

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On: 05-08-2023 | 18:06:49 PDT

File #: 230412

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
	,,	
Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Arata Go	oto	415-701-5500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing & Comm. Dev.	commdevRFP@sfgov.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Episcopal Community Services of San Francisco	415-487-3300 ext. 7000	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
165 8th St., San Francisco, CA 94103		

16	55 8th St., San Francisco, CA 94103			
	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230412
05	5/02/2023			
DES	CRIPTION OF AMOUNT OF CONTRACT			
\$2	217,000			
NAT	URE OF THE CONTRACT (Please describe)			
\$2	217,000 - ESG funds for Emergency Shelter Ser	vices (Proj	ect ID: HSI	19)
7.0	OMMENTS			
De	escription of Amount reflected in the Expendi	ture Schedu	le attachmo	ent in the File.
	ONTRACT APPROVAL			
11115	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CATT ELECTIVE OF THEE MAN TO THE TOTAL OF THE TOTAL O			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
I IX I				
	Board of Supervisors			
	Board of Supervisors THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY FI FOTW	/E OFFICER(S) !!	DENTIFIED ON THIS FORM SITE

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Larra	Eric	CF0
2	Stokes	Beth	CEO
3	Handley Andrus	Marc	Board of Directors
4	Bond	Doug	Board of Directors
5	Clayter	Todd	Board of Directors
6	Geeslin	Keith	Board of Directors
7	Но	Heidi	Board of Directors
8	Jones	Martin	Board of Directors
9	Ketcham	Susan	Board of Directors
10	Martinez	Alejandro	Board of Directors
11	McTiernan	Megan	Board of Directors
12	Metoyer	Eric	Board of Directors
13	Rodriguez	Jonathan	Board of Directors
14	Shah	Tajel	Board of Directors
15	Silveira	Dara	Board of Directors
16	Singer	Susanna	Board of Directors
17	Solomon	Barbara	Board of Directors
18	Springwater	Richard	Board of Directors
19	Tatsuno	Yvonne	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Zaidi	Hassan	Board of Directors
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9. A	FFILIATES AND SUBCONTRACTORS		
List	the names of (A) members of the contract the officer, chief financial officer, chief has an ownership interest of 10 percent	ctor's board of directors; (B) the contractor operating officer, or other persons with or more in the contractor; and (D) any so	similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include ac Select "Supplemental" for filing type.	Iditional names. Please submit a separate	form with complete information.
10.	10. VERIFICATION		
Lha	vo usod all reasonable diligense in prepa	ring this statement. I have reviewed this	statement and to the best of my

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	Check this box if you need to include additional Select "Supplemental" for filing type.	names. Please submit a separate	form with complete information.
10.	VERIFICATION		
I ha	ve used all reasonable diligence in preparing this	statement. I have reviewed this s	tatement and to the best of my
knc	wledge the information I have provided here is to	rue and complete.	
I ce	rtify under penalty of perjury under the laws of	the State of California that the fo	pregoing is true and correct.
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRE	TARY OR DATE SIGNED	
CLE	RKDocuSigned by:		
	the carres	05-08-2023 1	8:06:49 PDT
	Angela Calvillo		
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File #: 230412

Bid/RFP #:

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1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
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Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Arata Got	to	415-701-5500
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing & Comm. Dev.	COMMDEVRFP@SFGOV.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Hamilton Families	(415) 321-2612 ext. 131
STREET ADDRESS (including City, State and Zip Code)	EMAIL
273 9th St, San Francisco, CA 94103	

