

File No. 110585

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 6/2/11

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 checked="" 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 700</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 5/27/11

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

Application for Boards, Commissions and Committees

Application for Appointment to: Children and Families First Commission
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 6, 7, 9 District:

Name: Anda K. Kuo

Home Address: 8th Ave. Zip: 94122

Home Phone: 415 Occupation: Pediatrician

Work Phone: 415-206-3090 Employer: UCSF Zip: 94110

Business Address: 1001 Potrero Avenue, MS6E Zip: 94110

Business E-Mail: akuo@sfghpeds.ucsf.edu Home E-Mail: same

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 attached.

Education:

1987-91 Dartmouth College, Hanover, NH, A.B. English
1994-98 University of California, San Francisco, M.D. Medicine

Business and/or professional experience:

2004-now Department of Pediatrics, UCSF HS Associate Clinical Professor; 2002-now Pediatrician, SFCH;
2004-now Department of Pediatrics, UCSF Director, Pediatric Leadership for the Underserved Program

Civic Activities:

San Francisco Department of Public Health Maternal and Child Health Pediatric Advisory Committee; Collaborate with
Children Now, Children's Defense Fund-CA, American Academy of Pediatrics, and SFUSD school nurses.

Ethnicity: (optional) 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: 1/25/11 Applicant's Signature: (required) A/K/Kuo

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

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

12/04/09

April 26, 2011

Statement of Qualifications for Anda K. Kuo for the Children and Families First Commission

I am a mother of three young, school-age children in San Francisco and a San Francisco pediatrician. I am fortunate to have my clinical practice at the San Francisco General Hospital (SFGH) where I have been a University of California San Francisco (UCSF) faculty member since 2002. I have lived in San Francisco since 1994 when I began my medical training and am passionate about the state of our local children's health and wellbeing.

I have a long standing interest in Children with Special Health Care needs stemming from a childhood passion to improve the health of children with disabilities. I began working in the community with a focus on children with special needs when I was 10 years old. Since then, I have been a strong advocate, working at the individual and systemic levels, for the health of children, especially children living in communities that face the largest health disparities. I have worked to develop linkages between health and the broader societal context of children's health such as their early development, education, environment, and poverty. I am fortunate to have a unique position at UCSF and SFGH as the Associate Chief for Community Engagement for our Division of General Pediatrics and as the Director of the Pediatric Leadership for the Underserved program and the Physicians in Community curriculum. My faculty area of expertise and personal passion is in the arena of child advocacy, child community health, and campus-community partnerships. I collaborate to improve the health of children with the SFUSD and local community agencies such as Children Now, the Children's Defense Fund-CA, the American Academy of Pediatrics, and the Child Abuse Prevention Center. I am grateful for the critical services the Children and Families First Commission oversee and for the opportunity to apply for a position on the Commission.

APR-28-2011 17:04 From:

To:1 415 554 7714

P.1/1

Date Received
January 2011
CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Kuo		Anda	K

1. Office, Agency, or Court

Agency Name

Children and Families First Commission, Commissioner

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Multi-County _____☐ City of _____☐ Judge (Statewide Jurisdiction)☒ County of San Francisco☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

☐ Assuming Office: Date _____☐ Leaving Office: Date Left _____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ The period covered is _____ through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: _____

☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule**5. Verification**MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
(Business or Agency Address Recommended - Public Document)

Potrero Ave, MS6E SF, CA 94110

PHONE TELEPHONE NUMBER _____

(415) _____

E-MAIL ADDRESS _____

akuo@sfgHPeds.ucsf.edu

I have used reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 4/28/11
(month, day, year)Signature [Signature]
(Sign 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

Application for Boards, Commissions and Committees PM 3:18

Application for Appointment to: Children and Families Commission --(First 5 San Francisco)
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Non-permanent constituency base 6, 7, 9 District:

Name: Linda Asato

Home Address: Hill Blvd.

Zip: 94112

Home Phone: 415- /

Occupation: Executive Director, non-profit organization

Work Phone: 415-230-7501

Employer: Wu Yee Children's Services

Business Address: 706 Mission Street, 6th floor

Zip: 94103

Business E-Mail: Lindaa@wuyee.org

Home E-Mail: @sbcglobal.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)

Please see attached

Education:

Columbia University, New York. School of International and Public Affairs; Master's in Public Administration.
University of California, Berkeley. Bachelor's of Arts, Psychology.

Business and/or professional experience:

20 years experience in children, youth and families field. 13 years in non-profit leadership positions; 7 years in the public sector (including work as chief planner for Children's Fund - then MOCYF, and five years at SFUSD)

Civic Activities:

Board member, California Childcare Resource and Referral Network
Appointed member (by SF Board of Education), Public Education and Enrichment Fund (Prop H)

Ethnicity: (optional)

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: 4/21/11 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:

Qualifications for Children and Families Commission (First 5 San Francisco)

Applicant: Linda Asato

I am a qualified candidate to serve in the capacity as Commissioner for the following reasons:

I have over 10 years of experience working in an agency that matches three of the constituency base requirements of the non-permanent Commission positions. The agency I work for is a: Local childcare resources or referral agency; is a local organization offering prevention or early intervention services for families at risk; and it is a community-based organizations focused on early childhood development and family support.

