which you wish appointment? ☐Yes ✓ No
(Applications must be received 10 days before the schedule (Please Note: Once Completed, this form, including all a	ttachments, become public reçord)
Date: 04/12/2010 Applicant's S  Please Note: Your application will be retained for one year.	ignature: (required) Thursday
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires:	Date Seat was Vacated:

#### Qualifications:

I was born and raised in San Francisco. I have lived in the sunset district throughout my life. I am multilingual fluent in Cantonese and Mandarin. I also understand Hakka, Hokkien and some Toisan.

I have been helping the community since 2002. I was the president of the San Francisco LEOs club for a year, volunteering at On Lok once a month, spending time and doing activities with the elderly population. In nursing school as president of my Nursing Student Association, I coordinated blood drives and many community based events.

Growing up from an immigrant family I have seen and experienced the daily struggles immigrants have to push through. From the limited English comprehension to the direct or indirect racism that occurs to this population, I have, my entire life been closely involved with issues that immigrants face. As the eldest child in my family, I spent most of my school days translation and representing my parents as they did not speak or understand much English.

I am a nurse today because of my background and dedication to helping the immigrant population. As a nurse I see on a daily basis the confusion, frustration and devastation these people face not only in the health care world, but in their communities. Non-English speaking patients most likely will nod and say "yes" as healthcare professionals explain procedures and treatments in English without having a clue of what was just explained to them.

As a nurse I feel that I have the ability and power to change this situation. Many times I am used to translate and advocate for patients because of their limited English and knowledge of the medical jargon. I truly strongly feel a need for translators in the hospitals.

My aunt who just recently immigrated here was pregnant and unemployed. I helped her with all her paperwork and connected her to the appropriate resources to get her started. I feel that my experience growing up in an immigrant family and my professional career has more than prepared me to serve as a commissioner in the Immigrants Rights Commission.

### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

# CEIVE Date Received STATEMENT OF ECONOMIC INTERESTS:

COVER PAGE

2010 APR 13 PM 4:42

A Public Document Please type or print in ink. DAYTIME TELEPHONE NUMBER (MIDDLE) (FIRST) NAME (LAST) (415) Teresa Chee OPTIONAL: E-MAIL ADDRESS ZIP CODE STATE MAILING ADDRESS STREET CITY (Business Address Acceptable) Ca 94122 San Francisco 36th Ave 4. Schedule Summary 1. Office, Agency, or Court ▶ Total number of pages Name of Office, Agency, or Court: including this cover page: = Immigrant Rights Commission ▶ Check applicable schedules or "No reportable Division, Board, District, if applicable: interests." I have disclosed interests on one or more of the Your Position: attached schedules: Commissioner ▶ If filing for multiple positions, list additional agency(ies)/ Investments (Less than 10% Ownership) position(s): (Attach a separate sheet if necessary.) Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership) Agency: \_\_\_ ☐ Yes - schedule attached Schedule B Real Property Position: \_\_ ☐ Yes – schedule attached Schedule C Income, Loans, & Business Positions (Income Other than Gifts 2. Jurisdiction of Office (Check at least one box) and Travel Payments) State Schedule D ☐ County of San Francisco Income - Gifts City of San Francisco ☐ Yes - schedule attached Schedule E Income - Gifts - Travel Payments Multi-County \_\_\_\_\_ -or-No reportable interests on any schedule 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_ 5. Verification Annual: The period covered is January 1, 2009, I have used all reasonable diligence in preparing this through December 31, 2009. statement. I have reviewed this statement and to the best -orof my knowledge the information contained herein and in any attached schedules is true and complete. O The period covered is \_\_\_\_/\_\_\_, through December 31, 2009. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Leaving Office Date Left: \_\_\_\_/\_\_ (Check one) O The period covered is January 1, 2009, through the 4/12/2010 date of leaving office. Date Signed. (month, day, year)

O The period covered is \_\_\_\_/\_\_\_, through

Election Year: \_\_\_\_

the date of leaving office.

☐ Candidate

FPPC Form 700 (2009/2010)

(File the originally signed statement with your filing official.)

Signature



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

Application for Boards, Commissions and Committees 23 Immigrant Right Commission Application for Appointment to: Name of Board, Commission, Committee, BY Task Force 46 Seat # or Category (If applicable): Name: Solomon A. Jurks Home Address: - Almure St. 4811 94115 Zip: Occupation: Professor Home Phone: 415-Work Phone: Zip: Business Address: Check All That Apply: A citizen of the United States. At least 18 years old on or before Election Day. W Not in prison or on parole for a felony conviction A resident of San Francisco Yes: No: (Place of Residence): Please state your qualifications (attach supplemental sheet if necessary) Current Immigrant Rights Commissioner Community Advocate - Community leader Education: MA-International Relating Business and/or professional experience: CEO: Africa-America Relations Institute (president): Civic Activities: - Community Court Judge Arbitrator
- IRC - commissioner Sex (optional) M F Ethnicity: (optional) Atrican Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.) (Please Note: Once completed, this form, including all attachments, becomes public record) Applicant's Signature: (required) FOR OFFICE USE ONLY: Appointed to Seat #:\_\_\_\_\_ Term Expires:\_\_\_\_\_ Date Seat was Vacated: 04/17/09

