

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Citizens General Obligation Bond Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): #1

Full Name: Andrea Marmo Crawford

Home Address: 22A Julius Street Zip Code: 94133

Home Phone: n/a Occupation: CEO

Work Phone: 415.837.1844 Employer: A.M. Crawford, Inc

Business Address: 870 Market Street, Suite 622 Zip Code: 94102

Business Email: andrea@amcrawfordinc.com Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:
I have lived in San Francisco for over 12 years (District 3). I am a mom of two kids who have attended SFUSD schools since kindergarten and are now students at Galileo High School in District 2. As a family, we spend a great deal of time in public places funded by various bond measures - all projects that the CGOBOC oversees or has overseen in the past. Joe DiMaggio Park, John McLaren Park, and anywhere along the Embarcadero Waterfront are favorites. I founded a small business that is based in San Francisco. Our offices are in the historic Flood Building (District 3). My firm is a designated Disadvantaged Business Enterprise (DBE); a Local/Micro Business Enterprise (San Francisco); and certified Women Owned Small Business (WOSB) by the United States Small Business Administration.

Business and/or Professional Experience:

My professional background is in fundraising for nonprofits and government entities, and for years my colleagues and I have provided grants development (writing, editing) support and post-award grants management support to our clients. I have helped develop countless budgets and project plans for large capital projects. Before serving on the CGOBOC, my experience stopped at the proposal, right at the point of project funding, or a few months or years in when its time to write a report on the project. Serving on the CGOBOC has provided a interesting education about what happens in between - how large government infrastructure projects move forward AFTER they are funded. I also enjoy contributing to CGOBOC committee reports and audits and want to continue to participate actively in that process.

Civic Activities:

I am a member of a local chapter of the Women Presidents Organization, an organization that represents and serves women business leaders throughout San Francisco, the Bay Area and the world. I am the Secretary of Galileo High School's PTSA, and I have served on Garfield Elementary PTO (both of my sons were students at the time); I served as Fundraising Chair on the board of the Jesuit Retreat Center of Los Altos; and I was a founding board member of the Greater Bay Area Chapter of the Grant Professionals Association, a professional organization based in Kansas City.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 4/23/25 Applicant's Signature (required): Andrea Marmo Crawford
335cebfb-49c8-4782-9183-acd36e79f018 Digitally signed by
335cebfb-49c8-4782-9183-acd36e79f018
Date: 2025.04.23 19:32:46 -04'00'

*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are
hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

E-Filed 03/20/2025 11:00:29 Filing ID: 213775335

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Crawford, Andrea Marmo

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Citizens General Obligation Bond Oversight Committee Member

Agency: Position:

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

State Multi-County City of Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

Annual: The period covered is January 1, 2024, through December 31, 2024. Leaving Office: Date Left The period covered is January 1, 2024, through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 6

Schedules attached

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 San Francisco CA 94102 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 03/20/2025 (month, day, year)

Signature Andrea Marmo Crawford (File the originally signed paper statement with your filing official.)

Additional Single Sources of Income of \$10,000 or more for A.M. Crawford, Inc

Butler and Warren Co. Electrical JATC
California Policy Center for Intellectual and Developmental Disabilities
Catholic Charities SBRIV
East Oakland Youth Development Center
Electrical Training Alliance
Electrical Training Alliance of Jacksonville
Girls Inc.
Healing Breakthrough
Housing Matters
Humane Equine Aid and Rapid Transport
IBEW Local 104 OSHE
IBEW Local Union 223
Inland Empire Electrical Training Center
International Training Institute
Nashville Electrical JATC
Outward Bound California
Poplar Community Services District
R.A.M.P
Rainforest Rising
Savannah Electrical Training Alliance
South Florida Operating Engineers, Local 487 Apprenticeship & Training
Tampa Area Electrical JATC
The Leahey Foundation
Tidewater Electrical JATC
YES Nature to Neighborhoods
YWCA Berkeley/Oakland

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Crawford, Andrea Marmo

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
A.M. Crawford, Inc
ADDRESS (Business Address Acceptable)
San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Management & Fundraising Counsel
YOUR BUSINESS POSITION
CEO
GROSS INCOME RECEIVED [] No Income - Business Position Only
[] \$500 - \$1,000 [] \$1,001 - \$10,000
[] \$10,001 - \$100,000 [X] OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
[X] Salary [] Spouse's or registered domestic partner's income
[] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
[] Sale of (Real property, car, boat, etc.)
[] Loan repayment
[] Commission or [] Rental Income, list each source of \$10,000 or more
[] Other (Describe)

NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED [] No Income - Business Position Only
[] \$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
[] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
[] Sale of (Real property, car, boat, etc.)
[] Loan repayment
[] 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 a commercial lending institution, 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*
Bankers Small Business Community Development Corporation of California
ADDRESS (Business Address Acceptable)
San Diego, CA 92106-6116
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
[] \$500 - \$1,000
[] \$1,001 - \$10,000
[X] \$10,001 - \$100,000
[] OVER \$100,000

INTEREST RATE TERM (Months/Years)
% [X] None 5 Years
SECURITY FOR LOAN
[X] None [] Personal residence
[] Real Property Street address City
[] Guarantor
[] Other (Describe)

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Crawford, Andrea Marmo

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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.

NAME OF LENDER*
US SBA EIDL
ADDRESS (Business Address Acceptable)
FT Worth, TX 7615530
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN

Comments:

BOARD of SUPERVISORS



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San Francisco 94102-4689
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Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Citizens' General Obligation Bond Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): 3

Full Name: Kate McGee

[Redacted] Zip Code: 94133
Occupation: Urban Planning Consultant

Work Phone: 415.298.5219 Employer: EBO Strategy

Business Address: 2031 1/2 Powell Street Zip Code: 94133

Business Email: kate@ebo-strategy.com Home Email [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:
I am applying for the community organization seat (#3) on the Citizens' General Obligation Bond Oversight Committee. My active involvement in North Beach Neighbors, the community organization where I serve on the Planning and Zoning Committee, positions me well for this role. In this capacity, I have provided expertise on local land use, historic preservation, and state housing policy, ensuring that residents have the information they need to engage meaningfully in decisions that impact our community.
I immigrated to the United States in 2001 and have been committed to public service and community engagement ever since. I worked for the San Francisco Planning Department for 13 years, focusing on neighborhoods including the Bayview, Bernal Heights, Potrero Hill, Visitacion Valley, and SoMa. As a single mother for 15 years, I raised two boys in North Beach, balancing professional responsibilities with volunteer work that directly benefited the city's diverse communities. My experience includes distributing food to the homeless, organizing donation drives, leading school fundraising efforts, and launching a pilot program for urban agriculture in a public right-of-way.
Through my work with North Beach Neighbors and my broader civic engagement, I have firsthand experience advocating for community interests, analyzing public policy, and ensuring that residents' voices are heard. I am committed to equitable and transparent oversight of public funds and will bring both my professional expertise and deep community ties to this position.

Business and/or Professional Experience:

I have extensive experience in auditing, real estate development, permitting, and regulatory processes. I began my career in London, working as an auditor for WS Atkins Rail before transitioning to Transport for London, where I supported the forthcoming public-private partnership of their rail system. After moving to San Francisco, I spent 13 years at the Planning Department, focusing on permitting, policy development, and sustainability. I later joined Pillsbury Winthrop Shaw Pittman LLP as a senior legal analyst in the Environmental, Land Use, and Real Estate practice group.

In 2017, I launched my own consulting practice, where I assist homeowners, small-scale developers, and business owners in navigating complex permitting and compliance requirements. My work requires a deep understanding of city regulations, financial accountability, and stakeholder engagement to ensure projects align with both policy objectives and community needs.

I am committed to transparency, responsible fiscal oversight, and public accountability. My experience in both the public and private sectors has given me firsthand insight into the impact of public funding on local projects and infrastructure. I understand the importance of ensuring taxpayer dollars are spent efficiently and effectively, and I am eager to contribute my expertise to the Citizens' General Obligation Bond Oversight Committee.

Civic Activities:

I am applying for the community organization seat on the Citizens' General Obligation Bond Oversight Committee, representing the perspective of residents actively engaged in neighborhood and civic groups. As a member of the Planning and Zoning Committee of North Beach Neighbors, I work directly with community members to address land use policies, historic preservation efforts, and state housing initiatives. I have presented to the organization on complex policy issues, answered questions from residents, and helped navigate discussions on neighborhood impacts.