27	3 9th St, San Francisco, CA 94103			
	ONTRACT CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	REP NUMBER	FILE NUMBER (If applicable)
	/02/2023	ORIGINAL BID/AFF NOWIDER		230412
DESC	RIPTION OF AMOUNT OF CONTRACT			I
\$1	91,943			
NATU	JRE OF THE CONTRACT (Please describe)			
\$1	91,943 - ESG Funds for Rapid rehousing for f	amilies (Pro	oject ID:H	SH12)
7. CC	DMMENTS		_	
De	scription of Amount reflected in the Expendi	ture Schedu	le attachm	ent in the File.
8 ((ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Buck	Paige	Board of Directors	
2	Bernstein	Ruth	Board of Directors	
3	Basler	Julian	Board of Directors	
4	Bloom	Marissa	Board of Directors	
5	Florendo	Lauren	Board of Directors	
6	Goldin	David	Board of Directors	
7	Jackson	Rebecca	Board of Directors	
8	Kurtze	DJ	Board of Directors	
9	Lane	Jessica	Board of Directors	
10	Maidenberg	Ted	Board of Directors	
11	Moreno	Karina	Board of Directors	
12	Boutiette	Dale	Board of Directors	
13	Scott	Mary	Board of Directors	
14	Toland	Susan	Board of Directors	
15	Noon	Kyriell	CEO	
16	Kim	Kenneth	C00	
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
10.	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 I have provided here 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.				
I ce	ertify under penalty of perjury under the laws of the State of	of California that the fo	regoing is true and correct.	
	ertify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the fo	regoing is true and correct.	
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	1		



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Arata Got	to	415-701-5500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing & Comm. Dev.	commdevRFP@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Larkin Street Youth Services		(415) 673-0911	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
134 Golden Gate Ave, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230412
05/02/2023			250.22
DESCRIPTION OF AMOUNT OF CONTRACT			
\$112,000			
NATURE OF THE CONTRACT (Please describe)			
\$112,000 - ESG funds for Emergency shelter se			
7. COMMENTS			
Description of Amount reflected in the Expendi	ture Schedu ⁻	le attachme	ent in the File.
O CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

Board of Supervisors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Roos	Eric	Board of Directors
2	Shapiro	Sally	Board of Directors
3	Valentine	D	Board of Directors
4	Moise	Adam	Board of Directors
5	Cameron	Cecily	Board of Directors
6	Elias	Marcie	Board of Directors
7	Grossman	Blake	Board of Directors
8	Obaro	Bambo	Board of Directors
9	Adams	Sherilyn	CE0
10	Barnett	Fiona	Board of Directors
11	Berg	Siri	Board of Directors
12	Brahm	Jennifer	Board of Directors
13	Cohen	Andy	Board of Directors
14	Foo	Catherine	Board of Directors
15	Hoecker	Anne	Board of Directors
16	Horn	Tim	Board of Directors
17	Johnson	Eric	Board of Directors
18	Kerzic	Richard	Board of Directors
19	Liss	Patrick	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Hatvany Kitchen	Natalie	Board of Directors
21	Lindner	Marcus	Board of Directors
22	Matlock	Michael	Board of Directors
23	Modi	Kunal	Board of Directors
24	Ogan	Healther	Board of Directors
25	Perkins	Edward	Board of Directors
26	Viola	John	Board of Directors
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9. A	FFILIATES AND SUBCONTRACTORS			
exec who	the names of (A) members of the contract tutive officer, chief financial officer, chief has an ownership interest of 10 percent ract.	operating officer, or other persons with	similar titles; (C) any individual or entity	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
	VERIFICATION			
	ve used all reasonable diligence in prepar wledge the information I have provided h		statement and to the best of my	

Select "Supplemental" for filing type.			
10. 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 I have provided here is true and com	nplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	05-08-2023 18:02:51 PDT		



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1. FILING INFORMATION					
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)				
Original					
AMENDMENT DESCRIPTION – Explain reason for amendment					

2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dolly Sithounnolat		415-701-5500	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing & Comm. Dev.	commdevRFP@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Catholic Charities CYO of the Archdiocese of SF	(415) 972-1200		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
990 Eddy St. San Francisco, CA 94109	moreinfo@catholiccharitiessf.org		