# BUILD SELECTION OF A SELECTION OF A

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS

#### **COVER PAGE**

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDL	.E)	DAYTIME TELEP	HONE NUM	MBER
Junes	Schumon	1	- ,	(415)	***************************************	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E	-MAIL ADD	RESS
- Fillmore # 8	oll San France	TO CA	94115		! Ya	huo.c.
1. Office, Agency, or Court		4. Schedul	e Summar	y	8	
Name of Office, Agency, or Court:		➤ Total numb	er of pages			2010
Immigrant Light Com	m, 331m	including th	nis cover page			I APR
Division, Board, District, if applicable:		► Check appli interests."	cable schedule	es or "No repo	rable	20 2
Commission:				n one or more	of the	8
► If filing for multiple positions, list ad		<b>I</b>	1 Yes - Si Less than 10% Owns	chedule attache	d	=
position(s): (Attach a separate sh			2 Yes - so 10% or Greater Own	chedule attache ership)	g	21
Position:		Schedule B Real Property		chedule attache	d	anne Hammer-Parente Perinte Pe
2. Jurisdiction of Office (Che	ck at least one box)	Schedule C Income, Loan and Travel Payn	s, & Business Po	chedule attache ositions (Income Oth		Transmission of the second
State County of San Francis City of San Francis	(0	Schedule D Income - Gift		chedule attache	d-	ng-massiv victorina/vicadrialand des
City of San Francis		Schedule E Income – Gift	Yes - so	chedule attache ents	đ	
			-or-			
3. Type of Statement (Check	at least one box)	No repor	table interests of	on any schedule	9	
Assuming Office/Initial Date:	and the second second	5. Verificati	on		····	
Annual: The period covered is Jai through December 31, 2009,	nuary 1, 2009,			diligence in p his statement a		
O The period covered is/ December 31, 2009.	/, through		ge the information dules is true an	on contained he d complete.	rein and	in any
Leaving Office Date Left:/_ (Check one)		of California t	hat the forego	iry under the law ing is true and	l correct	i.
O The period covered is January date of leaving office.	1, 2009, through the	. Date Signed Signature	3/31/10	(month, day, year)		
O The period covered is/ the date of leaving office.	/, through	Signature	Liller on J	ed statement with you	ur liling office	ial )
Candidate , Election Year:			g.many agree			



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

REPINE ASPERVISORS
SAN FRANCISCO

Application for Boards, Commissions and Committees
Application for Appointment to: Inwicounts Rights Commission, Committee, or Task Force
Seat # or Category (If applicable): Jeaf 3
Enter your name, mailing address and daytime telephone number in the spaces provided.
Do you authorize release of your private/personal information? Yes No
Name: WILMA PARKER de Pavloff
Home Address: Tacles an ST
Home Phone: (415), Cocupation: AVHLST / BUSINORD PRISON
Work Phone: (415)308-1391/ Employer: SEZF
Business Address: 222 CLARA ST SF. C. Zip: 94107
E-Mail Address: — @ yalloo, com
Minimum Qualifications of an Elector  A citizen of the United States.  A resident of San Francisco.  At least 18 years old on or before Election Day.  Not in prison or on parole for a felony conviction.
Are you an elector? Yes No Does the seat you are applying for require you to be an elector? Yes No
Please state your qualifications (attach supplemental sheet if necessary)  I have terrifly on prolle 5 chools in 5F+ chilago, world with students own a new arms of our students one from Icorea and other nations. I have world on sompac, whilesome at Education: First name I world out fri in pive struggles.
BFA, TONORS ISLAND SCHOOL OF DESIGN (RISD) MFA, ART INSTITUTE of Chicago
Teacher, public Schools, Chicago, San Francisco (506 Hater Full-time professmal working ALLIST naturally exhibit Docent, San Francisco Mineum of Moslem AL
Civic Activities: Teaching and consulting, college prep fu local
Civic Activities: TEACHING and consulting, college prep fu local Your anti-its Working as advisor fur DAAVIS SIXH Street Pryava Evita, non-profit, Jost Junkey vescue, Diavamsala Tin Ethnicity: (optional)   M   F
Have you attended any meetings of the Board/Commission to which you wish appointment? Yes Mo
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: 5/26/2010 Applicant's Signature: (required)
Please Note: Your application will be retained for one year.
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires: Date Seat was Vacated:



# STATEMENT OF ECONOMIC INTERESTS

#### **COVER PAGE**

A Public Document

Please type or print in ink.	11 1 0,000		
NAME (LAST) (FIRST)		(MIDDLE)	DAYTIME TELEPHONE NUMBER
Partier de Parloff WIL	MA		(4/5)
MAILING ADDRESS STREET CITY  (Rusinges Address Acceptable)		STATE ZIP COL	DE OPTIONAL: E-MAIL ADDRESS
- Jackson St. SF	- CA	1941	09 - Dem
1. Office, Agency, or Court		4. Schedule Sum	mary
Name of Office Agency or Court	_	➤ Total number of pag	ges 14
Immicrants Rights Com	MSSan	▶ Total number of pag including this cover	· page: ———
Division, Board, District, if applicable:	' '	<ul><li>Check applicable scl interests."</li></ul>	hedules or "No reportable
Your Position:		I have disclosed inter attached schedules:/	rests on one or more of the
Seat 3		. /	es – schedule attached
▶ If filing for multiple positions, list additional agency(	(ies)/	Investments (Less than 10	
position(s): (Attach a separate sheet if necessary		Schedule A-2 Ye	es - schedule attached
Agency:			
Position:		Schedule B LY Ye	es schedule attached
1 OSROTI.			es – schedule attached
2. Jurisdiction of Office (Check at least one	e box)		ness Positions (Income Other than Gifts
☐ State		Schedule D 12/Y	es – schedule attached
County of		Income – Gifts	
☐ City of		Schedule E	es – schedule attached
☐ Multi-County		Income – Gifts – Trave	l Payments
☐ Other			-or-
		☐ No reportable inte	erests on any schedule
3. Type of Statement (Check at least one b	oox)		
Assuming Office/Initial Date:		5. Verification	
Annual: The period covered is January 1, 2009, through December 31, 2009.		I have used all reason	onable diligence in preparing this
-or-			iewed this statement and to the best formation contained herein and in any
O The period covered is/, through December 31, 2009.	ıgh	attached schedules is	true and complete.
Leaving Office Date Left://		of California that the	of perjury under the laws of the State foregoing is true and correct.
(Check one)  O The period covered is January 1, 2009, through	gh the	5	/26/2010
date of leaving office.		Date Signed	(month day, year)
O The period covered is/, through the date of leaving office.	ugh	Signature (M)	Med Jawy d av loginally signed statement with your filing official.)
☐ Candidate Election Year:		(rne me ong	gramy agreed accommon man your many omerchy.

# SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

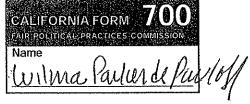
Do not attach brokerage or financial statements.



► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000
Stock Other (Describe)  Partnership O Income of \$0 - \$500 Other (Report on Schedule C)	\$100,001 - \$1,000,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income of \$0 - \$500	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	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	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income of \$0 - \$500  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09 ACQUIRED DISPOSED	/
Comments:	

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	► II BUSINESS ENTITY OR TRUST
Culma, Parlier de Paulos	
Name Jacksut 222 clava St.	Name
iess Address Acceptable) 9407	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership
YOUR BUSINESS POSITION AVAIST /2018 1000 1	YOUR BUSINESS POSITION
2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST).	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA. SHARE OF THE GROSS INCOME <u>TO THE ENTITY</u> (TRUST)
\$0 \_\$499	\$0 - \$499
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000
S1,001 - \$10,000 S 3: LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a syparate street, if necessary)	INCOME OF \$10,000 OR MORE (attach a yeparate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE. BUSINESS ENTITY, OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST.
Check one box:	Check one box:  INVESTMENT REAL PROPERTY
☐ INVESTMENT ☐ REAL PROPERTY	MANUEL MINISTRACTOR IN THE PROPERTY
Name of Business Eathers	Name of Business Entity or
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
•	
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,601 - \$100,000 \$10,601 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Dther	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	EPPC Form 700 (2009/2010) Sch. A.2

### **SCHEDULE B**

# Interests in Real Property (Including Rental Income)

200	CALIFORNIA FORM $700$	
CHANGE STATE	FAIR POLITICAL PRACTICES COMMISSION	
	Name Oalla la D	11/16
	Lenma Partier de Pe	$(\mathcal{W}^{(0)})$

	A CENTER ADDITION OF DESCRIPTION
▶ STREET ADDRESS OR PRECISE LOCATION	STREET ADDRESS OR PRECISE LOCATION
222 CLARA 3[]	_ Jackson >1
CITY	UTIT
SFCA	San Francisco, O.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 · · · · · · · · · · · · · · · · ·	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000	(P) \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
-m'	
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Cther
its, testing Outes	The continuing State
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
· · · · · · · · · · · · · · · · · · ·	
* You are not required to report loans from commercial	lending institutions made in the lender's regular course
	blic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	
and loans received not in a lender's regular course of	i business must be disclosed as lonows.
	II was or trapped
NAME OF LENDER*	NAME OF LENDER*
None	II NOVY
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
, 122, 122, (222, 122, 122, 122, 122, 12	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
<u>\</u>	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
	The transfer of the transfer o
% None	% None
LIGHTAT BU ANGE BURDING BERGARANG STREET	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	
C container, it applicable	I Cuprentor if applicable
	Guarantor, if applicable
· •	Guarantor, if applicable
	Guarantor, if applicable
Comments:	Guarantor, if applicable

# SCHEDULE C. Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)



NAME OF SOURCE OF INCOME	► 1 INCOME RECEIVED  NAME OF SOURCE OF INCOME
retired except Su	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) + res Social two Swinds + research	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$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	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of (Property, car, boat, etc.)	Sale of (Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or n
Cl Orbon	
Other (Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	Other(Describe)
* You are not required to report loans from commerce of a retail installment or credit card transaction, ma	Coescribe)  PERIOD (Coescribe)  Cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans receiv
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to	CERIOD (Describe)  cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans receiv pe disclosed as follows:  INTEREST RATE  TERM (Months/Years)
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received disclosed as follows:
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be name of Lender.	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans receiv pe disclosed as follows:  INTEREST RATE  TERM (Months/Years)
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be name of Lender.	Cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received disclosed as follows:    INTEREST RATE   TERM (Months/Years)   None
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER*  ADDRESS (Business Address Acceptable)	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received the disclosed as follows:  INTEREST RATE  Whone  SECURITY FOR LOAN  Personal residence
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER*  ADDRESS (Business Address Acceptable)	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  Wone  SECURITY FOR LOAN
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be name of Lender.  **ADDRESS (Business Address Acceptable)*  BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans receive disclosed as follows:  INTEREST RATE  None  SECURITY FOR LOAN  None  Real Property  Street address
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be not lender.  **ADDRESS (Business Address Acceptable)*  **BUSINESS ACTIVITY, IF ANY, OF LENDER**  HIGHEST BALANCE DURING REPORTING PERIOD	City  CERIOD  Cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  Whone  SECURITY FOR LOAN  Personal residence  Real Property  Street address  City
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be not in a lender's regular cou	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  None  SECURITY FOR LOAN  None  Real Property  Street address
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be name of Lender.  **ADDRESS (Business Address Acceptable)*  **BUSINESS ACTIVITY, IF ANY, OF LENDER*  **HIGHEST BALANCE DURING REPORTING PERIOD*  **\$\begin{align*}	cial lending institutions, or any indebtedness created as ade in the lender's regular course of business on terms to your official status. Personal loans and loans receive the disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commerce of a retail installment or credit card transaction, may available to members of the public without regard to not in a lender's regular course of business must be not in a lender.  **ADDRESS (Business Address Acceptable)*  **BUSINESS ACTIVITY, IF ANY, OF LENDER**  **HIGHEST BALANCE DURING REPORTING PERIOD**  \$ \$500 - \$1,000*	City  Cerribe)  (Describe)  (D

# SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OR GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
\$	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	\$
\$	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
<i></i> \$	\$
1 1 *	\$

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



•	Reminder	****	you	must	mark	the	gift	or	income	box.
---	----------	------	-----	------	------	-----	------	----	--------	------

<ul> <li>You ar</li> </ul>	re not reauir	ed to repo	ort income	from	government	agencies.
----------------------------	---------------	------------	------------	------	------------	-----------

ME OF SOURCE	► NAME OF SOURCE
DRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
AND STATE	CITY AND STATE
IESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
E(S)://// AMT: \$	DATE(S):/ AMT: \$
(II applicable)	DATE(S):// AMT: \$
PE OF PAYMENT: (must check one) Gift Troome	TYPE OF PAYMENT: (must check one) Gift Income
SCRIPTION:	DESCRIPTION:
ME OF SOURCE	NAME OF SOURCE
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Y AND STATE	CITY AND STATE
SINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SQURCE
ATE(S)://AMT: \$	DATE(S):/ AMT; \$
(If applicable)	(If applicable)
PE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
SCRIPTION:	DESCRIPTION:
	travel payments
omments: Dhave rec. Wo-	



### **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 and Committees Application for Appointment to: Immigrant Rights Commission Name of Board, Commission, Committee, or Task Force District: Seat # or Category (If applicable): 3 Name: Samer Danfoura Home Address Josiah Avenue; San Francisco, CA Zip: 94112 Occupation: Attorney Home Phone: 415-Work Phone: 415-970-8012 Employer: self-employed Business Address: 2489 Mission Street; Suite 2; San Francisco, CA Zip: 94110 Business E-Mail: samer@danfouralaw.com ⊥@hotmail.com Home E-Mail: 1 Check All That Apply: At least 18 years old on or before Election Day. A citizen of the United States. Not in prison or on parole for a felony conviction ✓ Yes: No: (Place of Residence): A resident of San Francisco Please state your qualifications (attach supplemental sheet if necessary) see attached cover letter and resume Education: see attached cover letter and resume Business and/or professional experience: see attached cover letter and resume Civic Activities: see attached cover letter and resume Sex: (optional) M F Ethnicity: (optional) Arab Have you attended any meetings of the Board/Commission to which you wish appointment? ✓ Yes 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.) (Please Note: Once Completed, this form, including all attachments, become public record) Applicant's Signature: (required) Please Note: Your application will be retained for one year. FOR OFFICE USE ONLY: Date Seat was Vacated: Term Expires: Appointed to Seat #.\_

#### SAMER DANFOURA, ESQ.

Josiah Ave • San Francisco, CA 94112 415- — • — @hotmail.com

August 19, 2010

Angela Calvillo Clerk of the Board 1 Dr. Carlton B. Goodlett Place City Hall, Room 244 San Francisco, Ca. 94102-4689

Re: Immigrant Rights Commission Vacant Seat 3

Dear Angela Calvillo:

I am submitting this letter along with my application and resume in consideration for the Vacant Seat 3 on the Immigrant Rights Commission (IRC). I believe that I would be an asset as commissioner of the IRC because I have demonstrated knowledge of and interest in the social and legal status of immigrants residing in San Francisco and have already served well in this capacity.

On a personal level, I was born to Arab immigrants who came to San Francisco in the 1960s to flee political conflict and pursue opportunities that were unavailable to them in their home country. From a young age, I worked with my parents and other Arab immigrants through the Arab Cultural and Community Center in San Francisco and the San Francisco Chapter of the Unites States Organization for Medical and Educational Needs. As I grew up in San Francisco and developed a deeper understanding of my own identity, I continued to advocate for immigrant groups but also began to advocate for lesbian, gay, bisexual and transgender individuals.

After completing my bachelor's degree on the east coast, I worked as a LGBT youth advocate in Washington, D.C. I then enrolled in UCLA School of Law in order to further develop my advocacy skills, intending to work on behalf of immigrants and/or LGBT people as a legal or policy advocate. After receiving my law degree and completing the Program in Public Interest Law and Policy at UCLA, I joined the New York Bar in 2003. My first attorney role was as a tenant attorney in Harlem, representing Middle-Eastern, Latino and African immigrants in order to improve their living conditions and protect their homes from gentrification. From New York, I took a faculty-researcher position in

#### SAMER DANFOURA, ESQ.

→ Josiah Ave • San Francisco, CA 94112 415 / \_\_\_ • hotmail.com

the West Bank of Palestine, where I taught United States law to practicing attorneys and co-edited an international journal on Palestine.

After having left San Francisco in high school, I finally returned to San Francisco in 2005 and joined the California Bar in that same year. Since returning to my hometown, I have been in private practice serving diverse clients, including many immigrants, in various civil and immigration matters. On a professional level, I am a daily advocate for immigrants and have come to understand their social, political and health needs from a professional standpoint. I have also participated in various public interest and civic activities, including a one-year membership on the Board of the San Francisco Chapter of the Arab-American Anti-Discrimination Committee, a three-year membership on the LGBT Advisory Committee (LGBTAC) to the SF Human Rights Commission, and nine-months of service as a commissioner of the IRC. In all three roles, I advocated for the social and political needs of immigrants. In particular with LGBTAC, I am currently co-coordinating a panel of experts identifying the discrimination that LGBT immigrants face in the asylum process. While I served as a commissioner of the IRC, I assisted in stopping police "saturations" at MUNI stops frequented by immigrants and helped draft a portion of the IRC's Comprehensive Immigration Report.