Beyond my role in North Beach Neighbors, I have a strong record of civic engagement, including spearheading a pilot program for urban agriculture in a public right-of-way, participating in school fundraisers, and supporting local initiatives that improve neighborhood quality of life. My experience in both advocacy and public policy ensures that I can effectively represent community interests on the Committee and contribute to the responsible oversight of public funds.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: February 15, 2025 Applicant's Signature (required): Kate McGee Digitally signed by Kate McGee Date: 2025.02.14 08:45:06 -08'00'

*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McGee Kate

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Controller's Office

Division, Board, Department, District, if applicable

Citizens' General Obligation Bond Oversight Committee

Your Position

Seat #3

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of San Francisco Other _____

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

- Annual: The period covered is January 1, 2024, through December 31, 2024. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2024. The period covered is January 1, 2024, through the date of leaving office.
- Assuming Office: Date assumed 04 / 01 / 2025 -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 7

Schedules attached

- 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)
2031 1/2 Powell Street San Francisco CA 94133
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 298-5219 kate@ebo-strategy.com

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 03/01/2025
(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Kate McGee

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

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
Kate McGee

▶ 1. BUSINESS ENTITY OR TRUST

KM Planning Strategy (DBA EBO Strategy)

Name
2031 1/2 Powell Street

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Planning & Development Consultancy

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		___/___/24	___/___/24
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000			
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship **S-Corp** Other

YOUR BUSINESS POSITION **President**

▶ 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.)

None or Names listed below

Coale Johnson, Craig O'Connell, Emerald Fund, Erwin O'Toole, Marci Glazer

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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		___/___/24	___/___/24
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

Comments: _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		___/___/24	___/___/24
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 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.)

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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		___/___/24	___/___/24
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Kate McGee

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
0064/006

CITY
San Francisco

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

ACQUIRED / / 24 DISPOSED 10/02 / 24

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.
 None

Alexa Di Paola, Reid Hodder

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED _____ / _____ / 24 DISPOSED _____ / _____ / 24

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.
 None

* You are not required to report loans from a commercial lending institution 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)

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p><u>KM Planning Strategy (DBA EBO Strategy)</u></p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <p><u>2031 1/2 Powell Street, SF, CA, 94133</u></p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Consulting</u></p> <hr/> <p>YOUR BUSINESS POSITION</p> <p><u>President</u></p> <hr/> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <hr/> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>	<p>NAME OF SOURCE OF INCOME</p> <p>_____</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <p>_____</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <hr/> <p>YOUR BUSINESS POSITION</p> <p>_____</p> <hr/> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <hr/> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

<p>NAME OF LENDER*</p> <p>_____</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <p>_____</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>_____</p> <hr/> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE</p> <p>_____ % <input type="checkbox"/> None</p> <hr/> <p>TERM (Months/Years)</p> <p>_____</p> <hr/> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <i>Street address</i></p> <p>_____ <i>City</i></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>
--	---

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Kate McGee

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Name
Kate McGee

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Citizens' General Obligation Bond Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): 3

Full Name: Min Chang



Zip Code: 94105

Position: CEO

Work Phone: 415-930-1888 Employer: Homebridge

Business Address: 1035 Market Street Zip Code: 94103

Business Email: mchang@homebridgeca.org Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence: _____

18 Years of Age or Older: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

U.S. citizen. Born in Taiwan and lived in Africa, Singapore, and China. Traveled extensively throughout Europe, Asia Pacific, the Middle East, Africa, and North, Central and South America and Antarctica. Fluent in Chinese (Mandarin) and French. Assistant instructor in scuba diving, ballet dancer and avid ballroom dancer. Omnicom Board Director for 30 Agency and Regional Boards. American Heart Association Woman of Impact Nominee. Certified in APICS CPIM and Six Sigma Green Belt. Johns Hopkins SAIS DIA Club Secretary and IR Council Career Chair and Member of the Deans Crowell Committee on Diversity and Inclusion, MIT Alumni Board, University of Pennsylvania Class of 1987 Alumni Board. Director of the Chinese Folk-Dance Troupe of Delaware for seven years. Mother of two beautiful young ladies.

Currently live (Rincon Hill) and work (Tenderloin) in the City as the CEO of a non-profit focused on caring for older adults and adults with disabilities. Employ over 500 staff that represent all ethnicities and backgrounds. A vital part of the community in SF. Represent older adults at age 59 and am a proud Chinese American that represents the Asian community here in SF. Ran for SFUSD board this past November and know all 11 Districts very well.

Business and/or Professional Experience:

I am the CEO of a 500+ healthcare organization that serves over 75,000 of the most underserved populations and caregivers in San Francisco and across California.

