#### **BOARD of SUPERVISORS**



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

#### MEMORANDUM

#### **RULES COMMITTEE**

#### SAN FRANCISCO BOARD OF SUPERVISORS

TO:

Supervisor Norman Yee, Chair

**Rules Committee** 

FROM:

Alisa Miller, Clerk, Rules Committee

DATE:

May 19, 2014

SUBJECT:

**COMMITTEE REPORT, BOARD MEETING** 

Tuesday, May 20, 2014

The following file should be presented as a **COMMITTEE REPORT** at the Board meeting, Tuesday, May 20, 2014. This item was acted upon at the Committee Meeting on Thursday, May 15, 2014, at 2:00 p.m., by the votes indicated.

Item No. 32 File No. 140500

Motion appointing David Pilpel, Todd David, and Louise Fischer, terms ending April 27, 2016, to the Sunshine Ordinance Task Force.

DUPLICATED (Duplicated File No. 140521)
PREPARED IN COMMITTEE AS A MOTION
RECOMMENDED AS A COMMITTEE REPORT

Vote: Supervisor Norman Yee - Aye Supervisor Katy Tang - Aye

Supervisor David Campos - Excused

Board of Supervisors
 Angela Calvillo, Clerk of the Board
 Rick Caldeira, Deputy Legislative Clerk
 Jon Givner, Deputy City Attorney

File No	140500	Committee Item No3	
		Board Item No	

### **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Committee:	Rules	Date <u>May 15, 2014</u>
Board of Su	pervisors Meeting	DateMay 20.2014
Cmte Boar	·d	
	Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst R Youth Commission Report Introduction Form Department/Agency Cover Letter MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Commission Award Letter Application Public Correspondence	
OTHER	(Use back side if additional space	e is needed)
	Form 700	· ·
H		<u> </u>
		<u> </u>
		<u> </u>
,		
		ate May 9, 2014
Completed i	by: Alisa Miller D	ate May 10, 2014

Fischer]

Motion appointing David Pilpel, Todd David, and Louise Fischer, terms ending April 27,

[Appointments, Sunshine Ordinance Task Force - David Pilpel, Todd David, and Louise

2016, to the Sunshine Ordinance Task Force.

MOVED, That the Board of Supervisors of the City and County of San Francisco does hereby appoint the hereinafter designated persons to serve as members of the Sunshine Ordinance Task Force, pursuant to the provisions of the San Francisco Administrative Code, Section 67.30, for the terms specified:

David Pilpel, seat 6, succeeding himself, term expired, must be experienced in consumer advocacy, for the unexpired portion of a two-year term ending April 27, 2016.

Todd David, seat 8, succeeding himself, term expired, must be a member of the public who has demonstrated interest in or has experience in the issues of citizen access and participation in local government, for the unexpired portion of a two-year term ending April 27, 2016.

Louise Fischer, seat 10, succeeding herself, term expired, must be a member of the public who has demonstrated interest in or has experience in the issues of citizen access and participation in local government, for the unexpired portion of a two-year term ending April 27, 2016.



## City and County of San Francisco GOARD OF SUPERVISORS 1 Dr. Carlton B. Goodlett Place, Room 2445 AN FRANCISCO (415) 554-5184 FAY (A15) 554-7744 (415) 554-5184 FAX (415) 554-7714 1313 AUG 29 AM 11: 34

Application for Boards, Commissions and Committees Ak
Application for Appointment to: Sunshine Ordinance Task Force Name of Board, Commission, Committee, or Task Force
Seat # or Category (If applicable): Seat 1 District:
Name: Mark Rumold
Home Address: — Gough St. Apt — San Francisco, CA Zip: 94109
Home Phone: (415) —— Occupation: Attorney
Work Phone: (415)436-9333 Employer: Electronic Frontier Foundation
Business Address: 815 Eddy St. San Francisco, CA Zip: 94109
Business E-Mail: mark@eff.org Home E-Mail:
Check All That Apply:
A citizen of the United States. 📝 At least 18 years old on or before Election Day. 📝
Not in prison or on parole for a felony conviction 📝
A resident of San Francisco 🔽 Yes: 🔲 No: (Place of Residence):
Please state your qualifications (attach supplemental sheet if necessary) (Please see attached supplement)
Education:
B.A., Northwestern University J.D., University of California - Berkeley
Business and/or professional experience:
(Please see attached supplement)
Civic Activities:  (Please see attached supplement)
Ethnicity: (optional) Sex: (optional) M F
Have you attended any meetings of the Board/Commission to which you wish appointment? Yes N
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.  (Applications must be received 10 days before the scheduled hearing.)  (Please Note: Once Completed, this form, including all attachments, become public record)
Date: 8/21/2013 Applicant's Signature: (required) // Lex / L
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires: Date Seat was Vacated:
12/04/09

#### Attachment to Application of Mark Rumold for Sunshine Ordinance Task Force

Application for Seat #1

Qualifications, Professional Experience, and Civic Activities

I am currently an attorney at the Electronic Frontier Foundation (EFF). EFF is a San Francisco-based, member-supported non-profit dedicated to protecting civil liberties in the digital world. As part of its mission, EFF works to educate lawmakers, courts, and the public on issues related to open government, free speech, innovation, and privacy, and the various ways technology can enhance and compromise those fundamental values.

My work at EFF focuses almost exclusively on issues related to government transparency in the national security context. I frequently litigate cases under the federal Freedom of Information Act, and I am intimately familiar with the process of filing public records requests at both the state and federal level. Through my work at EFF, I have also written amicus briefs in cases addressing novel issues related to freedom of information laws, transparency, and open government. As a result of this work, I understand both the promise of, and obstacles to, truly effective application of public record laws and transparent government.

I am also keenly interested in local government, and I am hopeful that serving on the Sunshine Ordinance Task Force will provide an opportunity to apply my knowledge of transparency laws and open government to meaningfully contribute to the San Francisco community. Local government's close relationship with citizens provides a tremendous opportunity for greater accountability and responsiveness from government — qualities that ultimately lead to a better and more participatory democracy. I am hopeful to contribute, even in a small way, to the promise of local government by serving on the Sunshine Ordinance Task Force.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

Please type or pr	rint in ink.					
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)		
Rumold		Mark	Tho	mas		
1. Office, Age	ency, or Court					
Agency Name						
City and C	ounty of San Francisco, Board of	Supervisors	<u> </u>			
Division, Board	d, Department, District, if applicable		Your Position	•		
Sunshine (	Ordinance Task Force	·	Seat #1			
► If filing for	multiple positions, list below or on an attach	ment.				
Agency:			Position:			
2. Jurisdiction	on of Office (Check at least one box)		·			
State			Judge or Court Commissioner (Statew	vide Jurisdiction)		
☐ Multi-Coun	ty	<u> </u>	County of San Francisco	· · ·		
	an Francisco		] Other			
3. Type of S	tatement (Check at least one box)	_				
_	The period covered is January 1, 2012, thro December 31, 2012.	ugh [	Leaving Office: Date Left			
-01-	The period covered is	, through	O The period covered is January 1, leaving office.	2012, through the date of		
Assuming	Office: Date assumed//	···-	O The period covered is/ the date of leaving office.	, through		
	e: Election year an	d office sought, if differen	t than Part 1:			
4. Schedule	Summary			2		
	able schedules or "None."	► Total numl	per of pages including this cov	ver page: 3		
☐ Schedule	A-1 - Investments - schedule attached		i nedule C - Income, Loans, & Business i			
	A-2 - Investments - schedule attached		nedule D - Income - Gifts - schedule a			
☐ Schedule	B - Real Property - schedule attached	✓ Sct	nedule E - Income – Gifts – Travel Payı	ments - schedule attached		
•		-or-	<u>:</u> :			
	☐ None - N	o reportable interests on a	any schedule	·		
5. Verification	1	•	•			
MAILING ADDRES	SS STREET cy Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
(2001.000 0.7 (30		San Francisco	. CA	94109		
DAYTIME TELEPH	ONE NUMBER	E-MAIL	ADDRESS (OPTIONAL)			
( 415 ) 436-9333						
I have used all herein and in a	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	r penalty of perjury under the laws of the	State of California that	the foregoing is true and correct.			
Date Signed _	08/29/2013		1/1/ /// X			
Date Signed _	(month, day, year)	Signatur	(File the originally signed statement wi	ith your filing official.)		

