

File No. 101292

Committee Item No. 3
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 21, 2010

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

- | | | |
|-------------------------------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 760</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong

Date October 18, 2010

Completed by: _____

Date _____

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



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

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 MAR 29 AM 11:00
BY _____

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 Francisco, 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 supplemental sheet if necessary)

30 years working with immigrant elders in Chinatown at Self-Help for the Elderly & the Tenderloin at Curry Senior Center including SE Asians. Served on immigrant coalitions and Immigrant Rights Commission.

Education:

MSW Univ. of Calif. at Berkeley; BA Antioch College at Yellow Springs, Ohio; & Berkeley Professional Studies in India Program.

Business and/or professional experience:

Curry Senior Center, Exec. Dir., 1983-1996; Self-Help for the Elderly, Asst. Dir. 1970-1983; SFCC Human Services Agency, Comty Services Rep, 1968-1970

Civic Activities:

Long Term Care Coordinating Council, Immigrant Rights Commission, IHSS Health Task Force of P.E.C.C., Self-Help for the Elderly Program Advisory Committee, American 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? 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: 3-29-10

Applicant's Signature: (required)

Vera Haile Dalenberg

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

VERA HAILE
— - 44th 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 – 14th 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

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Haile Dalenberg, Vera			(415) _____
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
44th Avenue,		San Francisco, CA	94121 @prodigy.net

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Immigrant Rights Commission

Division, Board, District, if applicable:

Your Position:
Commissioner

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: n/a

Position: _____

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

State

County of San Francisco

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 1

► 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 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 Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

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

Date Signed 3-16-10
(month, day, year)

Signature Vera Haile Dalenberg
(File the originally signed statement with your filing official.)



**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): 1, 3, 5 District: 4

Name: Kenneth Jeng

Home Address: Howard Street 1105 Zip: 94105

Home Phone: 310 Occupation: Attorney

Work Phone: 415 439 1845 Employer: Kirkland & Ellis

Business Address: 555 California, 18th Floor Zip: 94104

Business E-Mail: kenneth.jeng @ kirkland.com Home E-Mail: @gmail.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 Law (2009)

Business and/or professional experience:

Please see supplemental sheet

Civic Activities:

Homeless Advocacy Project : Volunteer Attorney
Lawyer's Committee for Civil Rights ; Volunteer Attorney

Ethnicity: (optional) Asian 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) Kenneth Jeng
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Jeng	Kenneth		(310)	_____	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
555 California Street, 18th Floor		San Francisco	CA	94104	_____ @gmail.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Board of Supervisors

Division, Board, District, if applicable:
Immigrant Rights Commission

Your Position:
Commissioner

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of San Francisco

City of San Francisco

Multi-County _____

Other _____

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

Assuming Office/Initial Date: 8 / 11 / 10

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: 3

▶ 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 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 Yes – schedule attached
Income – Gifts – Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed 8/11/2010
(month, day, year)

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

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

Name
Kenneth Jeng

▶ NAME OF BUSINESS ENTITY
Citigroup (C)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Buy/Sell Stock

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 \$6,500
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / 22 / 09 / / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

Comments: _____

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

Enclosures: resume, application, form 700.

KENNETH JENQ

— 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 Appointment to: Immigrant Rights Commission
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 1, 3, 5 District: 4

Name: Teresa Chee

Home Address: 36th Avenue Zip: 94122

Home Phone: 415-773-8405 Occupation: Registered Nurse

Work Phone: 415-673-8405 Employer: Tunnell Rehabilitation Center

Business Address: 1359 Pine Street, San Francisco, 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): 1430 36th Avenue San Francisco, CA 94122

Please state your qualifications (attach supplemental sheet if necessary)

Please see attached

Education:

Bachelor's of Science in Nursing at San Francisco State University.

Business and/or professional experience:

Licensed Registered Nurse working and volunteering since 03/2009. First Aid/CPR/BLS American Heart Association certified instructor. Department of Justice Fingerprinting Technician.

Civic Activities:

President of San Francisco Chinatown LEOs Club. President of Nursing Students Association chapter of California Nurses Association. American Legion Post #384 Auxiliary member.

Ethnicity: (optional) Chinese 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: 04/12/2010 Applicant's Signature: (required) Teresa Chee

Please Note: Your application will be retained for one year.

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 multi-lingual 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.