I have a Master's in public policy and administration and regularly apply my analytical skills to affect policy in the early care and education field by bridging the gap between policy and direct application. Because I work on the front lines directly with people affected by policy and regulations, I will bring a "user's" perspective to the work of a Commission. This will fill a void that current exists on the Commission.

I know the work of the First Five Commission very well. I have sat on the Commission's Strategic Planning Committee as a citizen participant; I participated in the Preschool for All (Prop H) Planning and later Advisory Committee in its early implementation; I have been a grantee of the Commission; and I have been a direct beneficiary of Commission funds as a parent of a (formerly) young child. I have also participated in many planning bodies alongside First Five SF staff members and its grantees.

The agency I work for has a constituency base that represents a significant proportion of the families/child care providers that is reflective of the Commission's grant areas. Our agency serves low income families in three different neighborhoods, we serve immigrant (most of which are Cantonese speaking) families with young children; we are the city's largest infant and toddler center based provider; we directly support family child care providers from business creation to quality training; and we support a vast number of the child care workforce with professional development incentives. I would bring in knowledge of these constituencies' needs, concerns, and challenges to add to the deliberations and decision making on the Commission.

May 15 11 07:33p

Linda Asato

415-664-8048

p.2

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Filed: _____

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
ASATO		LINDA	K

1. Office, Agency, or Court

Agency Name

Children and Families Commission

Commissioner

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County _____☒ County of San Francisco☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☒ Assuming Office: Date 6/1/2011☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

706 Mission St, 6th flr

San Francisco

CA

94103

DAYTIME TELEPHONE NUMBER

(415) 677-0100

E-MAIL ADDRESS

Linda@wuyee.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed

5/13/2011
(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

Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco First 5 Commission

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seats # 6, 7 or 9

District: NA

Name: Lynn Merz

Home Address: P.O. Box Half Moon Bay, California

Zip: 94019

Home Phone: 650. _____

Occupation: Executive Director

Work Phone: 415.296.9249

Employer: Mimi and Peter Haas Fund

Business Address: 201 Filbert Street San Francisco, California

Zip: 94133

Business E-Mail: lmerz@mphf.org

Home E-Mail: _____ @lynnmerz.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): El Granada

Please state your qualifications (attach supplemental sheet if necessary)

Please see my attached statement and resume.

Education:

Please see my attached resume.

Business and/or professional experience:

Please see my attached resume.

Civic Activities:

Please see the attached sheet.

Ethnicity: (optional)

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: 4.25.2011 Applicant's Signature: (required) Lynn Merz

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

FOR OFFICE USE ONLY:

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

Lynn Merz

P.O. Box —
Half Moon Bay CA 94019

650. —
— @lynnmerz.com

Executive Director

With more than 25 years of experience as an executive and leader in philanthropic, nonprofit, educational and clinical organizations.

Summary

Leadership. Provided leadership, developed programs and directed nonprofit, educational and philanthropic organizations focused on services for children, youth and families.

Team building. Managed multi-site divisions ranging from 5 to 75+ employees. Recognized for the ability to develop, identify and build on individual and team strengths.

Strategic planning. Developed and led strategic planning processes, integrating participation of Board, Board Steering Committee, Leadership Team and staff.

Budget development and management. Effectively developed and managed operating budgets in excess of \$7M for organizations with assets up to \$625M.

Organizational effectiveness. Successful track record of creating and developing organizations that effectively meet organizational mission and goals. Served as the leader of each organization's leadership team.

Consulting/facilitation. Formally trained as a facilitator by Interaction Associates and The Grove. Expertise in facilitating both internal and external meetings, trainings, and negotiations as well as large community forums.

Professional Experience

MIMI AND PETER HAAS FUND

2007 - present

Private family foundation that supports activities that provide San Francisco's young, low-income children and their families with access to high quality childhood programs that are part of a comprehensive, coordinated system.

Executive Director, officer to the Board of Trustees

- Directs overall foundation operations, including:
 - Early childhood program and grants management.
 - Fiscal, administrative and legal oversight.
 - Supervision and hiring of staff and consultants.
 - Interaction and relationships with key internal and external stakeholders and participates in the development and communication of public policy solutions that advance the foundations mission.
 - Serves as a hand-on "working" Executive Director.
- Develops and maintains strong, positive working relationships with the President and Board.
 - Works in collaboration with the President and Board on strategy, governance, growth and other issues.
 - Provides information to the President and Board in a timely and effective manner.
 - Works with the President and Board to administer all grantmaking of the Fund outside of the area of early childhood education to fulfill the mission of the foundation.

- Oversees early childhood programs
 - Establishes policies and grantmaking procedures.
- Establishes and oversees annual budget and grant payouts.
 - Schedules ensuing appropriate fiscal controls and reporting.
- Develops and maintains strong, positive working relationships with strategic partners, grantee organizations and key external stakeholders.