FPPC Form 700 (2012/2013) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

	700
Name	Olálinii2210IA
Mark Rumold	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Electronic Frontier Foundation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
815 Eddy Street	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Attorney	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	<b>5500 - \$1,000 51,001 - \$10,000</b>
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Real property, car, boet, etc.)	[] Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
_	
Other(Describe)	Other(Describe)
(резстре)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	200
	ending institutions, or any indebtedness created as part of a
	e lender's regular course of business on terms available to
	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
University of California, Berkeley School of Law	
ADDRESS (Business Address Acceptable)	% 📝 None
215 Boalt Hall, Berkeley, CA 94720	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	✓ None
Law school	
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
▼ \$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
☐ \$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comments: Loan is part of Berkeley's Loan Repa	nyment Assistance Program
Comments: Loan is part of betreley's Loan Repa	ymoni Assistanco i Tograni

FPPC Form 700 (2012/2013) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mark Rumold

- · You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)  University of Pennsylvania Law School	NAME OF SOURCE (Not an Acronym) North American Network Operators Group ADDRESS (Business Address Acceptable) 48377 Fremont Blvd, Suite 117		
ADDRESS (Business Address Acceptable) 3501 Sansom Street			
CITY AND STATE Philadelphia, PA 19104-6204	CITY AND STATE Fremont, CA 94538		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)  Law School	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) Industry association		
DATE(S): 05 , 18 , 12 05 , 19 , 12 AMT: \$ 650.00	DATE(S): 10 ,07 ,13 10 ,07 ,13 AMT: \$ 400.00		
TYPE OF PAYMENT: (must check one) 🔽 Gift 🗌 Income	TYPE OF PAYMENT: (must check one)		
✓ Made a Speech/Participated in a Panel	✓ Made a Speech/Participated in a Panel		
Other - Provide Description	Other - Provide Description		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
CITY AND STATE	CITY AND STATE		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)		
DATE(S):	DATE(S);		
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)		
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel		
Other - Provide Description	Other - Provide Description		
Comments: Both travel amounts are approximate: for the second, I have not yet made my travel arrange	first, I could not locate a record of the reimbursement; for the ements, but instead have provided an estimate		

FPPC Form 700 (2012/2013) Sch. E FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Mark Rumold
Gough St, Apt
San Francisco, CA 94109

August 29, 2013

Rules Committee
Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

To Whom It May Concern:

Please find attached my application for Seat #1 of the Sunshine Ordinance Task Force. If you have any questions or need any additional information, please do not hesitate to contact me at 415.436.9333 x 137 or mark@eff.org.

Thank you for your consideration of my application,

Mark Rumold

Sincerely,

Attachments:

Application for Boards, Commissions, and Committees Attachment to Application California Form 700

815 Eddy Street San Francisco, CA 94109 +1 415 436 9333 x 137 (tel) +1 415 436 9993 (fax)

### **FAX COVER SHEET**

**DATE: August 29, 2013** 

TO: Rules Committee, Board of Supervisors, City and County of San Francisco

Fax Number: (415) 554-5163

FROM: Mark Rumold

RE: Application for Seat #1 of the Sunshine Ordinance Task Force

Pages Sent (including this page): 7

#### NOTICE

This fax is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If you are not the intended recipient or his or her agent, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited and asked to please notify us immediately by telephone. Thank you.

PLEASE CALL (415) 436-9333 x 137 IF THERE IS A PROBLEM



# Northern California

The Society of Professional Journalists

**OFFICERS** 

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Vice President Lila LaHood Publisher San Francisco Public Press

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Independent Journalist

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Senior Editor
Charles Schwab & Co

Diane Keaton Senior Editor IndustryIntel

Holly Kernan News Director KALW 91.7 FM

Jill Patton San Francisco Editor Daily Journal Corp.

Jeremy Adam Smith Editor & Producer Greater Good Science Center

> Pueng Vongs Digital Editor Bay Area News Group

August 27, 2013

San Francisco Board of Supervisors Rules Committee Honorable Norman Yee, Chair Honorable London Breed Honorable Malia Cohen City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, California 94102

Re: Nominating Mark Rumold to the Sunshine Ordinance Task Force

Dear Supervisors:

The Society of Professional Journalists, Northern California Professional Chapter ("SPJ NorCal") is pleased to nominate Mark Rumold for appointment to the City's Sunshine Ordinance Task Force ("SOTF").

As you know, Section 67.30(a) of the Sunshine Ordinance reserves a voting seat on the SOTF for an attorney nominated by SPJ NorCal, and it stipulates that all SOTF members "must have experience and/or demonstrated interest in the issues of citizen access and participation in local government."

Mr. Rumold is an attorney with the Electronic Frontier Foundation, an organization that advocates actively and effectively for open access to the internet and the free flow of information and ideas thereon. His work has included cases with applicability of the California Public Records Act, one of the Sunshine Ordinance's base bodies of law.

Given the City's ongoing initiative to consolidate and upgrade its electronic records backup, storage and retrieval systems, Mr. Rumold's experience in the digital world and in open data advocacy makes him ideally suited to serve on the SOTF.

We strongly urge you to give favorable consideration to Mr. Rumold's candidacy and to forward his nomination to the full Board as expeditiously as possible. As you know, the seat for which Mr. Rumold is applying is one of two on the SOTF that are vacant. This sometimes makes it difficult to muster a quorum and therefore to fulfill the SOTF's mission and conduct the business the City has entrusted to it.

Thank you for your attention.

Sincerely,

E.B. Boyd

President

Society of Professional Journalists, Northern California eb.boyd@yahoo.com

Additional contacts:

Thomas Peele Journalist & Co-Chair, SPJ NorCal FOI Cttee thomaspeele@sbcglobal.net (510) 499-4944

Geoff King Attorney & Co-Chair, SPJ NorCal FOI Cttee geoffwking@gmail.com (415) 800-6990 Richard Knee Journalist & Member, SPJ NorCal FOI Cttee rak0408@earthlink.net (415) 608-9363





### 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, Committees, & Task Forces
Name of Board, Commission, Committee, or Task Force: Sunshing Ordinance Task Force
Seat # or Category (If applicable): District:
Name: Ali Winston
Home Address: Opul Street, Oakland, CA Zip: 94609
Home Phone: 917- Occupation: Reporter
Work Phone: Employer: Free ance
Business Address: Zip:
Business E-Mail: Home E-Mail: _ali.winston @
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.  Check All That Apply:  Registered voter in San Francisco: Yes No If No, where registered: Alameda County of San Francisco Yes No If No, place of residence: Oakland, (A
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 a reporter who relies on open records laws for my day-ty-day. Verk. I am intimately familiar with these lows outst understand their importance for a functionly democracy
Their importance for a tunishmally democracy
$\downarrow$

Business and/or profess	ional experience:				
Reporter, 2006-6 (see afficiled it	resent				
		·			
•					
					1
Civic Activities:					
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For appointments by the Bequirement before any apperence the scheduled hear	pointment can be ma	appearance de. <i>(Applica</i>	before the R ations must b	ULES CON e received	MMITTEE is a 10 days
	·				
Date: 3/18/7/014 App	olicant's Signature:	(required)	4	1 danie	
			(Manually sign on NOTE: By typing hereby consenting	g your complete	name, you are
Please Note: Your applica all attachme	tion will be retained fonts, become public re		Once Compl	eted, this fo	orm, includin
FOR OFFICE USE ONLY:			7.75		
Appointed to Seat #:	Term Expires:	Date	Seat was Vaca	ted:	

01/20/12

Ali Winston
Opal Street
Oakland, CA 94608
tel: 917ali.winston@

#### Work Experience

- Freelance reporter, 2006-present. My writing, photography and video have appeared in outlets including: Al Jazeera English, Alternet, California Watch, The Center for Investigative ReportingCity Limits, ColorLines, The Crime Report, The East Bay Express, The Indypendent, KALX, KPFA, MSNBC, The Nation, NBC, New York magazine, New York Public Radio (WNYC), The San Diego Union-Tribune, The San Francisco Chronicle, The San Francisco Public Press, San Francisco Weekly, Truthout, WBAI and Wiretap Magazine.
- A San Francisco Public Radio, KALW 91.7 FM, reporter, July 2010-November 2011.