STATEMENT OF ECONOMIC INTERESTS SUPERVISORS

RECEIVED
Date Received
Official Use Only
SAN FRANCISCO

COVER PAGE

2010 APR 13 PM 4:42

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Chee	Teresa	W	(415) _____		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
36th Ave		San Francisco	Ca	94122	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Immigrant Rights Commission

Division, Board, District, if applicable:

Your Position:
Commissioner

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- State
- County of San Francisco
- City of San Francisco
- Multi-County _____
- Other _____

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

- Assuming Office/Initial Date: ____/____/____
- Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- The period covered is ____/____/____, through December 31, 2009.
- Leaving Office Date Left: ____/____/____
(Check one)
- The period covered is January 1, 2009, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate Election Year: _____

4. Schedule Summary

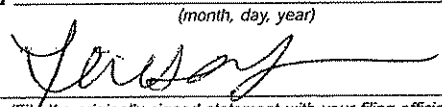
- ▶ Total number of pages including this cover page: 1
- ▶ Check applicable schedules or "No reportable interests."
 - I have disclosed interests on one or more of the attached schedules:
 - Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)
 - Schedule A-2 Yes – schedule attached
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 Yes – schedule attached
Income – Gifts – Travel Payments
- or-
- No reportable interests on any schedule

5. Verification

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

Date Signed 4/12/2010
(month, day, year)

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



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

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 Public Application

2010 APR 23 AM 9:33

Application for Boards, Commissions and Committees

Application for Appointment to: Immigrant Right Commission
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (if applicable): 3

Name: Solomon A. Jones

Home Address: Fillmore St. # 811 Zip: 94115

Home Phone: 415- Occupation: Professor

Work Phone: -

Business Address: - Zip: -

- 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)

- Current Immigrant Rights Commissioner
- Community Advocate - Community leader

Education: MA - International Relations

Business and/or professional experience: CEO: Africa-America Relations Institute (President)

- Civic Activities: - Community Court Judge Arbitrator
- IRC - commissioner

Ethnicity: (optional) African 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, becomes public record)

Date: 4/21/10 Applicant's Signature: (required) Solomon Jones
 Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:
 Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____
 04/17/09



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST) Jones (FIRST) Solomon (MIDDLE) A. DAYTIME TELEPHONE NUMBER (415) MAILING ADDRESS (Business Address Acceptable) Fillmore #811 CITY San Francisco STATE CA ZIP CODE 94115 OPTIONAL: E-MAIL ADDRESS :yahoo.com

1. Office, Agency, or Court Name of Office, Agency, or Court: Immigrant Right Commission Division, Board, District, if applicable: Commissioner Your Position: If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: Position:

2. Jurisdiction of Office (Check at least one box) State County of San Francisco City of San Francisco Multi-County Other

3. Type of Statement (Check at least one box) Assuming Office/Initial Date: Annual: The period covered is January 1, 2009, through December 31, 2009. -OR- The period covered is through December 31, 2009. Leaving Office Date Left: (Check one) The period covered is January 1, 2009, through the date of leaving office. -OR- The period covered is through the date of leaving office. Candidate Election Year:

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 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 Yes - schedule attached Income - Gifts - Travel Payments -OR- [X] No reportable interests on any schedule

5. Verification 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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 3/31/10 (month, day, year) Signature Solomon Jones (File the originally signed statement with your filing official)

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO 2010 APR 28 AM 11:54



RECEIVED
 Print Application
 BOARD OF SUPERVISORS
 SAN FRANCISCO

Application for Boards, Commissions and Committees

2010 MAY 26 PM 4:03
 COMMISSION

Application for Appointment to: Immigrants Rights Commission
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat 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: Jackson ST

Home Phone: (415) _____ Occupation: ARTIST / BUSINESS PERSON

Work Phone: (415) 308-1396 Employer: SELF

Business Address: 222 CLARA ST SF CA Zip: 94107

E-Mail Address: @yahoo.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 taught in public schools in SF + Chicago, working with students from newly arrived families. I am a trustee, RISD, many of our students are from Korea and other nations. I have worked on SOMPAC, witnessing at Education: First hand Indian and Philippine struggles.