I have over 35 years of experience in strategic leadership, financial management, business development, and operations, spanning six continents. Her deep understanding of cross-cultural dynamics enriches her approach to serving diverse communities. In the past, she was the Chief Strategy Officer at On Lok, a healthcare company serving older adults in the Bay Area, President and CEO of Microsurgical Technology, a global medical devices company, and CEO at Kin On Health Care Center, a healthcare company specializing in long term care. Her background includes 13 years leading global marketing communications and other leadership roles spanning 10+ years, including at Omnicom Group, Honeywell, AstraZeneca, Otis Elevators, and Procter & Gamble and 11 years in management consulting with Ernst & Young, Booz Allen and Accenture.

I hold a Doctorate in International Affairs and a Master of International Public Policy from Johns Hopkins University, School of Advanced International Studies. She received her Master of Science in Management from the Massachusetts Institute of Technology Sloan School of Management and a Bachelor of Science and Bachelor of Arts from the University of Pennsylvania.

Civic Activities:

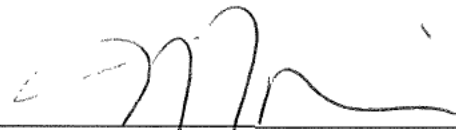
I am part of the IHSS Task Force, the CA Long-term Support Services Coalition, Human Services Network and other key groups and initiatives focused on older adults and adults with disabilities. I also work very closely with DAS, CDA, CDSS, HSA, OEWD, Justice in Aging, MOHCD, SF Dept of Homelessness and Supportive Housing, SEIU, On Lok, IOA, Self-Help, ECS, DISH, TNDC, HomeRise, Laguna Honda, CAPA, CICA, CWDB, CA Dept of Small Business Advocate and many other CBOs and organizations in SF. We are also currently working with the Mayor's office on shelter care.

I also active with SFUSD and ran for the school board as a first-time candidate. I have attended many school board meetings, parents/community meetings, canvassed the neighborhoods to better understand key issues and spoken out on key challenges impacting our public school system.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 2/17/25 Applicant's Signature (required):



*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Form 700 (2024) (2024)

Name of Public Officer: CHANG (Last) MIN (First)

1. Office, Agency, or Court
Agency Name: Bond Oversight Committee
Division, Board, Department, District, if applicable: _____

2. Jurisdiction of Office (check at least one box)
 State
 Municipality: SAN FRANCISCO
 County of: _____
 Other: _____

3. Type of Statement (check at least one box)
 Annual: The period covered is January 1, 2024 through December 31, 2024.
 Learning Office: Date Left: _____
 Assuming Office: Date assumed: _____
 Candidate: Date of Election: _____ and office sought, if different from Part 1.

4. Schedule Summary (required) Total number of pages including this cover page: 4
Schedules attached:
 Schedule A-1 - Investments - schedule attached
 Schedule C - Income (Gains & Business Income) - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule E - Income - Gifts - Trust Payments - schedule attached
-or-
None - No reportable interests on any schedule

5. Verification
Business Address: 299 Fremont St. Apt. 2910 San Francisco CA 94105
City: _____ State: _____ ZIP Code: _____
Home Telephone Number: 206 595 5260 E-mail Address: minxchang@gmail.com

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: 3/5/25 Signature: _____
(Print the date) (Print or sign and sign your statement with your filing official)

Min Chang
206-595-5260
Minxchang@gmail.com

On Mar 5, 2025, at 3:44 PM, BOS-Appointments <BOS-Appointments@sfgov.org> wrote:

Min:

I am in receipt of your application form. Upon review it appears that the required Form 700 was not included. Please provide the Form 700 and I will attach it to your application form. As we are tentatively trying to schedule the matter next week I will need it by the end of today. Thank you.

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
Fair Political Practices Commission
AMENDMENT

Appointments must be removed.
Do not attach Schedules or Financial Statements.