For all of the foregoing reasons, I believe that I would be an asset to the IRC. I look forward to the opportunity to re-join my fellow commissioners and continue the work that we started earlier this year as well as beginning new projects that advance the status of immigrants in San Francisco.

Thank you for your consideration.

Best regards,

Samer Danfoura, Esq.

#### SAMER DANFOURA

#### . • 41! \_\_\_ • \_\_\_ @danfouralaw.com

## — Iosiah Ave ◆ San Francisco, CA 94112 ◆ 41!

#### PROFESSIONAL LICENSES

Admitted to practice law in the states of California and New York

#### **EXPERIENCE**

#### DANFOURA LAW OFFICES, San Francisco, California

Owner

June 2009 to Present

• Provide legal counsel and representation to businesses, non-profits, families and immigrants in civil transactions and litigation

#### DANFOURA & NIMR LAW GROUP, San Francisco, California

Partner

June 2007 to June 2009

• Managed two-attorney firm and provided legal counsel and representation to businesses, non-profits, families and immigrants in civil transactions and litigation

#### LAW OFFICES OF A. NICK SHAMIYEH, Walnut Creek, California

Associate Attorney

January 2006 to May 2007

• Provided legal counsel and in-court representation for corporate clients in real estate and related matters

#### BIRZEIT UNIVERSITY INSTITUTE OF LAW, Birzeit, West Bank

Faculty-Researcher

August 2004 to January 2005

• Taught graduate student law course and assisted in editing of international law journal

#### WEST SIDE SRO LAW PROJECT, New York, New York

Staff Attorney, Law Clerk

July 2003 to August 2004

- Represented low-income tenants and immigrants facing eviction and unfair housing conditions
- ◆ Assisted efforts to increase affordable housing and minimize negative effects of gentrification

#### OFFICE OF THE PUBLIC DEFENDER, Los Angeles, California

Law Clerk

Summer 2002

• Assisted in the representation of adult defendants in criminal proceedings and juveniles in delinquency hearings by conducting client meetings, witness interviews, legal research and writing

#### NATIONAL CENTER FOR YOUTH LAW, Oakland, California

Law Clerk

Summer 2001

- ◆ Conducted legal research and wrote articles advocating on behalf of youth living in poverty
- Designed and co-facilitated legal trainings for social workers and other youth advocates

#### NATIONAL YOUTH ADVOCACY COALITION, Washington, D.C.

Membership Coordinator

October 1998 to April 1999

• Served as liaison to lesbian, gay, bisexual and transgender youth organizations by providing serving as a conduit of information and resources between national, state and local LGBT groups

#### **EDUCATION**

UCLA SCHOOL OF LAW, Los Angeles, California

Juris Doctor, Graduate of the Program in Public Interest Law and Policy

May 2003

GEORGETOWN UNIVERSITY, Washington, D.C.

Bachelor of Arts in English, Graduated Magna Cum Laude

May 1999

#### VOLUNTEER

- ◆ SF Immigrant Rights Commission Commissioner
- ◆ SF Human Rights Commission LGBT Advisory Committee Member
- Arab-American Anti-Discrimination Committee SF, Board Member

October 2009 to July 2010 March 2008 to Present

2006 to 2007



## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE	-	DAYTIME TELEPHONE NUMBER
DANFOURA, SAMER, HANNA				( 415 )/
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
—JOSIAH AVENUE	SAN FRANCISCO	CA	94112	@danfouralaw.com

DANFOURA, SAMER, HANNA			
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP COD
—JOSIAH AVENUE	SAN FRANCISCO	CA	94112
1. Office, Agency, or Court		4. Schedul	le Sumr
Name of Office, Agency, or Court:		► Total numb	
IMMIGRANT RIGHTS COMMISSIO	DN	including th	als cover
Division, Board, District, if applicable:		➤ Check appli interests."	icable sch
Your Position:		I have discle attached sci	
COMMISSIONER  ► If filing for multiple positions, list add		Schedule A- Investments (	
position(s): (Attach a separate she		Schedule A- Investments (	
Position:		Schedule B Real Property	
2. Jurisdiction of Office (Che	ck at least one box)	Schedule C Income, Loar and Travel Payn	ns, & Busine
State		Schedule D	☐ Ye
☑ County of SAN FRANCISCO		Income – Gif	ts
☑ City of SAN FRANCISCO		Schedule E	_
Multi-County		Income Gif	ts – Travel .
Other			
3. Type of Statement (Check	nt laget one boys	П № герог	rtable inter
31			
Assuming Office/Initial Date:		5. Verificat	ion
Annual: The period covered is Jai	nuary 1, 2009,	I have used	all reasor
through December 31, 2009.		statement.	have revie
O The period covered is	, through	of my knowled attached sche	
Leaving Office Date Left:/_ (Check one)		I certify under of California	
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed	
O The period covered is the date of leaving office.	, through	Signature	Law
☐ Candidate Election Year: 2010	440044444444444444444444444444444444444		rite the origina

4. Schedule Summary				
➤ Total number of pages including this cover page:				
➤ Check applicable schedules or "No reportable interests."  I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2 X Yes – schedule attached Investments (10% or Greater Ownership)				
Schedule B Yes – schedule attached Real Property				
Schedule C Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D Yes – schedule attached  Income – Gifts				
Schedule E				
-or-				
No reportable interests on any schedule				

nable diligence in preparing this wed this statement and to the best rmation contained herein and in any ue and complete.

perjury under the laws of the State pregoing is true and correct.

August 19, 2010 (month, day, year)

signed statement with your filing official.)