BFA, TROOP ISLAND School of Design (RISD)

MFA, ART INSTITUTE of Chicago

Business and/or professional experience:

Teacher, public schools, Chicago, San Francisco (substitute)
Full-time professional working Artist nationally exhibit
Docent, San Francisco Museum of Modern Art

Civic Activities:

Teaching and consulting, college prep for local young artists
working as advisor for PAArts, Sixth Street
Piyava Kutta, non-profit, lost + dumber rescue, Dhavamsala, India

Ethnicity: (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.)

Date: 5/26/2010 Applicant's Signature: (required) Wilma Parker de Pavloff

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Parker de Pavloff	WILMA		(415)	---	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
---	Jackson St.	SF.	CA	94109	---@yahoo.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Immigrants Rights Commission

Division, Board, District, if applicable:

Your Position:
Seat 3

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- State
- County of _____
- City of _____
- Multi-County _____
- Other _____

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

- Assuming Office/Initial Date: ____/____/____
- Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- The period covered is ____/____/____, through December 31, 2009.
- Leaving Office Date Left: ____/____/____ (Check one)
- The period covered is January 1, 2009, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate Election Year: _____

4. Schedule Summary

- ▶ Total number of pages including this cover page: 14
- ▶ 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 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 Yes - schedule attached
Income - Gifts - Travel Payments
- or-
- No reportable interests on any schedule

5. Verification

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

Date Signed 5/26/2010
(month, day, year)

Signature Wilma Parker de Pavloff
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



Name Wilma Parker de Pauloff

NAME OF BUSINESS ENTITY _____

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

Name Wilma Parker de Pauloff
222 Geava St.
Jackson St. S.F.A.
94107
(Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Artist

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 ____/____/09 ____/____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other
Artist/Sole prop.

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)

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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 ____/____/09 ____/____/09
 \$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 ____ Yrs. remaining Other ____
 Check box if additional schedules reporting investments or real property are attached

Comments: _____

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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 ____/____/09 ____/____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership 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)

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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 ____/____/09 ____/____/09
 \$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 ____ Yrs. remaining Other ____
 Check box if additional schedules reporting investments or real property are attached

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ STREET ADDRESS OR PRECISE LOCATION
222 CLARA ST
 CITY:
SF CA

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED: / / 09
 DISPOSED: / / 09

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.

▶ STREET ADDRESS OR PRECISE LOCATION
Jackson ST
 CITY:
SAN FRANCISCO, CA

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED: / / 09
 DISPOSED: / / 09

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.

* You are not required to report 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. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* none

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

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* none

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income - Gifts

Name
Wilma Parlier de Pauloff

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: *I have received no gifts, from any one*

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <i>Wilma Parker de Pardo</i>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

<p>▶ NAME OF SOURCE</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: *I have rec. no travel payments, advances, or reimbursements, Sun August*



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

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2010 AUG 23 AM 10:13

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): 3 District: _____

Name: Samer Danfoura

Home Address: Josiah Avenue; San Francisco, CA Zip: 94112

Home Phone: 415- _____ Occupation: Attorney

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 Home E-Mail: _____@hotmail.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)
 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

Ethnicity: (optional) Arab 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: 8-19-2010 Applicant's Signature: (required) *Samer Danfoura*
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:
 Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

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,

A handwritten signature in black ink, appearing to read 'Samer Danfoura', written in a cursive style.

Samer Danfoura, Esq.

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

COVER PAGE

A Public Document

Please type or print in ink.

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

1. Office, Agency, or Court

Name of Office, Agency, or Court:
IMMIGRANT RIGHTS COMMISSION

Division, Board, District, if applicable:

Your Position:
COMMISSIONER

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of SAN FRANCISCO

City of SAN FRANCISCO

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: 2010

4. Schedule Summary

► Total number of pages including this cover page: 2

► 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 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 Yes – schedule attached
Income – Gifts – Travel Payments

-or-

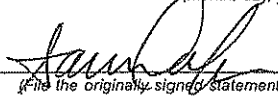
No reportable interests on any schedule

5. Verification

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

Date Signed August 19, 2010
(month, day, year)

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

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
SAMER DANFOURA

1. BUSINESS ENTITY OR TRUST

DANFOURA LAW OFFICES

Name
 2489 MISSION ST., STE. 2; SAN FRANCISCO, 94110

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LAW OFFICE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/09	____/____/09
<input checked="" 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 INVESTMENT
 Sole Proprietorship Partnership 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/09	____/____/09
<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 INVESTMENT
 Sole Proprietorship Partnership 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 checked="" 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

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).