NAME OF BUSINESS ENTITY: Homebridge
GENERAL DESCRIPTION OF THIS BUSINESS: Non-profit

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 \$1 - \$499
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:
1/24 1/24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY: _____
GENERAL DESCRIPTION OF THIS BUSINESS: _____

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 \$1 - \$499
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:
1/24 1/24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY: _____
GENERAL DESCRIPTION OF THIS BUSINESS: _____

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 \$1 - \$499
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:
1/24 1/24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY: _____
GENERAL DESCRIPTION OF THIS BUSINESS: _____

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 \$1 - \$499
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:
1/24 1/24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY: _____
GENERAL DESCRIPTION OF THIS BUSINESS: _____

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 \$1 - \$499
Income Received of \$500 or More Report on Schedule C

IF APPLICABLE, LIST DATE:
1/24 1/24
ACQUIRED DISPOSED

Filer's Verification

Print Name: Min Chang

Office, Agency or Court: _____

Statement Type: 2024/2025 Annual Assuring Leaving
 Annual Candidate

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

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

Date Signed: 3/5/25
(month, day, year)

Filer's Signature: [Signature]

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Continued subject to 10% of Gross)

CALIFORNIA FORM 700
TAXPAYER'S GUIDE TO THE CALIFORNIA STATE BOARD OF EQUALIZATION
AMENDMENT

1. BUSINESS ENTITY OR TRUST

Name: Humblebridge
 Address (Business Address): 1025 Market St SF 04102
 City: SF
 State: CA
 Zip: 94102

Check one box:
 Trust of 501 c 3
 Business Entity, complete the box that fits 2

GENERAL DESCRIPTION OF THIS BUSINESS

Nature of Business: Non-profit

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE
\$0 - \$1,000	
\$1,001 - \$10,000	24
\$10,001 - \$100,000	24
\$100,001 - \$1,000,000	ACQUIRED
Over \$1,000,000	DISPOSED

NATURE OF INVESTMENT:
 Partnership Sole Proprietorship Non-profit

YOUR BUSINESS POSITION: CEO

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITIES/TRUSTS)

\$0 - \$499	\$500 - \$10,000
\$500 - \$1,000	0-7/31 24
\$1,001 - \$5,000	0-7/31 24

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Include a number from 1-100000)

Name: CEO Salary Amount: \$300,000

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

Check one box:
 INVESTMENT REAL PROPERTY

State of Property Held (State of Location of Account's Filer Number or State Address of Real Property): _____

Description of Property Acquired (City or County Name, Location or Description): _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE
\$0 - \$1,000	
\$1,001 - \$10,000	24
\$10,001 - \$100,000	24
\$100,001 - \$1,000,000	ACQUIRED
Over \$1,000,000	DISPOSED

NATURE OF INTEREST:
 Property (Mortgage/Deed of Trust) Stock Partnership

Interest: _____ Other: _____

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

Comments: _____

Filer's Verification

Print Name: Min Chang
 Office, Agency or Court: Bond Oversight Committee
 Statement Type: 2024-2025 Annual Annual Assisting Leaving Candidate

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

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

Date Signed: 3/5/25 (Month, Day, Year)
 Filer's Signature: [Signature]

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

CALIFORNIA FORM 700
FOR PERSONS SUBJECT TO CALIFORNIA
AMENDMENT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Honebridge

ADDRESS (Business Address Acceptable)
1025 Market St. S.F. CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

YOUR BUSINESS POSITION
CEO

GROSS INCOME RECEIVED No income - Business Position Only
 \$000 - \$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
(If a self-employed use Schedule A-2.)
 Partnership (See Part 10% ownership for 10% or greater use Schedule A-2.)
 Rent of Real property (see Part 10% or greater use Schedule A-2.)
 Loan repayment
 Commission or Rental Income (at least amount of \$1,000 or more)
 Other Other

2. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No income - Business Position Only
 \$000 - \$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
(If a self-employed use Schedule A-2.)
 Partnership (See Part 10% ownership for 10% or greater use Schedule A-2.)
 Rent of Real property (see Part 10% or greater use Schedule A-2.)
 Loan repayment
 Commission or Rental Income (at least amount of \$1,000 or more)
 Other Other

3. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

You are not required to report loans from a commercial lending institution, or any indebtedness incurred 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
 \$000 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ TERM (Month/Year) _____
 None

SECURITY FOR LOAN
 None Personal residence
 Real Property _____ Street address _____
 _____ City _____
 Guaranty _____
 Other _____ Describe: _____

Filer's Verification

Print Name Ann Chan Office, Agency or Court _____

Statement Type 2024/2025 Annual Annual Assuming Leaving Candidate

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

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

Date Signed 3/5/25 (month, day, year) Filer's Signature _____

PPC Form 700 - Schedule C (2014)
 advice@ppc.ca.gov • 916-225-8771 • www.ppc.ca.gov