6. CC	DNTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
05,	/02/2023			230412
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$23	12,943			
NATU	JRE OF THE CONTRACT (Please describe)			
\$21	12,943 - ESG funds for Homelessness Preven	tion for ind	ividuals (Project ID:HSH1)
	DMMENTS			
Des	scription of Amount reflected in the Expend	iture Schedu	le attachm	ent in the File.
	NTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Hammerle	Ellen	CEO			
2	Ewers	Cheryl	CF0			
3	Cordileone	Salvatore	Board of Directors			
4	Boerio	Joe	Board of Directors			
5	Booromeo	Ted	Board of Directors			
6	Gorgan	Kathleen	Board of Directors			
7	Bojorquez	Diana	Board of Directors			
8	Clark	Philip	Board of Directors			
9	Dahik	Adriana	Board of Directors			
10	O'Brien Frimel	Susie	Board of Directors			
11	Ghilotti	Michael	Board of Directors			
12	Gonzalez	Eleanor	Board of Directors			
13	Hultman	David	Board of Directors			
14	Ikeda	Lisa	Board of Directors			
15	Kearney	Philip	Board of Directors			
16	Landis	Scott	Board of Directors			
17	Leupp	Jay Paul	Board of Directors			
18	McInerney	Maureen	Board of Directors			
19	Mirek	Lori	Board of Directors			
			·			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Nascimento	Daniel	Board of Directors
21	Pohlman	Jack	Board of Directors
22	Reyes	Remund	Board of Directors
23	Renaud	Louis	Board of Directors
24	Sangiacomo	Jim	Board of Directors
25	Smith	Barbara	Board of Directors
26	Woody	Patrick	Board of Directors
27	Bowen	Thomas	Board of Directors
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DocuSign Envelope ID: 93230C5D-ECB8-4BA5-882D-A935F53D14B8 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44

	Select "Supplemental" for filing type.					
10.	10. VERIFICATION					
I ha	ive used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my				
kno	owledge the information I have provided here is true and co	mplete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
l ce	rtify under penalty of perjury under the laws of the State of	of California that the foregoing is true and correct.				
	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the foregoing is true and correct. DATE SIGNED				
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR					
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR					

Check this box if you need to include additional names. Please submit a separate form with complete information.



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AMENDMENT DESCRIPTION – Explain reason for amendment				

2. CITY ELECTIVE OFFICE OR BOARD			
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members		

3. FILER'S CONTACT			
NAME OF FILER'S CONTACT	TELEPHONE NUMBER		
Angela Calvillo	415-554-5184		
FULL DEPARTMENT NAME	EMAIL		
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org		

4. CONTRACTING DEPARTMENT CONTACT				
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER		
Hanna Bla	anton	415-701-5500		
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL		
MYR	Mayor's Office of Comm. Dev.	hanna.blanton@sfgov.org		

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
La Casa de las Madres	415-503-0500		
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1269 Howard Street, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/		
05/02/2023			230412
DESCRIPTION OF AMOUNT OF CONTRACT			
\$165,000			
NATURE OF THE CONTRACT (Please describe)			
\$165,000 - ESG funds for Emergency shelter se	rvices and o	case manage	ement (Project ID:HSH14)
		J	
7 COMMENTS			
7. COMMENTS			
Description of Amount reflected in the Expendi	ture Schedu ⁻	le attachme	ent in the File.
8. CONTRACT APPROVAL		_	
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
X			
☐ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Black	Kathy	CEO
2	Zauss	Michelle	Board of Directors
3	Sanchez	Carmen	Board of Directors
4	Ortler	Carolyn	Board of Directors
5	Escson	Austin	Board of Directors
6	Hale	Katie	Board of Directors
7	Jolivet	Melantie	Board of Directors
8	McCurtis	Kiesha	Board of Directors
9	Miller Creary	Betty	Board of Directors
10	Steel	Shawn	Board of Directors
11	Tucker	Nanci	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional Select "Supplemental" for filing type.	onal names. Ple	ease submit a separate	form with complete information.		
10.	VERIFICATION					
kno	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here 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.					
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SE	CRETARY OR	DATE SIGNED			
DocuSigned by: 988C8F42C3084B5 Angela Calvillo			05-08-2023 1	8:04:15 PDT		
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