PENINSULA COMMUNITY FOUNDATION

2000 - 2007

Bay Area Community foundation that stewards more than 650 charitable funds and has granted more than \$550M to 1500 nonprofit organization in 40 years.

Vice President/Chief Organizational Officer, member of Executive Staff and Leadership Team

- Created/developed the position of Chief Organizational Officer to manage day-to-day operations as PCF doubled its assets and staff.
 - Provided leadership across divisions of foundation.
 - Created and implemented people development programs.
 - Oversaw human resources and administration functions.
 - Developed and oversaw special initiatives and programs within foundation for children, youth and families.
- Staff member on the Board Governance/Nominating Committee and Administration Committee as well as worked with Board of Directors on grant making, initiatives and special projects.
- Led 5-year cultural capacity building initiative to increase awareness and appreciation of cultural diversity among staff and the community of grantees, key constituents and donors.
- Worked at Board's request during past year with Interim CEO to run Foundation during leadership and merger transition.

SAN MATEO COUNTY OFFICE OF EDUCATION

1996 - 2000

Director of Child, Youth and Family Services Program

- Created, convened and led community collaborative of 24 school districts, city and county government agencies, nonprofit and community-based organizations, businesses and foundations to deliver social and educational services to children, youth and families in San Mateo County.
- Served as lead staff to County Early Learning and Child Care Partnership Council.
- Reported to County Superintendent and Associate Superintendent by serving as representative on task forces and committees within San Mateo County and the Bay Area related to children and youth services.
- Managed department budget and fund raised through foundation, federal and state grants.
- Developed training programs for school district and county staff related to children and youth.
- Facilitated meetings within the office and throughout the county, bringing together professionals from diverse disciplines.

FAMILY COUNCIL OF HALF MOON BAY

1993 - 1996

*Nonprofit California family services agency serving 600 children and families***Executive Director and Director of Development**

- Oversaw operations of organization and supervised program directors and office staff of 80.
- Worked with Board of Directors to develop funding.
- Worked with school district to administer and run early childhood educational and after school programs, family literacy and school-linked services programs for coastal communities.
- Managed \$2.2M budget and raised funding through federal, state and foundation grants.
- Developed and directed implementation of curriculum for early learning and care centers.
- Served as agency community and county liaison.

WINTHROP STREET SCHOOL (Concord MA)

1991 – 1993

*Therapeutic co-educational day school and treatment program for adolescents***Director of Education**

- Worked with public schools and Department of Social Services in treatment planning and re-entry of students into public schools or after-graduation placement.
- Oversaw development and implementation of comprehensive high school curriculum.
- Hired, evaluated and supervised educational staff.

CONCORD ASSABET SCHOOL (Concord MA)

1985 – 1993

*Residential school serving emotionally disturbed adolescent females***Director of Education**

- Oversaw development and implementation of comprehensive high school curriculum.
- Hired, evaluated, and supervised teachers and interns.
- Served on clinical team for treatment planning.
- Acted as liaison to public schools.
- Coordinated all special education services.

Psychotherapy and Consultation Experience includes:

ROHRBAUGH ASSOCIATES (Cambridge MA)

1989 - 1993

Counseling and Consulting Psychologist

- Assisted in the establishment and development of Rohrbaugh Associates as a consulting and counseling services program for independent high schools in the Greater Boston area.
- Established curriculum and group learning experiences to build self-esteem and resiliency in adolescents experiencing social and emotional difficulties.
- Led group counseling sessions for students, parents and students with their parents.
- Counseled individual students and parents through short-term and long-term weekly psychotherapy sessions.

Education

HARVARD UNIVERSITY

Ed M., Counseling and Consulting, Psychology, 1987

UNIVERSITY OF MASSACHUSETTS

Ed M., Human Services Administration and Community Education, 1975

BOSTON UNIVERSITY

BA, English Literature, *Cum Laude*, 1974

Certifications and Credentials

California Preliminary Credential in Educational Administration

Massachusetts Certification in Moderate Special Needs

California Clear Credential in Special Education/Learning Handicapped

Massachusetts Certification in Secondary English and Social Studies

California Credential in Single Subject, English

Licensed in Massachusetts as Psychologist Assistant

Certified Facilitator, Interaction Associates

Certified Graphics Recorder, The Grove

Civic Activities:

- Coastside Collaborative for Children Youth + Families 1994 – 2000
- San Mateo County's TANF Advisory Council 1996 – 2000
- Peninsula Partnership for Children, Youth
and Families 1996 – 2007
- San Mateo County First 5 Hiring Committee 1999 – 2000
- Peninsula School Parent Advisory Committee 2000 – 2003
- Advisor to Sonrisas Community Dental Clinic
Half Moon Bay 2001 – present
- The Mayor's Advisory Board for Children,
Youth and their Families Member 2007 – 2008
- Gateway to Quality Funders Committee Member 2007 – present
- Community Advisory Board to City College's
Child and Family Development Department 2007 – present
- National Early Childhood Funders Collaborative 2007 – present
- Bridge to Success Advisory Board 2010 – present
- SF First 5 Strategic Planning Advisory Committee 2010 – present
- Host Committee for Grantmakers for Children, Youth
And their Families – 2011 Annual Conference in SF 2010 – 2011
- Host Committee for Independent Sector – 2012 Annual
Conference in SF 2011 - 2012