  Reported on law enforcement and policing in Oakland and San Francisco as part of a two-person team devoted to criminal justice coverage. Our website, *The Informant* (informant.kalwnews.org) was part of NPR's Argo Network.
- A Center For Investigative Reporting, intern, June 2009-April 2010
  Researched homeland security spending, California's climate change legislation and FAA safety records for CIR and California Watch projects.
- \* PBS Frontline, Researcher, September 2008-May 2010. Conducted document-based research and interviewed sources for "Black Money," a documentary on international bribery, and "The Card Game," a documentary on consumer credit.
- △ CUNY-John Jay Center on Media, Crime & Justice/New York Community Media Alliance, Immigration, Crime, and Justice Fellowship, June 2008.
- The Star-Ledger of Newark, reporting internship, May 2007-May 2008.

  Co-founded and edited NJ Voices, the Star-Ledger's opinion website, wrote articles for the Sunday Perspective, Business, Community news and County news sections.
- Jersey Journal (Jersey City, NJ), reporting internship, October 2006-March 2007. Full-time General Assignment reporter, developed extensive official and local contacts. The Nation Institute, Internship, June-September 2006. Researched background material and fact-checked articles for Nation staff writers, wrote articles for website, assisted with website production.
- Teaching Assistant, A.O. Sexton Elementary School (Chicago, IL), Neighborhood Schools Program, January 2005-June 2005, September 2005-June 2006.

  Tutored individual and groups of 4<sup>th</sup> and 5<sup>th</sup> graders in math, reading, and writing.
- Continued research for Rick Atkinson, October 2004-August 2005.

  Translated memoirs of Général Alphonse Juin from French to English.
- Jeff Metcalf Fellowship: Research assistant for Rick Atkinson, Washington, D.C, June-September 2004. Conducted archival research at the Library of Congress and National Archives II, translated primary documents from French to English, and interviewed World War II veterans.

#### Education

- University of California-Berkeley, Berkeley, CA Masters of the Arts, International and Area Studies, December 2011. Masters in Journalism, May 2010.
- University of Chicago, Chicago, IL

B.A. in History (with honors) and International Studies (with honors), June 2006.

Thesis title: Ethnicity, Nationalism, and Power in Côte d'Ivoire

GPA (General): 3.56/4.0

GPA (concentration): 3.8/4.0

Dean's List, 2002-2005

A Bosphorus University, Istanbul, Intensive Language Program (Turkish, advanced intermediate, June-August 2005.

University of Chicago, Summer Paris Program (advanced French), June-August 2003.

#### **Awards**

- A San Francisco Peninsula Press Club, first place, non-daily newspaper series for coverage of the Oakland Police Department, June 2013
- A Society of Professional Journalists-Northern California, James Madison Freedom of Information Award, February 2013
- A Nation Institute Investigative Fund grant, October 2012-May 2013
- A National Association of Black Journalists Salute to Excellence, Single Digital Story, May 2012: "Deadly Secrets: How California Law Shields Oakland Police Violence" (Colorlines)
- A Society of Professional Journalism-Northern California, Community Journalism (for KALW 91.7

FM news program "Crosscurrents"), October 2011.

- ▲ Nation Institute Investigative Fund grant, July 2009-August 2011.
- A Randy Shilts Memorial Award for Outstanding Reporting, UC-Berkeley, 2009.
- A First Place for Labor Reporting, 2008 Ippie Awards, New York Community Media Alliance.
- Justice and Community Reporting Award, New York Community Media Alliance & The Center for Media, Crime and Justice at City University of New York-John Jay, 2008.
- A Turkish-American Coalition, Turkish American Scholarship, 2008-10.
- University of Chicago, Emil Karafiol Prize for the most outstanding B.A. thesis in European or International History, 2006.
- Luniversity of Chicago, Adlai Stevenson Prize for the most outstanding B.A. thesis in International Studies, 2006.
- Turkish Studies Association, Halide Edip Adivar Scholarship in support of study and research in Turkey, summer 2005.
- ▲ University of Chicago, Jeff Metcalf Fellowship, summer 2004.
- Luniversity of Chicago, Foreign Language Acquisition Grant, summer 2003.

#### Interviews and lectures:

- WNYC, The Takeaway, January 2012: Discussed the mass arrest of hundreds at an Occupy Oakland action on January 28<sup>th</sup>, 2012
- A Yale University, January 2012, May 2012: Appeared as a guest speaker for an undergraduate Ethics, Politics & Economics course on journalism's role and practice in a globalized world.
- WNYC, The Takeaway, October 2011, January: Discussed the Oct. 25 police raid on Occupy Oakland and the ensuing violence, as well as clashes between protesters and Oakland police on January 28<sup>th</sup>, for a live national audience. Also provided audio for both segments.
- Al Jazeera English, October 2011: reported live for three broadcasts and gave one on-camera interview regarding developments in the Occupy Oakland protests.
- Stanford University, December 2010: Spoke at an undergraduate History course on San Francisco politics and criminal justice issues.
- \* KMPH FOX-TV (Fresno, CA), April 2010: Gave an interview regarding my investigation into repeat officer-involved shootings in Fresno, CA.
- A KPFA (Berkeley, CA), April 2010: Gave an interview regarding my investigation into repeat officer-involved shootings in Fresno, CA.
- KPFK (Los Angeles, CA), January, 2010: Gave an interview about attempts by business groups to undermine California's greenhouse gas regulations.
- \* KCBS (San Francisco, CA), January 2010: Gave an interview about attempts by business groups to undermine California's greenhouse gas regulations.
- WNYC, The Brian Lehrer Show, March 2009: Gave an interview on proposed privacy guidelines for New York City's Ring of Steel. The Takeaway, October 2011: Reported on developments in the Occupy Oakland demonstration.
- A KPFA (Berkeley, CA), March, 2009: Gave an interview on police shootings in Oakland.
- WBAI, The Morning Show, March 2008: Gave an interview on problems with contractors for the CityTime automated payroll program.
- February 2008, Coro Fellows Program in Public Affairs: Took part in a panel with attorneys and former law enforcement on surveillance issues in New York City.
- A Brooklyn College, March 2007: Discussed findings from an article on surveillance in New York City Schools at an undergraduate Journalism class.

Skills: Fluent spoken and written French, fluent spoken and very good written Turkish, competent spoken Spanish, digital and film photography (Canon 7D, 5D Mark II), videography (Canon 7D, 5D Mark II), radio reporting and producing (Sony PCM-D50, M-Audio Microtrack II, Marantz PMD660), archival and database research, Lexis-Nexis, Factiva, Pacer, HTML, Audacity, Pro Tools, Final Cut Pro, Adobe Photoshop.