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

# **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

	DRNIA FORM 700 TICAL PRACTICES COMMISSION	
Name	:	
s.	AMER DANFOURA	

► 1. BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUS
DANFOURA LAW OFFICES	
Name 2489 MISSION ST., STE. 2; SAN FRANCISCO, 94110	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2  Business Entity, complete the box, then go to 2	Check one
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  LAW OFFICE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INVESTMENT  Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (glidch a separate sheet if necessary).  NONE	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (black a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
NONE	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity of City or Other Precise Location of Real Property	Description of Business Activity of City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / / 09   / / 00   / 00   /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.go



#### 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 and Committees

,
Application for Appointment to: San Francisco Immigrant Rights Commission  Name of Board, Commission, Committee, or Task Force
Seat # or Category (If applicable): 5 District:
Name: Joaquin Gonzalez
Home Address: — Great Highway, #1, San Francisco, CA Zip: 94121
Home Phone: Occupation: Professor
Work Phone: 442-6576 Employer: Golden Gate University & University of San Francisco
Business Address: 536 Mission Street, San Francisco, CA Zip: 94105
Business E-Mail: jgonzalez@ggu.edu Home E-Mail:
Check All That Apply:
A citizen of the United States. 🗸 At least 18 years old on or before Election Day. 🔽
Not in prison or on parole for a felony conviction 🔽
A resident of San Francisco
Please state your qualifications (attach supplemental sheet if necessary)
Commissioner, SF Immigrant Rights Commission, 2001-2004, 2007-present; Professor of Public Administration, Golden Gate University, 2000-present; Associate Professor of Politics and Asian Studies, University of San Francisco
Education:
BA in History and Political Science, De La Salle University; Master of Public Administration, University of the Philippines; Graduate Certificate in Public Administration and Ph.D. in Political Science, University of Utah
Business and/or professional experience:
Educator for more than 15 years; Immigrant rights advocate for more than 10 years; published author on migration and social justice issues
Civic Activities:
Ethnicity: (optional) Filipino Sex: (optional)  M F
Have you attended any meetings of the Board/Commission to which you wish appointment? ✓ Yes No
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.  (Applications must be received 10 days before the scheduled hearing.)  (Please Note: Once Completed, this form, including all attachments, become public record)  Date: Applicant's Signature: (required)  Please Note: Your application will be retained for one year.
FOR OFFICE USE ONLY: Appointed to Seat #: Date Seat was Vacated:



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

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i	~ . ~ ~ 1 T	JOAQUIS	COCEKO	(417) 442-6710
	GENZAUZ	307)00	STATE ZIP CODE	OPTIONAL, E-MAIL ADDRESS
1	WAY ADDRESS STREET	CITY	STATE ZIP CODE	J. 1,31
INF	ILING ADDRESS STREET usiness Address Acceptable)	200 1	+ A A Aller	, [
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	1 Dr. Goodlett Place,	A SW 3 WAY	CANADA CONTRACTOR CONT	COLUMN TO THE PARTY OF THE PART
-		Control of the Contro		

CON HILL	STATE ZIP CODE OPTIONAL, E-MAIL ADDRESS
AAILING ADDRESS STREET CITY	9
AAILING ADDRESS Acceptable)  1 Dr. firedett Place, City Hall Kin 392;	San Francisco CA 94102
M. Breyker in the many was	Name of the Control o
	4. Schedule Summary
1. Office, Agency, or Court	\$ ·
A OFFICE ACCORD OF COUNTY	➤ Total number of pages 2 including this cover page:
Mame of Office, Agency, or South Commission	including this cover page.
MWGGW	▶ Check applicable schedules or "No reportable
Division, Board, District, if applicable	interests."
The state of the s	t have disclosed interests on one or more of the
Your Position.	attached schedules
Commissioner	Schedule A-1  Yes – schedule attached
The state of the s	Investments (Less than 10% Ownership)
▶ If filing for multiple positions, list additional agency(res)/ position(s) (Attach a separate sheet if necessary)	
position(s) (Attact) a separate sheet in the	Schedule A-2 [] Yes – schedule attached
Agency:	Investments (10% or Greater Ownership)
Ageitty.	Schedule B
	Real Property
Position:	Schedule C
	Schedule C (2) Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts
2. Jurisdiction of Office (Check at least one box)	and Travel Payments)
	The spendula attached
☐ State	Schedule D Yes - schedule attached
City of Seen Francisco	Income – Gifts
Except San Francisco	Schedule E
(a) Only of	Income – Gifts – Travel Payments
Multi-County	-or-
Other	
	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date:	5. Verification
Annual: The period covered is January 1, 2009.	
through December 31, 2009.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
1	of my knowledge the information contained herein and in any
-Or-	attached schedules is true and complete.
O The period covered is, through	
December 31, 2009.	I certify under penalty of perjury under the laws of the State
Leaving Office Date Left.	of California that the foregoing is true and correct.
(Check one)	
O The period covered is January 1, 2009, through the	64-01-2010
date of leaving office.	Date Signed
-or-	
O The period covered is, through	Signature
the date of leaving office	Signature (File the originally signed statement with your liting official)
Candidate Election Year	FPPC Form 700 (2009/20

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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

GALLIFORNIA (	orm <b>7/0</b> (0
Name	
wordst.	GOVEREZ

ALINGOME REGELLED	P MAINCOMERECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Golden Parte University	usf
AODRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
536 Missim Street, SF, CA 9409	2130 Fulton Street, ST, CA 9411
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Profesor	Professor
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S 5500 \$1,000 S 1,001 \$10,000	S500 - \$1,000 S1 001 - \$10,000
□ 510 001 - 3100,000 □ 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	Solary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of (Properly, car bast etc.)	Sale of iFroperty, car, bost, alc.)
Commission or Rental Income, test each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
- Control of the cont	E TOOMINGS OF STREET
to the state of th	The lates is 1 (1949). Name At a surpliment and administration of the lates and administration
Other	Other (Describe)
Other	(Describe)
1	
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be considered.	lending institutions, or any indebtedness created as par in the lender's regular course of business on terms our official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
•	% None
ADDRESS (Business Address Acceptable)	WOIG
	SECURITY FOR LOAN
BUSINESS ACTIVITY IF ANY, OF LENDER	None Personal residence
	["] Deal Dissess
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Sirvel address
□ \$500 - \$1,000	
	City
\$1 001 · \$10,050	Guarantor
\$10,001 - \$100,000 	
OAES 2100'000	Other (Describe)
	(Describe)
Comments;	