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received _____
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Merz Marilyn (Lynn) Ann

1. Office, Agency, or Court

Agency Name

Mimi and Peter Haas Fund

Executive Director

Division, Board, Department, District, if applicable

Your Position

San Francisco Fire 5 Commission

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

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

- ☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ **Assuming Office:** Date ____/____/____
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- ☐ **Schedule A-1 - Investments** - schedule attached
☐ **Schedule A-2 - Investments** - schedule attached
☐ **Schedule B - Real Property** - schedule attached
☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached
☐ **Schedule D - Income - Gifts** - schedule attached
☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
201 Filbert Street San Francisco California 94133
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) 296.9246

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 4.22.2011
(month, day, year)

Signature Marilyn Merz - Lynn Merz
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

► STREET ADDRESS OR PRECISE LOCATION

355 Vallejo Street

CITY

El Granada, California 94018

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

7, 23, 02 / 10
ACQUIRED DISPOSED

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

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____ / 10 / 10
ACQUIRED DISPOSED

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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Mimi and Peter Hrus Fund

ADDRESS (Business Address Acceptable)

201 Filbert Street, San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private Family Foundation

YOUR BUSINESS POSITION

Executive Director

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 ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. 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: _____

Mimi L. Haas, President

Ari A. Lurie

Daniel L. Lurie

Peter E. Haas, Founder

Supervisor Jane Kim,
Member of the Board of Supervisors
Chair of the Rules Committee
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, California 94102

25 April 2011

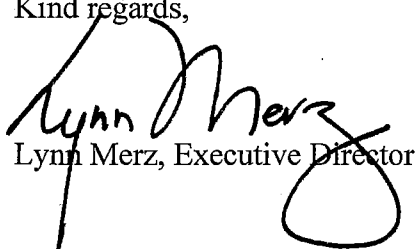
Dear Supervisor Kim,

Please accept my application for appointment to the San Francisco First 5 Commission. It is with pleasure and a sense of honor that I submit this application for one of the three open positions on the Commission.

In this time of federal, state and local budget cuts that impact the lives of children and their families, the continuation of the exemplary work of First 5 San Francisco and its Commission is essential. I know that my professional background in serving children and their families will be an asset to the First 5 Commission and to the children and families of the city.

Thank you and the members of the Rules Committee for considering my application. I look forward to presenting my qualifications and discussing my strong interest in serving on the Commission. As we discussed in our appointment on Monday, 18 April, I hope that the Committee will change the meeting date for candidates' presentations as I will be unable to attend a Thursday, 19 May meeting. I will be in New York to attend my son's graduation from college. I appreciate your consideration in moving the date.

Kind regards,



Lynn Merz, Executive Director

Lynn Merz, Executive Director

Mimi L. Haas, President

Ari A. Lurie

Daniel L. Lurie

Peter E. Haas, Founder

April 26, 2011

Lynn Merz, Executive Director
Mimi and Peter Haas Fund
201 Filbert Street, 5th floor
San Francisco, CA 94133
Phone: 415.296.9249
Email: lmerz@mphf.org

Statement of qualifications:

For the past four years, I have served as the Executive Director of the Mimi and Peter Haas Fund. In this position, I am committed to the goal that all children deserve access to high quality early education programs that assure that they enter kindergarten ready to learn. I stand committed to guarantee low-income and new immigrant families high quality programs in education, health services, parenting support and human services that build their children's social-emotional growth as well as improve their academic performance. In my position as Executive Director of the Fund, as well as throughout my professional career, I have worked to narrow the achievement as well as the access gap that exists for more than half of our nation's children. I continue to work to make certain that equity is the standard.

As the Executive Director of the Mimi and Peter Haas Fund, I have worked closely with the city's early childhood community – providers, city and private funders and stakeholders – to support and invest in young children and their families. I have regularly attended and participated in San Francisco's Child Care and Advisory Council, Preschool For All Advisory Committee Meetings as well as First 5 Commission Meetings. I bring a passionate commitment to the work of the First 5 Commission as a result of my work in leading organizations that support young children. My desire to serve on the First 5 Commission represents a significant way for me to continue my commitment to equity for all children and their families. Please consider my application for one of the three openings on the Commission.

Lynn Merz, Executive Director

201 Filbert Street • San Francisco • California • 94133 • (415) 296-9249 • Fax (415) 296-8842



**South of Market
Child Care, Inc.**

Supervisor Jane Kim
Member of the San Francisco Board of Supervisors
Member of the Rules Committee
District # 6
415.554.7974 (Facsimile)
Jane.Kim@sfgov.org

April 26, 2011

Dear Supervisor Kim,

As executive director of South of Market Child Care Inc., I write this letter of recommendation to support Lynn Merz's application to become a First 5 SF Commissioner.