#### References

Robert Gammon. Editor, East Bay Express Robert.Gammon@eastbayexpress.com

Ali Winston Opal Street Oakland, CA 94608 tel: 917ali.winston@

Telephone: 510-879-3752

Jarrett Murphy, Editor, City Limits jarrett@citylimits.org 646-281-2529

A.C. Thompson, Reporter, ProPublica ac.thompson@propublica.org 347-563-8121

#### Selected articles, video and radio

- "The High Costs of Outsourcing Policing." with Darwin Bond-Graham. The East Bay Express, 8/6/12. http://www.eastbayexpress.com/ebx/the-high-costs-of-outsourcingpoliceandnbsp/Content?oid=3306199
- "Cop Identified in Scott Olsen Incident?" The East Bay Express, 2/22/12. http://www.eastbayexpress.com/ebx/cop-identified-in-scott-olsen-incident/Content?oid=3131933

"OPD Uses Violent Cops on Occupy." The East Bay Express, 12/21/12. http://www.eastbayexpress.com/ebx/opd-used-violent-cops-against-occupy/Content?oid=3076433

- "Violence and the 99 percent Occupy Oakland shaken by city's harsh reality." The Informant, 11/11/2011. http://informant.kalwnews.org/2011/11/violence-and-the-99-percent-occupy-oaklandshaken-by-citys-harsh-reality/
- "Black Bloc outside Oakland Whole Foods on Nov. 2, 2011." Shot by Ali Winston. http://youtu.be/rWm2ZJbATHc
- "Marine Vet wounded, tear gas & flash-bang grenades thrown in downtown Oakland." Shot by Ali Winston, 10/25/11. https://www.youtube.com/watch?v=cMUgPTCgwcQ
- Tear gas billowing through 14<sup>th</sup> & Broadway in downtown Oakland." Shot by Ali Winston, 10/25/11. http://voutu.be/OU4Y0pwJtWE
- "The Police Raid on Occupy Oakland was nothing new for this city." Colorlines, 10/28/11. http://colorlines.com/archives/2011/10/the police raid on occupy oakland was nothing new for this city.html

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- "Deadly Secrets: How California Law Shields Oakland Police Violence. Colorlines, 8/17/11. http://colorlines.com/archives/2011/08/deadly secrets how california law has s hielded oakland police violence.html
- \*Explainer: What is a 'Book Bloc?'" The Informant, 6/20/2011. http://informant.kalwnews.org/2011/06/explainer-what-is-a-book-bloc/
- △ "Johannes Mehserle Freed What Next?" The Informant, 6/14/2011. http://informant.kalwnews.org/2011/06/johannes-mehserle-freed-what-next/
- A "Are San Francisco's Gang Injunctions Working?" KALW Radio, 4/19/2011. http://kalwnews.org/audio/2011/01/20/are-san-franciscos-gang-injunctions-working 800405.html
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# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

# STATEMENT OF ECONOMIC IN LATESTS

Date Received Or that Use City

#### COVER PAGE

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#### Miller, Alisa

From:

Ali Winston [ali.winston@

Sent:

Monday, March 31, 2014 3:25 PM

To:

Miller, Alisa

Subject:

Resend: documents for Sunshine Ordinance Task Force application

Attachments:

Ali Winston resume.doc; AW form 700\_0007.pdf; Ali Winston SOTF application.pdf

Good afternoon Ms. Miller,

Please find included electronic versions of my form 700 and an application for the Sunshine Ordinance Task force. I attempted to send these documents to you on 3/21 but apparently did not include a period in between your first and last name -the message bounced back to me on Saturday.

I've also included my CV for posterity's sake.

Thank you for your assistance, and my apologies for the mix up.

Regards, Ali Winston @awinston



# Northern California

The Society of Professional Journalists

**OFFICERS** 

President
E.B. Boyd
Independent Journalist

Vice President Lila LaHood Publisher San Francisco Public Press

Co-Secretaries
Laurie Udesky
Independent Journalist

Bernice Yeung

Reporter The Center for Investigative Reporting

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Jill Patton

San Francisco Editor Daily Journal Corp.

Jeremy Adam Smith Editor & Producer Greater Good Science Center

> Pueng Vongs Digital Editor Bay Area News Group

November 21, 2013

San Francisco Board of Supervisors Rules Committee Honorable Norman Yee, Chair Honorable London Breed Honorable Malia Cohen City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, California 94102 RECEIVED

BOARD OF SUPERVISORS
SAMERA NOISCO

2013 MOV 25 PM 3: 23

AK

Re: Nominating Ali Winston to the Sunshine Ordinance Task Force

Dear Supervisors:

The Society of Professional Journalists, Northern California Professional Chapter ("SPJ NorCal") is pleased to nominate Ali Winston for appointment to the City's Sunshine Ordinance Task Force ("SOTF").

As you know, Section 67.30(a) of the Sunshine Ordinance reserves a voting seat on the SOTF for a journalist nominated by SPJ NorCal, and it stipulates that all SOTF members "must have experience and/or demonstrated interest in the issues of citizen access and participation in local government." Mr. Winston is nominated to replace long-time SPJ NorCal-nominated journalist representative Richard Knee, who has chosen not to seek another term.

Mr. Winston is a reporter specializing in criminal justice whose work has appeared in the San Francisco Chronicle, the Bay Guardian, KALW, and other news outlets. He is also affiliated with the Center for Investigative Reporting, and he holds a master's degree in journalism from the University of California, Berkeley. He is a frequent user of the San Francisco Sunshine Ordinance and the California Public Records Act, and he is an advocate for transparency and open government. He is ideally suited to serve on the SOTF. Mr. Winston is an Oakland resident, and we are requesting that, as you have done for other SPJ nominees in the past, you grant him a residency waiver so he may serve on the SOTF.

Additionally, we note that the seat for which Mr. Winston is applying is one of two on the SOTF that are vacant, which increases the difficulty in mustering a quorum. As you know, SPJ NorCal nominated Mr. Mark Rumold, an attorney, to the other vacant seat in August.

In light of the foregoing, we strongly urge that you give favorable consideration to both Mr. Winston and Mr. Rumold's candidacies and that you forward their nominations to the full Board as expeditiously as possible. Thank you for your attention.

Sincerely,

E.B. Boyd President

Society of Professional Journalists, Northern California eb.boyd@yahoo.com

(415) 596-2296

Additional contacts:

Thomas Peele Journalist & Co-Chair, SPJ NorCal FOI Cttee thomaspeele@sbcglobal.net

(510) 499-4944

Geoff King Attorney & Co-Chair, SPJ NorCal FOI Cttee geoffwking@gmail.com (415) 800-6990 Richard Knee Journalist & Member, SPJ NorCal FOI Cttee rak0408@earthlink.net (415) 608-9363



#### 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, Committees, & Task Forces

Name of Board, Commission	n, Committee, or Task Force: Si	unshine Taskforce	
Seat # or Category (If applic	able):	District:	
Name: Josh Wolf			
Home Address:	■ Waller Stree	et, San Francisco, CA Zip: 9411	7
Home Phone: 415	Occupation: Write	r and Filmmaker	
	Employer: Journali	406	, o {
Business E-Mail: Josh@journ  Pursuant to Charter Set the Charter must consis	st of electors (registered vote		
Check All That Apply:  Registered voter in San	Francisco: Yes 🗹 No 🔲 If N	No, where registered:	
Pursuant to Charter section represent the communities ethnicity, race, age, sex, s	on Yes No If No, place on 4.101 (a)1, please state how s of interest, neighborhoods, a exual orientation, gender identagraphic qualities of the City	v your qualifications and the diversity in ntity, types of disabilities,	
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Business and/or professional experience:
I have been a working reporter and documentary filmmaker for nearly a decade and have been active in issues pertaining to press freedoms and access to public information throughout my career. My principled stand invoking the reporter's privilege after I was subpoenaed to appear before a Federal Grand Jury was recognized by a resolution approved the Board of Supervisors in support of my actions. California Attorney General Kamala Harris, who was then San Francisco District Attorney also expressed her support of my stance in the form of an editorial in the San Francisco Bay Guardian. I am currently employed as the Editor-at-large of the nonprofit organization Journalism that Matters and as a reporter for the San Francisco Public Press. I also work as a freelance reporter and filmmaker whenever possible.
Civic Activities:
I have been the volunteer organizer for the Bay Area Media Makers Meetup group for nine years. I have spoken about journalism rights issues and career development at numerous colleges and other events throughout the Bay Area and the continental US. I have made a commitment to make myself available to young journalists with questions about the industry and strive to regularly contribute to my community in the Lower Haight.
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)
Date: Applicant's Signature: (required)
Jacoi Town of The Principle of Congression (Togothou)
<u>Please Note</u> : 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 #: Date Seat was Vacated:
01/20/12

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms) City and County of San Francisco				
	Division, Board, Department, District, if applicable Sunshine Task Force		Your Position Applicant		· · · · · · · · · · · · · · · · · · ·
	▶ 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)	<u></u>		,
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	☐ Multi-County		·		
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 1.	Schedule Summary			<u> </u>	
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j.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  Waller St., San Francisco, CA 9411	CITY .		TATE	ZIP CODE
	DAYTIME TELEPHONE NUMBER ( 415 )		E-MAIL ADDRESS (OPTIONAL)		
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and con			st of my knowle	edge the information containe
	I certify under penalty of perjury under the laws of	of the State of Californi	ia that the foregoing is true a	nd correct.	
	01/30/2014 Date Signed	Sig	nature		
	(month day year)		/File-the original	lusioned statement w	illy your filling Afficial )