# 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 and Committees Application for Appointment to: Two grant Rights Commission, Commi District: N/A Seat # or Category (If applicable): Seat #9 Elaher Enssani Home Address: - Third Street, Swite 1010, SF, CA Zip: 94 Home Phone: 415/1 Occupation: Pro Persor Work Phone: 415 / 777 /9(28) Employer: SFSU Business Address: 1600 Holloway Ave JSF/CA Zip: 94132 Business E-Mail: enssure C St-su elle Home E-Mail Check All That Apply: At least 18 years old on or before Election Day. A citizen of the United States. Not in prison or on parole for a felony conviction \( \backslash \mathcal{O} \). Yes: No: (Place of Residence): A resident of San Francisco Please state your qualifications (attach supplemental sheet if necessary) please see attached Education: please see attacher Business and/or professional experience: Ble attachail Civic Activities: Ethnicity: (optional) Ivanian - Arrevice Sex: (optional) IM XF Have you attended any meetings of the Board/Commission to which you wish appointment? ✓ Yes No For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing ) (Please Note: Once Completed, this form, including all attachments, become public record) Date: 04 /01 /0010 Applicant's Signature: (required) Please Note: Your application will be retained for one year.

Term Expires.\_\_\_\_\_ Date Seal was Vacated:

12/04/09

Appointed to Seat #



# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink

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	San I MANGESTA
NAME (LASI) (FIRST)	(MIDDLEF THEUS COTBAY TRACEPHONE NUMBER
Enssani Elahc	STATE ZIP CODE OPTIONAL EMAIL ADDRESS
MAILING ADDRESS STREET CHY (Business Address Acceptable)	STATE ZIP CODE OPTIONAL EMAIL ADDRESS
- Third ST, STELDIO St	CA 94103 - Qa-t-s.com
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	" " " " " " " " " " " " " " " " " " "
Immigrant Rights Commission	including this cover page:
Division, Board, District, if applicable:	Check applicable schedules or "No reportable interests."
Your Position.	I have disclosed interests on one or more of the attached schedules:
► If filing for multiple positions, list additional agency(ies)/	Schedule A-1 Yes - schedule attached Investments (Less than 10% Gweiship)
position(s) (Attach a separate sheet if necessary.)  Agency:	Schedule A-2 X Yes – schedule attached Investments (10% or Scential Ownership)
Position.	Schedule B Yes schedule attached
2. Jurisdiction of Office (Check at least one box	Schedule C  Yes - schedule attached Income, Loans, & Business Positions (perome Other man Gills and Travel Phymonis)
State	Cabadala D. C. Mar. rebudulo associad
Dounty of San Francisco	Schedule D
Dicity or Sean Examision	Schedule E [] Yes - schedule attached Income - Gifts - Travel Payments
Multi-County	-   Income = Gms = Havis rayments
Other	or-
2 Type of Statement (Obselved least one have	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date	5. Verification
Annual: The period covered is January 1, 2009, through December 31, 2009.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
-or-	of my knowledge the information contained herein and in any
O The period covered is/	attached schedules is true and complete.
Leaving Office Date Left/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed 3/29/10
-or-	
O The period covered is/ through the date of leaving office.	Signature (File The originally signed statement with your filing official.)
Candidate Election Year:	CDCO F TOD (DODG)COSTO

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORN FAIR ROUTEAL	IA FORM 700 PRACTICES COMMISSION
Name	
Elakí	Ensami

►1. BUSINESS ENTRY OK TRUST	► 1. BUSINESS ENTITY OR TRUST
Name  31 A Si Si 1010, SF, CA 9 4103  A (Business Acceptable)	Name
- 31 of St. St. OD. St. CA 9403	Arkiross (Business Address Acceptable)
Check one    Trust go to 2   Ussiness Entity, complete the box, than go to 2	Check one  [] frust go to 2  [] Business Linux, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE.    \$2,000 - \$10,000	FAIR MARKET VALUE. IF APPLICABLE, LIST DATE;  \$2,000 \$10,000  \$10,001 - \$100 000  \$100,001 - \$1,000,000  Liver \$1,000,000
MATURE OF INVESTMENT  Sole Proprietation [] Partnership []  YOUR BUSINESS, POSHION FILE SICLAT	NATURE OF INVESTMENT Sole Proprietorship Partnership Omes
AONE BRINESP LOSTIKIN TILE STEVEN	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	> 2 IDENTIFY THE GROSS INCOME RECEIVED INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTIFY/TRUST)
S0 \$499	\$0 \$499   \$10,000   \$100,000   \$1
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SQURGE OF INCOME OF \$10,000 OR MORE (beech a separate short (if expresses)).	NEST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF ANDRESTINGS OF SOURCE OF
The second secon	CHIEF OF THE PROPERTY AND ADMINISTRAÇÃO PROPRIATOR AND ADMINISTRAÇÃO PROPRIATOR OF THE PROPRIATOR OF T
A INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OF STRUST  Check one box	> 7   INVESTMENTS AND INTERESTS INTEREST PROPERTY SEED BY THE BUSINESS ENTITY OR TRUST  Check one box
DINVESTMEN: DRIAL PROPERTY N/A	I INVESTMENT REAL PROPERTY
Name of Business Long of Street Address in Assessor's Parcel Humber of Real Property	Name of Business Emity <u>or</u> Street Address or Assessor's Parcel Number of Roal Property
Description of Businesis Activity (if City or Other Precise Location of Real Property	Description of Business Activity or Cay or Other Preuse Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKEY VALUE IF APPLICABLE, LIST DATE:
\$10,001 \cdot \$100,000 \\ \$100,000 \cdot \$100,000 \\ \$100,001 \cdot \$1,000,000 \\ \$100,000 \cdot \$1,000,000 \\ \$1,000,000 \\ \$1,000,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Parinership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Tearsehold Tearsehold Other
Check Dax if heldicinal schedules reporting investments or real property and attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2 FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