Lynn has served as the Executive Director of the Mimi and Peter Haas Fund for the past three years. During this time, she has led the foundation with a demonstrated commitment to and a passion for the mission and has exemplified the values and legacy of the Haas family. Lynn has shown a sophisticated understanding of the non-profit and public sector delivery systems and public policy issues in the San Francisco Bay Area as they relate to and impact early childhood education. In addition, her excellent leadership, management and supervisory skills coupled with 10 years of experience as a grant-maker and more than 25 years of experience working with and serving on boards would prove to be assets in her role on the First 5 SF Commission. She has a strong understanding of governance and board relations and strives to build consensus, when working with her peers.

Lynn has a track record as a mature, seasoned leader with excellent judgment, while always being open to feedback and the opinions and ideas of others. Her sophisticated interpersonal skills and her ability to work extremely closely with the early childhood community as well as with city officials are also assets she possesses. Lynn has an impeccable reputation for integrity and judgment. She models ethics in action, while demonstrating a work style that is humble and flexible. Finally, Lynn has little need for public recognition and a high need to focus on the work that needs to be done for children and their families.

It is without reservation that I highly recommend Lynn Merz for First 5 SF Commission. She will serve this city well in this important role. If you have additional questions or concerns, please contact me.

Kind regards,

Noushin Mofakham

*Yerba Buena Gardens
Child Development Center*
790 Folsom Street
San Francisco, CA 94107
Phone: 415.820.3500
Fax: 415.820.3501

*Judith Baker
Child Development Center*
685 Natoma Street
San Francisco, CA 94103
Phone: 415.487.0389
Fax: 415.487.0387

*South of Market
Family Resource Center*
790 Folsom Street
San Francisco, CA 94107
Phone: 415.820.3508
Fax: 415.820.3501

www.somacc.org
somacc@somacc.org



Department of Child and Adolescent Development
1600 Holloway Avenue, SCI 394
San Francisco, CA 94132

Rene F. Dahl, PhD.
Professor & Dept. Chair
415.338.2056
rdahl@sfsu.edu

Supervisor Jane Kim, Chair
Member of the San Francisco Board of Supervisors
Member of the Rules Committee
District #6
415.554.7970 (Voice)
415.554.7974 (Facsimile)
Jane.Kim@sfgov.org

Dear Supervisor Kim:

As Professor and Chair of the Department of Child and Adolescent Development at San Francisco State University, I am honored to write this letter of recommendation to support Lynn Merz's application to become a First 5 SF Commissioner.

Lynn has served as the Executive Director of the Mimi and Peter Haas Fund for the past four years and during this time, has demonstrated exceptional leadership and vision. She has led the foundation with a demonstrated commitment to and a passion for the mission of the Haas family and exemplifies their values and legacy. Lynn has shown a sophisticated understanding of the non-profit and public sector delivery systems and public policy issues in the San Francisco Bay Area as they relate to and impact early childhood education. In addition, her excellent and thoughtful leadership, management, and supervisory skills coupled with ten years of experience as a grant-maker and more than twenty-five years of experience working with and serving on Boards would be assets in her role on the First 5 SF Commission. Lynn has a thorough understanding of governance and board relations and strives to build consensus when working with her colleagues. In addition, she demonstrates strong analytic abilities that enable her to understand and successfully navigate the complex systems and issues inherent in early care and education.

Lynn has a track record as a mature, seasoned leader with excellent judgment, while always being open to feedback and the opinions and ideas of others. Her sophisticated interpersonal skills and her ability to work extremely closely with the early childhood community as well as with city officials are also assets she possesses. She demonstrates respect for others and models ethics in action. Indeed, Lynn has an impeccable reputation for integrity and judgment. Finally, in her role as a leader, Lynn has little need for public or personal recognition and, instead, steadily focuses on the work that needs to be accomplished for children and their families.

I highly recommend Lynn Merz for First 5 SF Commission and know that she will serve San Francisco well in this important role. If you have additional questions or concerns, please contact me.

Best wishes,

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

Rene F. Dahl, Ph.D.



**SAN FRANCISCO
STATE UNIVERSITY**

San Francisco State University
College of Health and Human Services
Marian Wright Edelman Institute
for the Study of Children Youth and Families
1600 Holloway Ave
San Francisco CA 94132

April 26, 2011

Supervisor Jane Kim, Chair
Member of the San Francisco Board of Supervisors
Member of the Rules Committee
District #6

Dear Supervisor Jane Kim

As a Professor of Nursing, and Director of the Marian Wright Edelman Institute, I write this letter of recommendation to support Lynn Merz's application to become a First 5 SF Commissioner. I have worked closely with Lynn for three years and admire her knowledge of the early childhood education field and the depth and breadth of her understanding of the needs of low income children and families. Her efforts in this area are aligned with vision and mission of First Five; to ensure the opportunity for optimal health and development for every child living in this county.