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Josh Wolf

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
San Francisco Public Press	NAME OF SOURCE OF INCOME Prezi
ADDRESS (Durlance Address Association)	
ADDRESS (Business Address Acceptable) 44 Page St., Suite 504, San Francisco, CA 94102	ADDRESS (Business Address Acceptable) 735 Montgomery St, San Francisco, CA 94111
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
News Entity	Software Developer
Your business position Reporter	YOUR BUSINESS POSITION Contracter
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 <b>☑</b> \$1,001 - \$10,000	☐ \$500 - \$1,000 <b>☑</b> \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	Filmed and edited commercial
Other (Describe)	Other(Describe)
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#### Miller, Alisa

From: Sent:

Josh Wolf [hi@ Tuesday, February 04, 2014 1:48 PM Miller, Alisa Re: Sunshine Task Force Application 20140204133600028.pdf

To: Subject: Attachments:

Here you go; Please let me know if this isn't sufficient for some reason.

Best,

Josh

5/14/2014 ATT00001.htm

Dear Members of the San Francisco Board of Supervisors Rules Committee,

As drafter of the original San Francisco Sunshine Ordinance, I unreservedly recommend Josh Wolf as a journalist member of the SFSO Task Force. I've known Josh for several years and worked with him on a draft of a sunshine ordinance for Berkeley. You can be sure that he will be a productive and constructive participant in all Task Force work, and will bring to his role a very high sense of professional integrity, energy and diligence.

Cordially,

Terry Francke General Counsel



#### 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, Committees, & Task Forces

Task tovel
Seat # or Category (If applicable): Seat 4, Ethnic Media District:
Name: PIXIE (RISHI) CHOPRA
Home Address: MISSION ST. APT SANCISCO Zip: 94103
Home Phone: 408- Occupation: Program Coordinator
Work Phone: 650-935-9532 Employer: Wadhwani Foundation
Business Address: 2475 Hanover St., Palo Alto, CA zip: 94304 Business E-Mail: wadhwani-fourdation, Home E-Mail: rishichopya 7000000000000000000000000000000000000
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.
Check All That Apply:
Registered voter in San Francisco: Yes Mo If No, where registered:
Resident of San Francisco Ves No If No, place of residence:
Durante Charles and the dead of the second s
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 worked for one of the most prominent and nationally recognized and read South Asian newspapers, called India West. I reported on Such issues as South Asians in politics, was featured on Comcast Newsmakers TV, highlighting my role as the foltical Awareness Chair of the Network of Indian Professionals in have worked with stude college students and parents in San Francisco to get them

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01/20/12

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

N/	CHOPRA PIXIE (RISH)
1.	Office, Agency, or Court
	Agency Name Synshine Ordinance Task Force
	Agency Name  Sunshine Ordinance Task Force  Division, Board, Department, District, if applicable  City and County of San Francisco, Task Force Members  If filing for multiple positions list below or on an attachment
	▶ If filing for multiple positions, list below or on an attachment.
	Agency: Position:
2.	Jurisdiction of Office (Check at least one box)
	☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County of San Francisco
	□ Multi-County □ Eounty of San Tranc13Co □ Other □ Other
3.	Type of Statement (Check at least one box)
	Annual: The period covered is January 1, 2011, through December 31, 2011.  Leaving Office: Date Left/(Check one)
	The period covered is/, through December 31, 2011.    O The period covered is January 1, 2011, through the date of leaving office.
	Assuming Office: Date assumed/
	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 - Mission St., Apt San Franciso, CA 94103
	MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)
	DAYTIME TELEPHONE NUMBER (408)  E-MAIL ADDRESS (OPTIONAL)  YISHICH OPYA IA
	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 / 4 / 3 Signature Citie the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	-
Name	

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
india West	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
933 Mac Arthur Blud.	,
BUSINESS ACTIVITY, IF ANY, OF SOURCE San Leandro, CA 94577	BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Leandra CA 94577 Associate	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	ODOGO MICOME DECEMBE
\$500 \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$10,000
	- Trainer Transact - Over Trainer
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Real property, cer, boat, etc.)	Sale of
	(Real property car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
	(December)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	l i i i i i i i i i i i i i i i i i i i
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * YOU are not required to report loans from commercial le	 
* You are not required to report loans from commercial le	op nding institutions, or any indebtedness created as part of a
You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's
You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:
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* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:
You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  Months/Years)  None
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's security.  INTEREST RATE  Whom TERM (Months/Years)  None  SECURITY FOR LOAN
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  Months/Years)  None
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  Mone  SECURITY FOR LOAN Personal residence  Real Property
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  TERM (Months/Years)  Mone  SECURITY FOR LOAN  Personal residence
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  TERM (Months/Years)  Mone  SECURITY FOR LOAN  Personal residence  Real Property  Street address
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's streem (Months/Years)  INTEREST RATE  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  City
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  TERM (Months/Years)  Mone  SECURITY FOR LOAN  Personal residence  Real Property  Street address
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's strength of the strength of
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's streem (Months/Years)  INTEREST RATE  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  City
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to a lender's regular course and loans received not in a lender's street.  INTEREST RATE  TERM (Months/Years)  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  City  Guarantor  Other
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to a lender's regular course and loans received not in a lender's street.  INTEREST RATE  TERM (Months/Years)  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  City  Guarantor  Other

#### Wong, Linda (BOS)

From:

Rishi Chopra [rishichopra1@ -

Sent:

Thursday, April 04, 2013 5:51 PM

To:

Wong, Linda (BOS); SOTF

Subject:

Re: application for SOTF, Seat 4, Ethnic Media

Attachments:

soff application revised.pdf; form 700.pdf

Hi Linda,

Please find attached my revised application and form 700.

Thank you.

Rishi

From: "Wong, Linda (BOS)" < linda.wong@sfgov.org >

To: Rishi Chopra < rishichopra1@ >; SOTF < sotf@sfqov.ora>

**Sent:** Thu, April 4, 2013 4:52:47 PM

Subject: RE: application for SOTF, Seat 4, Ethnic Media

Thank you for your interest in serving on the Sunshine Ordinance Task Force. Please resubmit an application indicating which city you currently reside in. In addition to the application, please complete and submit a Form 700 back to our office.

Attached is a copy of the Form 700 for your convenience.

Sincerely, Linda Wong

From: Rishi Chopra [mailto:rishichopra1@

Sent: Thursday, April 04, 2013 3:19 PM

To: SOTF

Cc: Wong, Linda (BOS)

Subject: Re: application for SOTF, Seat 4, Ethnic Media

Hi Andrea, thank you for letting me know.

Hi Linda, can you please let me know what you need from me in order for me to complete my application for the SOTF (Seat 4, Ethnic Media)? I have attached the application.

Thank you.

Rishi

From: SOTF < sotf@sfgov.org>

To: Rishi Chopra < rishichopra 1@

Cc: "Wong, Linda (BOS)" < linda.wong@sfgov.org>

Sent: Thu, April 4, 2013 2:16:44 PM

Subject: FW: application for SOTF, Seat 4, Ethnic Media

Hello Rishi,

The Rules Committee oversees the process of appointments to City Boards, Commissions and Task Forces. Please direct inquiries regarding the process to the Assistant Clerk of Board, Linda Wong copied in this email.

Best regards,

Andrea S. Ausberry Administrator

Sunshine Ordinance Task Force
Office 415.554.7724 |Fax 415.554.5163
sotf@sfgov.org |www.sfbos.org
City Hall. 1 Dr. Carlton B. Goodlett Place, Rm. 244
San Francisco, CA 94102
Follow USI | Twittee

Complete a Board of Supervisors Customer Service Satisfaction form by clicking FIERE

From: Rishi Chopra [mailto:rishichopra1@]

Sent: Thursday, April 04, 2013 2:04 PM

To: SOTF

Subject: application for SOTF, Seat 4, Ethnic Media

Hi Andrea,

I am submitting my application for SOTF, Seat 4, Ethnic Media.