#### Education:

- Ph.D., Civil/Environmental Engineering, University of California, Berkeley. Winner of University of California's Chancellor's Patent Fund Award for partial satisfaction of doctoral dissertation.
- Master of Engineering, Civil Engineering, University of California, Berkeley. Highest Honor.
- Master of Science, Chemical Engineering, University of California, Berkeley. Highest Honor.
- Bachelor of Science, Chemical Engineering, Sharif University of Technology, Tehran, Iran. Highest Honor.

#### Business and /or professional experience:

- Associate Professor & Chair, Civil Engineering, School of Engineering, San Francisco State University, present.
- President, Applied Technology and Science, San Francisco, California, present.
- Assistant to Chief Administrative officer, City and County of San Francisco, San Francisco, California.
- Project Manager/Senior Engineer, Dames & More (now URS Corporation), San Francisco, California.
- Consultant to: United Nations Environmental Programme (UNEP), and United Nations Development Programme (UNDP).
- Past president, American Institute of Chemical Engineers-(AIChE), Northern California section.

#### Civic Activities:

Founder, "Voices of Immigration" Literary Club.

Co-founder, Iranian-American Chamber of Commerce (IACC).

Member, Committee for Encyclopedia Iranica.

- Chair, Subcommittee: Publishing "Who's Who of Iranian-Americans in Science & Engineering"
- Founder, CWEST (Committee for Women's Education on Science and Technology), San Francisco State University, San Francisco, California.

Board of Directors, Affordable Housing Associates, Berkeley, California, 2001-2003.

#### Honors:

Selected as one of *Top 100 scientists in 2005*, by International Biographical Center, Cambridge, England.

Listed as one of the Extraordinary Women Engineers in the Book: Extraordinary Stories of How They Changed Our World, to be published by American Society of Civil Engineers (ASCE) in October 2005.

"Chemical/Environmental Engineering Excellence Award in Professional Development", April 21, 2000, Awarded by American Institute of Chemical Engineers (AICHE)-Northern California Section.

Listed in the Who's Who Registry of USA, New York, USA, 1992 edition.

Listed in the *Who's Who of Professional and Business Women*, International Biographical Center, Cambridge, England, 1992 edition.

"International Woman of the Year for services to environmental engineering and technology," 1991-1992.

Selected by the International Biographical Center, (IBC), Cambridge, England.

#### Statement of Qualifications

Ву

Dr. Elahe Enssani, PE, Meng.

I was born in Tehran, Iran and came to the United States to attend graduate school. I made my home here.

I daresay that being an immigrant, has been the hardest thing I have ever done!

When I came to this country, there was no community of Iranians. In the past twenty years, my passion has been to organize Iranian Americans as a community of immigrants and encourage its members to become active participants of a Civil Society.

As a professor at San Francisco State University, I have gotten to see many more immigrants and I have developed an understanding of the common themes of what it means to be an immigrant in San Francisco, especially from economic, cultural, educational, family, and gender issues.

As a woman immigrant from a Middle Eastern country, I have come into contact with many women such as myself and have realized some of the unique issues facing women immigrants from these countries. These issues range from cultural isolation to lack of economics and education opportunities.

Writing and speaking on the issues regarding immigration and also mentoring recent immigrants, have always been my passion.

In 2002, the commission had organized a summit on issues facing immigrants; it will be time to have a summit on issues facing women immigrants. I hope by being on the Immigrant Rights Commission, I can contribute to the betterment of the quality of life for immigrants in San Francisco including, women, children and elderly.

#### San Francisco BOARD OF SUPERVISORS

Date Printed: October 15, 2010

Date Established:

June 6, 1997

Active

#### IMMIGRANT RIGHTS COMMISSION

#### Contact and Address:

Adrienne Pon Immigrant Rights Commission City Hall, Room 352 San Francisco, CA 94102

Phone: (415) 554-7028 Fax: (415) 554-4849

Email: Adrienne.Pon@sfgov.org

#### Authority:

Added by Board of Supervisors Ordinance No. 211-97; Administrative Code Section 5.201.

#### **Board Qualifications:**

The Immigrant Rights Commission consists of fifteen voting members. Eleven voting members are appointed by the Board of Supervisors. The other four voting members are appointed by the Mayor.

At least eight members shall be immigrants to the United States who are appointed in accordance with Section 4.101 of the Charter. The remaining members must have a demonstrated knowledge of and interest in the health, human service, educational, or employment issues that affect immigrants residing in San Francisco and shall reflect the geographic, ethic, and sexual orientation population of San Francisco.

The term of each member of the Commission shall be two years, provided however that the members first appointed shall, by lot, classify their terms so that eight members shall serve a term of three years and seven members shall serve a term of two years. In the event a vacancy occurs during the term of office of any member, a successor shall be appointed to complete the unexpired term of the office vacated in a manner similar to that for the initial member.

The Immigrant Rights Commission shall advise and make recommendations to the Board of Supervisors and the Mayor about issues affecting immigrants residing in San Francisco.

Report: The Commission shall render an annual written report pursuant to Ordinance No. 211-97.

# San Francisco BOARD OF SUPERVISORS

S	Sunset Date: None