Lynn has served as the Executive Director of the Mimi and Peter Haas Fund for the past three years. During this time, she has led the foundation with a demonstrated commitment to and a passion for the mission and has exemplified the values and legacy of the Haas family. Lynn has shown a sophisticated understanding of the non-profit and public sector delivery systems and public policy issues in the San Francisco Bay Area as they relate to and impact early childhood education. In addition, her excellent leadership, management and supervisory skills coupled with ten years of experience as a grant-maker and more than twenty-five years of experience working with and serving on Boards would prove to be assets in her role on the First 5 SF Commission. She has a strong understanding of governance and board relations and strives to build consensus, when working with her peers.

Lynn has a track record as a mature, seasoned leader with excellent judgment, while always being open to feedback and the opinions and ideas of others. Her sophisticated interpersonal skills and her ability to work extremely closely with the early childhood community as well as with city officials are also assets she possesses. Lynn has an impeccable reputation for integrity and judgment. She models ethics in action, while demonstrating a work style that is humble and flexible. Finally, Lynn has little need for public recognition and a high need to focus on the work that needs to be done for children and their families.

It is without reservation that I highly recommend Lynn Merz for First 5 SF Commission. She will serve this city well in this important role. If you have additional questions or concerns, please contact me.

Kind regards,

Charlotte Ferretti, Director and Professor

April 26, 2011

Supervisor Jane Kim, Chair
Member of the San Francisco Board of Supervisors
Member of the Rules Committee
District #6
415.554.7970 (Voice)
415.554.7974 (Facsimile)
Jane.Kim@sfgov.org



Dear Supervisor Kim,

As a member of the Board of Trustees of the Mimi and Peter Haas Fund and as the CEO and Founder of Tipping Point Community, I write this letter of recommendation to support Lynn Merz's application to become a First 5 SF Commissioner.

Lynn has served as the Executive Director of the Mimi and Peter Haas Fund for the past three years. During this time, she has led the foundation with a demonstrated commitment to and a passion for the mission and has exemplified the values and legacy of the Haas family. Lynn has shown a sophisticated understanding of the non-profit and public sector delivery systems and public policy issues in the San Francisco Bay Area as they relate to and impact early childhood education. In addition, her excellent leadership, management and supervisory skills coupled with ten years of experience as a grant-maker and more than twenty-five years of experience working with and serving on Boards would prove to be assets in her role on the First 5 SF Commission. She has a strong understanding of governance and board relations and strives to build consensus when working with her peers.

Lynn has a track record as a mature, seasoned leader with excellent judgment, while always being open to feedback and the opinions and ideas of others. Her sophisticated interpersonal skills and her ability to work extremely closely with the early childhood community as well as with city officials are also assets she possesses. Lynn has an impeccable reputation for integrity and judgment. She models ethics in action, while demonstrating a work style that is humble and flexible. Finally, Lynn has little need for public recognition and a high need to focus on the work that needs to be done for children and their families.

It is without reservation that I highly recommend Lynn Merz for First 5 SF Commission. She will serve this city well in this important role. If you have additional questions or concerns, please contact me.

Kind regards,

Daniel Lurie

*Supervisor -
Thanks for your consideration!
-Daniel*

MAKE POVERTY PREVENTABLE

703 Market Street
Suite 708
San Francisco, CA
94103

o 415 348 1240
f 415 348 1237

www.tippingpoint.org

Mar. 16. 2011 5:10PM

No. 6888 P. 2



**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: Children and Families First

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 7

District: 7

Name: Suzanne M. Giraudo

Home Address: San Buenaventura Way

Zip: 94127

Home Phone: 415 _____

Occupation: Psychologist, Clinical Director

Work Phone: 415-600-6200

Employer: California Pacific Medical Center

Business Address: 1625 Van Ness Ave.

Zip: 94109

Business E-Mail: girauds@sutterhealth.org

Home E-Mail: _____@sbcglobal.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)

current commissioner of Children and Families Commission, president of Commission
child and adolescent psychologist, clinical director of multidisciplinary child development center, pediatric child life

Education:

Doctorate in educational psychology and counseling psychology; masters in education, teaching credential, reading
specialist credential, BA University of San Francisco

Business and/or professional experience:

20 years with the Child Development Center, elementary school teacher, administrator
Board of Trustees - DeMarillac Academy, University of San Francisco, Hamilton Family Center, Home Away

Civic Activities:

Current Commissioner; 10 Year Homeless Plan Task Force

Ethnicity: (optional)

Sex: (optional) ☐ M ☒ FHave 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: 3-16-2011 Applicant's Signature: (required) Suzanne Giraudo

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

FILED

2011 MAR 28 PM 1:28

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GIRAUDO SUZANNE MCDONNELL
ETHICS COMMISSION

1. Office, Agency, or Court

Agency Name

CHILDREN & FAMILIES FIRST COMMISSION

Division, Board, Department, District, if applicable

Your Position

COMMISSIONER

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of SAN FRANCISCO

☐ City of _____

☐ Other _____

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

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

☐ Assuming Office: Date _____

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

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

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

[REDACTED] SAN FRANCISCO CA 94120

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

[REDACTED] [REDACTED]