Thank you.

Rishi Chopra



# RECEIVED BOARD OF SUPERVISORS 275 9th Street, San Francisco, CA 94103 Tel 415 503 4170 Fax 415 503 8970 www.newamericamedia.org

2013 MAR 29 AM 11: 17

AK	•	March 28,	2013

Dear San Francisco Board of Supervisors,

It is my pleasure to recommend Rishi Chopra as the New America Media representative to serve on the Sunshine Ordinance Task Force for Seat 4, replacing outgoing member Suzanne Manneh.

I first came to know Rishi when he began working with the San Leandro-based newspaper India West—one of the most prominent and nationally read South Asian newspapers – in 2011, where his responsibilities have included covering events and managing website content relevant to the Indian American community in the San Francisco Bay Area, as well as playing a key role in marketing and business development for the newspaper and his community. He has experience reporting on such issues as South Asians in politics, domestic violence, housing rights, and was featured on Comcast Newsmakers TV, highlighting his role of the Political Awareness Chair for the Network of Indian Professionals.

Last year, Rishi demonstrated a deep interest in representing New America Media and the ethnic media sector on the SOTF, but NAM had already renominated Suzanne Manneh at the time. Still, it was clear to me that were Suzanne unavailable to continue serving, Rishi would be a strong and qualified candidate to represent the ethnic media sector.

A resident of San Francisco, Rishi is extremely committed to serving the city and mobilizing his peers and South Asian community members to become more civically engaged. He has experience as a grassroots organizer in the city, as well as volunteering to help San Francisco parents improving afterschool programs, and Glide Memorial Church's homeless assistance program.

In addition to his current role as a contributor and representative for India West and the South Asian community, Rishi is also practicing his commitment to advocating for strengthening education opportunities, as a Program Coordinator at the Wadhwani Foundation, where he conducts research on U.S. community college vocational training programs and assists in building partnerships with various community college systems on a city, state and national level to build more vocational training and computer-based learning programs. Rishi is fluent in English and Hindi and has volunteered to help many South Asian senior citizens living in convalescent centers but lack English language skills.

Rishi is responsible and diligent, friendly and resourceful, and I have full confidence that he will serve the Task Force well. I urge you to make his appointment swiftly.

If I can be of any further assistance, or provide you with any further information, please do not hesitate to contact me.

Sincerely,

Sandy Close Executive Director New America Media

Candy Close



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

Application for Boards, Commissions, Committees, & Task Forces	
Name of Board, Commission, Committee, or Task Force: 504666 Ordinance	<del>-</del>
Seat # or Category (If applicable): District:  Name: Allyson M. Washburn, Ph.D.	-
Home Address: Bay, St Zip: Zip: 9411	
Home Phone: 415- Occupation: College Professor	
Work Phone: 708-236-1128 Employer: National University	<del>-</del> .
Business Address: 3031 Tisch Way 544 Jose Zip: 95128	- 264
Business E-Mail: Gwashburg @ hu. edu Home E-Mail: 9mWashburg @	<b>)</b> 
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.	
Check All That Apply:	
Registered voter in San Francisco: Yes 🗹 No 🔲 If No, where registered:	-
Resident of San Francisco  Yes  No If No, place of residence:	_
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:	-
Sec affachments	

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appointments by the Board of Supervisors, appearance before uirement before any appointment can be made. (Applications ore the scheduled hearing.)	must be rece	eived 10 days
oro the contouring houringly		
te: 1/2://3 Applicant's Signature: (required)	. 5.	W. 16
te: 1/2, //3 Applicant's Signature: (required)	ypon m.	ash ohm
ease Note: Your application will be retained for one year. Once	Completed,	this form, incli
all attachments, become public record.		
R OFFICE USE ONLY:  pointed to Seat #: Term Expires: Date Seat v	vas Vacated:	

01/20/12

#### Allyson M. Washburn, Ph.D.

#### Qualifications to represent communities of interest, etc.:

I have been a member of the League of Women Voters of San Francisco since 1985, shortly after I moved to San Francisco with my young son and daughter. I served on the League's board of directors from 1987-1997 and again from 2005-2007. I was president of the League from 1993-1997. The League has been a strong advocate for good government policies and has long supported efforts to strengthen open meeting and sunshine laws.

Speaking to my demographic profile, I am currently one of just three women on the Task Force; women have tended to be underrepresented on this body in recent years. In addition, as a psychologist and a gerontologist with experience in working with older adults with mobility and cognitive challenges—and as an older woman and grandmother—I have particular expertise with matters affecting elders in San Franciscans.

#### Business and/or professional experience:

I have included a copy of my curriculum vita. I have worked in diverse settings in San Francisco during my earlier, research career: the Bayview Hunter's Point Foundation, San Francisco General Hospital, and the Jewish Home. I currently teach online courses in psychology and gerontology at the undergraduate and graduate level with a full-time position at National University and a part-time position at Saybrook University. My students come from diverse backgrounds; many are the first in their families to have attended college—as was I.

#### Community experience:

Aquatic Park Neighborhood Association Board member 2013-

Community Police Advisory Board
Community representative 2013-

City and County of San Francisco

Member, Sunshine Ordinance Task Force 2008-present

Peaceful World Foundation
Treasurer, Board of Directors 2006-2012

Older Women's League, San Francisco Chapter Vice President 2006-2007 President 2008-2010 League of Women Voters of San Francisco President, 1993-1997 Served on Board of Directors 1987 – 1997; 2005-2007

League of Women Voters of California
Member, Board of Directors; Social Policy Director 1997-1998

YWCA San Francisco/Marin/San Mateo President, 2001-2003 Member, Board of Directors 1999-2005

City and County of San Francisco, Department of City Planning Member, Local Assessment Committee 1992-1996 582 Market Street, Suite 615 • San Francisco, CA 94104 • T: (415) 989-8683 • F: (415) 989-8685 • lwvsf@lwvsf.org • www.sfvotes.org

June 19, 2012

Board of Supervisors Rules Committee Honorable Jane Kim, Chair Honorable Mark Farrell Honorable David Campos

C/O Linda Wong Clerk of the Rules Committee City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102

Re: Sunshine Ordinance Task Force Seat #5

Dear Sir/Madam:

In response to your letter of May 24, 2012 the League of Women Voters of San Francisco wishes once again to reaffirm our support for the appointment of Dr. Allyson Washburn to Seat #5. The League of Women Voters has nominating authority for Task Force Seat #5 under Section 67.30(a) of the Sunshine Ordinance. The League has long maintained that it is essential to good and accountable government to have members on any commission, task force, or committee who have institutional knowledge and experience. Dr. Washburn has been a member in good standing of the Task Force for four years and should remain in order for the body to continue to meet its obligations under the Sunshine Ordinance.

The Sunshine Ordinance Task Force cannot meet until a physically disabled person is appointed. Bruce Wolfe, who is physically disabled, was recently dismissed. Mr. Wolfe also has longstanding institutional memory and experience. The League feels that he would be an excellent appointment and strongly urges that he be reseated quickly in order for the Task Force to continue its business.

The League of Women Voters of San Francisco does not have any additional suggestions for nominations.

Sincerely,

Patricia McGovern

Lucia Neysover

President



#### LEAGUE OF WOMEN VOTERS OF SAN FRANCISCO

582 Market Street, Suite 615 • San Francisco, CA 94104 • T: (415) 989-8683 • F: (415) 989-8685 • lwvsf@lwvsf.org • www.sfvotes.org

May 24, 2012

Board of Supervisors Rules Committee Honorable Jane Kim, Chair Honorable Mark Farrell Honorable David Campos

C/O Linda Wong Clerk of the Rules Committee City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102

Re: Appointment to Sunshine Ordinance Task Force Seat #5

Dear Madam and Gentlemen:

The League of Women Voters of San Francisco urges the Rules Committee to recommend that Allyson Washburn remain in Task Force Seat #5, for which the League has nominating authority under Section 67.30(a) of the Ordinance. The League believes that Dr. Washburn's continued excellent service on the Task Force will provide needed continuity and institutional memory; this will be especially crucial if the Board accepts the Committee's recommendation to appoint new members to Seats 3, 7, 8, 9 and 10. We fully support the efforts of the Task Force to ensure that San Franciscans have full and timely access to public records and that public meetings are conducted in a way that maximizes their informed participation in the policy deliberations of the City and County.