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

Check one box:
 INVESTMENT REAL PROPERTY

NONE

Name of Business Entity or
 Street Address or Assessor's Parcel Number 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	____/____/09	____/____/09
<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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number 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	____/____/09	____/____/09
<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: _____



**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 Yes: No: (Place of Residence): _____

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:

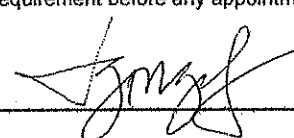
Educator for more than 15 years; immigrant rights advocate for more than 10 years; published author on migration and social justice issues

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: 4-7-10 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

Date Received Official Use Only

A Public Document

Please type or print in ink.

Name (LAST) GENZALEZ (FIRST) JOAQUIN (MIDDLE) LUCCO DAYTIME TELEPHONE NUMBER (415) 442-6576
Mailing Address: 1 Dr. Goodlett Place, City Hall Rm 392, San Francisco CA 94102

1. Office, Agency, or Court
Name of Office, Agency, or Court: Immigrant Rights Commission
Division, Board, District, if applicable:
Your Position: Commissioner

2. Jurisdiction of Office (Check at least one box)
[] State
[] County of
[] City of San Francisco
[] Multi-County
[] Other

3. Type of Statement (Check at least one box)
[] Assuming Office/Initial Date
[] Annual: The period covered is January 1, 2009, through December 31, 2009.
[] Leaving Office Date Left
[] Candidate Election Year

4. Schedule Summary
Total number of pages including this cover page: 2
Check applicable schedules or "No reportable interests."
Schedule A-1 [] Yes - schedule attached
Schedule A-2 [] Yes - schedule attached
Schedule B [] Yes - schedule attached
Schedule C [x] Yes - schedule attached
Schedule D [] Yes - schedule attached
Schedule E [] Yes - schedule attached
-OR-
[] No reportable interests on any schedule

5. Verification
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed: 04-01-2010
Signature: [Handwritten Signature]

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
JOAQUIN GONZALEZ

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Golden Gate University

ADDRESS (Business Address Acceptable)
536 Mission Street, SF, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Professor

GROSS INCOME RECEIVED

\$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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

INCOME RECEIVED

NAME OF SOURCE OF INCOME
USF

ADDRESS (Business Address Acceptable)
2130 Fulton Street, SF, CA 94117

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Professor

GROSS INCOME RECEIVED

\$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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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



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 # 9 District: N/A

Name: Elche Enssani

Home Address: Third Street, Suite 1010, SF, CA Zip: 94103

Home Phone: 415/1 Occupation: Professor

Work Phone: 415/777 19287 Employer: SFSU

Business Address: 1600 Holloway Ave, SF, CA Zip: 94132

Business E-Mail: enssani@sfsu.edu Home E-Mail: _____ @gmail.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 NO

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

please see attached

Education:

please see attached

Business and/or professional experience:

see attached

Civic Activities:

Ethnicity: (optional) Iranian-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: 09/01/2010 Applicant's Signature: (required) _____
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY
 Appointed to Seat #: _____ Term Expires: _____ Date Seal was Vacated: _____

COPY

Date Received
Official Use Only



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FILED

A Public Document

10 APR -1 PM 12:04

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	TELEPHONE NUMBER
Enssani	Elaha		(415) _____
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE OPTIONAL E-MAIL ADDRESS
Third St, Ste 1010	ST	CA	94103 - 29-t-s.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Immigrant Rights Commission

Division, Board, District, if applicable:

Your Position:
Commissioner

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

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

State

County of San Francisco

City of San Francisco

Multi-County

Other

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

Assuming Office/Initial Date _____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is _____, through December 31, 2009

Leaving Office Date Left _____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is _____ through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: 2

▶ 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 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 Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed 03/29/10
(month, day, year)

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

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
Elahi Ensrani

1. BUSINESS ENTITY OR TRUST

Name Applied Technology & Science
3rd St, Ste 1010, SF, CA 94103
 (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 1/09 DISPOSED 1/09

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION President

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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Sole Proprietorship Partnership 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

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

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

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

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

Check one box
 INVESTMENT REAL PROPERTY N/A

Name of Business Entity or Street Address or Assessor's Parcel Number 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
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other

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

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

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other

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

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, C'WEST (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

By

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, ethnic, 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

Sunset Date: None