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-1-11
(month, day, year)

Signature [REDACTED]

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

► NAME OF BUSINESS ENTITY
AT&T COM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMMUNICATIONS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
CISCO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CISCO SYS SUPPLIER OF NETWORK EQUIP

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
BANK OF AMERICA CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
CITIGROUP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
CHEVRON CORP NEW

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENERGY CO

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
COCA COLA CO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SOFT DRINKS COMPANY

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

▶ NAME OF BUSINESS ENTITY
COSTCO WHOLESALE CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
WHOLESALE WAREHOUSE CHAIN

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
EXXON MOBILE CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INTL OIL & GAS COMPANY

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
EBAY INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ONLINE AUCTION & SHOPPING WEBSITE

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FAIRPOINT COMMUNICATIONS INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMMUNICATIONS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ELECTRONICS ARTS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VIDEO GAMES

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC CO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL BUSINESS SERVICES

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

► NAME OF BUSINESS ENTITY
GOOGLE INC CL A

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
WEB SEARCH

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
INTEL CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTER MANUFACTURER

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
HEWLETT PACKARD CO DE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTERS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
INTEL BUSINESS MACH

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
HOME DEPOT INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
HOME IMPROVEMENT HARDWARE RETAIL

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
INTL GAME TECHNOLOGY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

► NAME OF BUSINESS ENTITY
JOHNSON & JOHNSON

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
BABY PRODUCTS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
MICROSOFT CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
WINDOWS PRODUCTS & TECHNOLOGIES

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
L-3 COMMUNICATIONS HODGS INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SURVEILLANCE & NAVIGATION PRODUCTS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
MUELLER WTR PRODS INC COM SER A

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STEEL BUILDINGS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
MERCK & CO INC NEW COM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICAL

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

► NAME OF BUSINESS ENTITY
NICK INC CLASS B

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SPORTS & FITNESS CO

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/10 ACQUIRED _____/_____/10 DISPOSED

Comments:

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

► NAME OF BUSINESS ENTITY
ORACLE CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SOFTWARE COMPANY

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
PROCTER & GAMBLE CO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PERSONAL CARE PRODUCTS

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
PENTAIR INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INDUSTRIAL MANUFACTURING CO

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
SCHLUMBERGER LIMITED COM STK

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
OILFIELD SERVICES PROVIDER

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
PFIZER INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICAL

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

► NAME OF BUSINESS ENTITY
SPECTRA ENERGY CORP COM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONNECTS NATURAL GAS RESOURCES

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

<p>▶ NAME OF BUSINESS ENTITY STARBUCKS CORP</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY COFFEE COMPANY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY 3M COMPANY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY TECHNOLOGY COMPANY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY SYSCO CORP</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY FOODSERVICE DISTRIBUTOR</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY UNITED PARCEL SVC INC</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY SHIPPING COMPANY</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY TARGET CORP</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY RETAIL STORE</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY VERIZON COMMUNICATIONS</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY COMMUNICATIONS</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>

Comments:

SCHEDULE A-1

Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE GIRAUDO

► NAME OF BUSINESS ENTITY
WALGREEN COMPANY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETAIL STORE

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
YAHOO INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ONLINE NETWORK COM

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
ZIMMER HLDGS INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PUBLISHER OF BUSINESS AND FINANCIAL

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

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 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 Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 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 Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 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 Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **10** _____ / _____ / **10**
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Suzanne Giraudo

NAME OF BUSINESS ENTITY
BRONCO RE.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Partnership, AZ

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

NATURE OF INVESTMENT **LIMITED PARTNER**
☐ Stock ☒ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Basin Street Properties

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Partnership - Petaluma-Sacto-Reno

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

NATURE OF INVESTMENT **Limited Partner**
☐ Stock ☒ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GDG FAMILY PARTNERS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Investment Property DC

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

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
MDNH Partner LP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment Partnership

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

NATURE OF INVESTMENT **Limited Partner**
☐ Stock ☒ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
MSR CAPITAL PARTNER

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTMENT PARTNERSHIP

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

NATURE OF INVESTMENT **LIMITED PARTNER**
☐ Stock ☒ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 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 Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

Comments:

GESD Capital Partners

Bakery – (Market Value – Over \$1,000,000)

Artisan Bakers

SoCal

Dobake

Milton's

Frozen Foods – (Market Value – Over \$1,000,000)

Go Roma Italian Kitchen

Restaurant – (Market Value – Over \$1,000,000)

Boudin Bakeries 0 (Market Value – Over \$1,000,000)

Ascentia Wine Estates – (Market Value – Over \$1,000,000)

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 Suzanne Giraudo

1. BUSINESS ENTITY OR TRUST

Breadboard Investments

Name
[REDACTED]

Address (Business Address Acceptable)
[REDACTED]

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Passive Investment

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/10	____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF 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 type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" 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.)