We would appreciate your support for our recommendation that Allyson Washburn serve another term in Seat 5 on the Task Force.

Very truly yours,

Patricia McGovern

atticia Mysorrin

President

BOARD OF SUPERVISORS
SAN FRANCISCO

2012 MAY 25, PM 3: 18

#### Allyson M. Washburn, Ph.D.

#### **EDUCATION**

Ph.D./ The Johns Hopkins University, Baltimore MD

M.A. Experimental Psychology; 1992

Dissertation: "An investigation of novices' computer knowledge using a mental models approach"

Advisor: Michael McCloskey, Ph.D.

M.S.Ed. University of Southern Maine, Gorham ME

Secondary Guidance; 1976

Masters Thesis: "An examination of the behavioral and humanistic approaches to counseling:

Convergences and divergences and the possibility of rapprochement"

A.B. Hood College, Frederick MD

Psychology; 1971 (magna cum laude)

#### PROFESSIONAL EXPERIENCE (excluding teaching)

**Journal Editor** 

2006-2009 Journal of Transformative Education

Publisher: Sage Publications, Thousand Oaks, CA

**Project Director** 

2004-05 Vital Seniors Project

Saybrook Graduate School and Research Center, San Francisco

**Independent Consultant** 

1995-2008 Statistical and methodological consulting/program evaluation

Morewitz & Associates

Consultant; research design, statistical consulting

Jewish Home

Consultant; program evaluation, The Doctors Shenson Quality of Life Programs

Pain Management and Behavioral Outcomes in Patients with Dementia

Principal Investigator: Martha Buffum, D.N.Sc.

Funding: Department of Veterans Affairs

Project Coordinator; subject recruitment; data collection, management, and analysis

**Cocaine Alternative Treatments Study** 

National multicenter trial, Principal Investigator: Herbert Kleber, M.D. of the Center on

Addiction and Substance Abuse at Columbia University

Funding: Conrad N. Hilton Foundation, National Institute on Drug Abuse

Co-investigator and consultant for the University of California San Francisco site

Site Principal Investigator: James L. Sorensen, Ph.D.

Consultant for protocol issues; staff training; quality control

**Group Therapy for Childhood Depression** 

Principal Investigator: Magaly Solis, Ph.D., Kaiser Permanente, Hayward, CA

Consultant; research design, data analysis

#### Institute on Aging, 3330 Geary Blvd., San Francisco, CA 94118

1999-2002 Research Scientist

**Detecting Changes in Everyday Functioning in Diverse Elderly Populations** 

Funding: Alzheimer's Association of the Greater San Francisco Bay Area

**Principal Investigator** 

Social-cognitive Functioning in Aging and Dementia

Funding: National Institute on Aging

Principal Investigator

Weight Loss in Nursing Home Residents Treated for Depression

Funding: Bristol-Meyers Squibb

Principal Investigator; research design; data analysis

Pain Management and Behavioral Outcomes in Patients with Dementia

Principal Investigator: Martha Buffum, D.N.Sc.

Funding: Department of Veterans Affairs

Project Coordinator; subject recruitment; data collection, management, and analysis

1996-1998 Research Coordinator

Responsible for developing a research department at the Jewish Home for the Aged

**Evaluation of Day Care Programming for Nursing Home Residents** 

Study design; cognitive assessment; data analysis

#### Institute for Scientific Analysis, 1954 Lombard St., San Francisco, CA 94123

1994-95 Research Psychologist

IV Drug Use, Methadone Maintenance and AIDS

#R01DA08982-02 from the National Institute on Drug Abuse

Principal Investigator: Marsha Rosenbaum, Ph.D.

Project Director; planned and conducted data analysis; co-authored final report

#### University of California at San Francisco, Box 1336, Department of Psychiatry, San Francisco General Hospital Substance Abuse Services, San Francisco, CA 94110

1992-94 Staff Research Associate IV: SF Treatment Research Unit

Gradual Withdrawal from Chronic Buprenorphine Administration

Funded pilot study; NIDA 1-R18-DA06097, SFGH-TRU

Principal Investigator; designed study, wrote proposal, supervised staff, analyzed data

Correlates of Retention in the Outpatient Treatment of Cocaine Dependence

Unfunded study conducted at the University of California San Francisco Stimulant Treatment Outpatient Program

Principal Investigator; designed study, wrote proposal, supervised staff, analyzed data

A Multicenter Clinical Trial of Buprenorphine in the Treatment of Opioid Dependence

Study Sponsor: NIDA Medications Development Division;

Principal Investigator: Walter Ling, M.D.

Sub-investigator/Project Director at UCSF San Francisco General Hospital site; supervised staff; conducted clinical assessments (SCID) of research subjects, co-leader of support group for subjects, some individual counseling; prepared protocols and reports for institutional review boards; liaison to NIDA/MDD and other sites

With Steven L. Batki, M.D., Principal Investigator at UCSF/SFGH site

1991-92 Staff Research Associate II; SF Treatment Research Unit

#### Fluoxetine Treatment of Primary Cocaine Dependence

Funded pilot study; NIDA 1-R18-DA06097, SFGH-TRU;

Principal Investigator, Steven L. Batki, M.D.

<u>Co-investigator/Project Coordinator</u>; trained and supervised research assistants; conducted clinical assessments (SCID) of research subjects; analyzed data; prepared reports for institutional review boards

#### Fluoxetine Treatment of Cocaine Dependence in Methadone Maintenance Patients

Study funded as part of center grant to UCSF's Drug Dependence Research Center, Principal Investigator, Steven L. Batki, M.D. with Reese Jones, M.D.

Conducted clinical assessments (SCID) of research subjects

#### Bayview-Hunter's Point Foundation, 5815 Third Street, San Francisco, CA 94124

1990-91 Component Director; S F Treatment Research Unit

Scientific and administrative head of minority component of multicenter research group

#### Acupuncture as an Adjunct to Methadone Maintenance

Funded pilot study; NIDA 1-R18-DA06097, BVHP-TRU

Principal Investigator; designed study, trained/supervised research assistants, analyzed data

1988-90 Research Coordinator/Project Director

#### Trial of Acupuncture Heroin Detoxification

Contract Number D-0002-8 with the California Department of Alcohol and Drug Programs, Principal Investigator, Wayne W. Clark, Ph.D.

With Mindy T. Fullilove, M.D., Robert E. Fullilove, Ed.D., and Patricia A. Keenan, OMD <u>Project Director</u>; screened research subjects, planned and conducted data analysis, wrote reports for funding agency

#### TEACHING/TRAINING EXPERIENCE

#### **National University**

2010- Associate Professor; Department of Psychology

2008-2010 Associate Faculty, Department of Psychology

#### California Institute for Integral Studies

2009-2012 Adjunct Faculty; gerontology, health equity and planning

#### Saybrook Graduate School and Research Center

Adjunct Faculty; research methods and disciplined inquiry (online), statistics; gerontology; chair doctoral dissertations

#### University of Northern California

2001-2010 Introduction to biostatistics; design and analysis of experiments

#### National Institute on Drug Abuse

1995-99 Regional Resource Specialist

Area of specialization: Program Evaluation

#### The Johns Hopkins University

1981-84

Teaching assistant (analysis of variance, applied cognitive research, and perception)

#### Tidewater Community College, Chesapeake, VA

1976-79

Instructor in psychology; general and applied

#### Brunswick Naval Air Station, Brunswick, ME

1974

Instructor in psychology; general

#### North Hagerstown High School, Hagerstown, MD

1972

Instructor in psychology; general (Credentialed teacher - State of Maryland)