Dividends & Interest

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

Check one box:
☒ INVESTMENT ☐ REAL PROPERTY

Breadboard Enterprises

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

Investor

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	____/____/10	____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☒ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments: BBI is passive holder of cash & interest in BBE

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	____/____/10	____/____/10
<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 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

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	____/____/10	____/____/10
<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 _____ Yrs. remaining ☐ Other _____

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Suzanne Giraudo

► STREET ADDRESS OR PRECISE LOCATION

35 San Buenaventura Way

CITY

San Francisco, CA 94127

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

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

128 Westgate Drive

CITY

Napa, CA 94558

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Suzanne Giraudo

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

GESD Capital Partners

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private Equity

YOUR BUSINESS POSITION

Member - Manager

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 ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Coblentz, Patch, Duffy & Bass

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

YOUR BUSINESS POSITION

Partner

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 ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. 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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
 Suzanne Giraudo

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>S&P Realty</u>	NAME OF SOURCE OF INCOME <u>Pabst Blue Ribbon Breweries</u>
ADDRESS (<i>Business Address Acceptable</i>) [REDACTED]	ADDRESS (<i>Business Address Acceptable</i>) [REDACTED]
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Board Of Directors</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Beverage Co</u>
YOUR BUSINESS POSITION 	YOUR BUSINESS POSITION <u>Chairman of Board</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's Income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i> <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's Income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i> <input type="checkbox"/> Other _____ <i>(Describe)</i>

▶ 2. 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____ <i>City</i></div> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>
---	--

Comments: _____

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name Suzanne Giraudo

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____</div> <div style="text-align: right;"><i>City</i></div>	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>	
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

FPPC Form 700 (2010/2011) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Suzanne Giraudo

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Breadboard Enterprises

[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

General Business

YOUR BUSINESS POSITION

Partner

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 ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Breadboard Investments

ADDRESS (Business Address Acceptable)

[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Passive Investments

YOUR BUSINESS POSITION

Partner

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 ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. 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: _____

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 <u>Suzanne Giraudo</u>

1. BUSINESS ENTITY OR TRUST	
GESD Capital Partners	
Name [REDACTED]	
Address (Business Address Acceptable) [REDACTED]	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Private Equity	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Partner Member</u>	

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input checked="" type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Andre-Boudin Bakeries Inc	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Bakery & Restaurant	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other <u>LLC</u> Yrs. remaining	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

1. BUSINESS ENTITY OR TRUST	
Breadboard Enterprises	
Name [REDACTED]	
Address (Business Address Acceptable) [REDACTED]	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Partner</u>	

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input checked="" type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
GESD Capital Partners	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Investment Partnership	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Breadboard Enterprises

GDG Family Partners

- Real Estate - Property in Washington, DC

Bronco

- Real Estate - Property in Arizona

Basin Street Properties

- Real Estate - Property in Petaluma, Sacramento &
Reno

San Francisco
BOARD OF SUPERVISORS

Date Printed: May 10, 2011

Date Established: December 24, 1998

Active

CHILDREN AND FAMILIES FIRST COMMISSIONS

Contact and Address:

Kahala Drain
San Francisco Children & Families Commission
1390 Market Street, Suite 318
San Francisco, CA 94102

Phone: (415) 934-4849

Fax: (415) 565-0494

Email: Kahala@first5sf.org

Authority:

Added by Board of Supervisors Ordinance No. 409-98; approved December 24, 1998; amended by Ordinance 321-99, Approved 12/17/99; Administrative Code Section 10.117-122 and 86.1 through 86.5.

Board Qualifications:

The San Francisco Children and Families First Commission (aka the First Five Commission) consists of a total of nine members, all of whom are appointed by the Board of Supervisors.

The Commission is comprised of two type of members. Of the first type there are four (4) members: One (1) member shall be the Director of Public Health or designee; one (1) member shall be the General Manager of the Department of Human Services or designee; one (1) member shall be a member of the Board of Supervisors; one (1) member shall be the Director of the Department of Children, Youth and Their Families or designee. These members shall be entitled to serve as long as they meet the qualifications of membership.

The remaining five (5) members shall be appointed from among the following categories: persons responsible for management of the following county functions: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood development;

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies. Their terms shall be for four years, provided, however, that the members first appointed shall, by lot, classify their terms so that two members shall serve a three-year term, and three members shall serve a four year-term. On the expiration of these terms, their successors shall be appointed for a four-year term. In the event a vacancy occurs during the term of office of any appointed member, a successor shall be appointed for the unexpired term of the office vacated in a manner similar to that for the initial member.

This Commission is established to promote, support and improve the early development of children from the prenatal state to five years of age and to carry out the provisions of the California Children and Families First Act of 1998. The powers and duties are stated in Section 86.2 of the Administrative Code. The San Francisco Children and Families First Trust Fund shall be administered by the San Francisco Children and Families First Commission as stated in Administrative Section 10.117-122.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Section 86.5 of the Administrative Code. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None