#### OTHER RELATED PROFESSIONAL EXPERIENCE

#### Tidewater Community College, Chesapeake, VA

1976-77

Clinical Supervisor

Supervised student interns working with the developmentally disabled

#### Virginia Department of Vocational Rehabilitation, Norfolk, VA

1974-75

Disability Determination Specialist

Adjudicated disability claims for Social Security and for Supplemental Security Income

#### AFFILIATIONS/COMMUNITY SERVICE (most recent)

American Psychological Society

American Psychological Association

American Society on Aging

Gerontological Society of America

#### Aquatic Park Neighborhood Association

Board member 2013-

#### Community Police Advisory Board

Community representative 2013-

#### City and County of San Francisco

Member, Sunshine Ordinance Task Force 2008-present

#### Peaceful World Foundation

Treasurer, Board of Directors 2006-2012

#### Older Women's League, San Francisco Chapter

Vice President 2006-2007

President 2008-2010

#### League of Women Voters of San Francisco

President, 1993-1997

Served on Board of Directors 1987 - 1997; 2005-2007

#### League of Women Voters of California

Member, Board of Directors; Social Policy Director 1997-1998

- YWCA San Francisco/Marin/San Mateo President, 2001-2003 Member, Board of Directors 1999-2005
- City and County of San Francisco, Department of City Planning Member, Local Assessment Committee 1992-1996

#### SELECTED PUBLICATIONS

#### **Book Chapters**

Washburn, A. M. & von Humbolt, S. (in press). Person-centred counseling with older adults. In M. Cooper, M. O'Hara, P. F. Schmid, & G. Wyatt (Eds.). The handbook of person-centred psychotherapy and counseling. New York, NY: Palgrave Macmillan.

#### Journal Articles

- Washburn, A. M. (2009). Education for exponential times. Journal of Transformative Education, 7(1), 3-7.
- Washburn, A. M. & Sands, L. P. (2006). Social cognition in nursing home residents with and without cognitive impairment. *Journals of Gerontology: Psychological Science*, 61B(3), P174-P179.
- Washburn, A. M. (2006). Continuity and change. Journal of Transformative Education, 4(1), 3-7
- Buffum, M. D., Sands, L. P., Miaskowski, C., Brod, M., & Washburn, A. M. (2004). A clinical trial of the effectiveness of regularly scheduled versus as-needed administration of acetaminophen in the management of discomfort in older adults with dementia. *Journal of the American Geriatrics Society*. 52(7), 1093-1097.
- Washburn, A. M., Sands, L. P., & Walton, P. (2003). Assessment of social cognition in frail seniors and its association with social functioning in the nursing home. *The Gerontologist.* 43, 203-212.
- Washburn, A.M. (2003). Incompetency. Magill's Encyclopedia of Social Science: Psychology.
- Washburn, A. M., Luxenberg, J., Brod, M., Steinhauer, M., & Katsap, M. (2000). "Club of Friends": Enrolling nursing home residents in an adult day program. *Journal of the American Medical Directors Association*, 2, 225-229.
- Batki, S. B. (co-author), Washburn, A. M. (co-author), Delucchi, K. & Jones, R. T. (1996). A controlled trial of fluoxetine treatment of crack cocaine dependence. *Drug and Alcohol Dependence*, 41, 137-142.
- Rosenbaum, M., Washburn, A. M., Knight, K., Kelley, M. & Irwin, J. (1996). Methadone maintenance treatment as harm reduction, defunding as harm maximization. *Journal of Psychoactive Drugs*, 28(3), 241-249.
- Kelley, M. S., Rosenbaum, M., Knight, K., Irwin, J., & Washburn, A. M. (1996). Violence: A barrier to methadone maintenance treatment for women injection drug users. *International Journal of Sociology and Social Policy*, 16(5/6), 156-177.
- Knight, K., Rosenbaum, M., Irwin, J., Kelley, M., Wenger, L., & Washburn, A. (1996). Involuntary versus voluntary detoxification from methadone maintenance treatment: The importance of choice. *Addiction Research*, 3(4).
- Washburn, A. M., Fullilove, R., Fullilove, M. T., Keenan, P. A., McGee, B, Morris, K. A., Sorensen, J. S., & Clark, W. W. (1993). Acupuncture heroin detoxification: A single-blind clinical trial. *Journal of Substance Abuse Treatment*, 10(4), 345-351.
- Sorensen, J. L., London, J., Tusel, D., Wolfe, R., & Washburn. A. Heroin overdoses: Mass media is drug users' key information source (letter). (1992) American Journal of Public Health, 82(9), 1294.
- McCloskey, M., Washburn, A., & Felch, L. (1983). The straight-down belief and its origin. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, 9, 636-649.

#### Reports; Newsletter Articles

- Washburn, A. M. (2001) Weight loss in nursing home residents treated for depression: Nefazodone versus other atypical antidepressants and the serotonin reuptake inhibitors. Report submitted to Bristol-Myers Squibb.
- Washburn, A. M. (2001) Measuring social-cognitive functioning in the frail elderly. Report submitted to the National Institute on Aging.
- Washburn, A. (1995) Benefits and costs of methadone maintenance treatment: Quantitative analysis for "IV drug use, methadone maintenance and AIDS". Report submitted to the National Institute on Drug Abuse.
- Washburn, A., Keenan, P., & Nazareno, J. (1990) Study of acupuncture-assisted heroin detoxification: Preliminary findings. *Multicultural Inquiry & Research on AIDS*, 4(1), 3-6.
- Clark, W. (August, 1990). *Trial of acupuncture detoxification (TRIAD): Final report*. Report submitted to the California Legislature; prepared by the TRIAD research staff: **Washburn**, A., Fullilove, M., Newmeyer, J., Daniels, N., & Keenan. P.
- Golden, E. & Washburn, A. (1988). TRIAD: Studying acupuncture in heroin detoxification. Multicultural Inquiry & Research on AIDS, 2, 8.

#### **Published Abstracts**

- Washburn, A., Steinhauer, M., & Carlton, M. (2002). The Doctors Shenson Quality of Life Programs: Integrating adult day care and long-term care models in a nursing home. *The Gerontologist*, 42(1), Research Library Core, 121.
- Song, Y. S., Washburn, A. M., Sorensen, J. L., Midkiff, E. E., & Kleber, H. D. (2001). Gender differences in sample selection in a randomized clinical trial for cocaine dependence. In L. S. Harris (Ed.), *Problems of Drug Dependence 2000: Proceedings of the College on the Problems of Drug Dependence*. Washington, DC: US Government Printing Office.
- Washburn, A. M., Brooks, L., Batki, S. B., Tusel, D., Nanda, N., & White, K. Withdrawal from chronic buprenorphine administration: Preliminary findings (1995). In L. S. Harris (Ed.), Problems of Drug Dependence 1994: Proceedings of the College on the Problems of Drug Dependence. Washington, DC: US Government Printing Office.
- Batki, S. L., Delucchi, K., Jacob, P., Washburn, A. M., Manfredi, L. B., & Jones, R. T. Quantitative measurement of urine benzoylecgonine: Is it a useful measure of cocaine abuse? (1995). In L. S. Harris (Ed.), *Problems of Drug Dependence 1994: Proceedings of the College on the Problems of Drug Dependence*. Washington, DC: US Government Printing Office.
- Washburn, A. M., Batki, S. B., Delucchi, K. Manfredi, L., Murphy, J., Jones, T., & Nanda, N. (1994). Predictors of outcome in a clinical trial of fluoxetine treatment of primary cocaine dependence (abstract). In L. S. Harris (Ed.), Problems of Drug Dependence 1993: Proceedings of the College on the Problems of Drug Dependence. Washington, DC: US Government Printing Office.
- Batki, S. B., Washburn, A. M., Manfredi, L. B., Murphy, J., Herbst, M., Jones, T., Nanda, N., Jacob III, P., & Jones, R. T. (1994). Fluoxetine in primary and secondary cocaine dependence: Outcome measured by quantitative benzoylecgonine concentrations (abstract). In L. S. Harris (Ed.), *Problems of Drug Dependence 1993: Proceedings of the College on the Problems of Drug Dependence*. Washington, DC: US Government Printing Office.
- Batki, S. L., Manfredi, L., Jacob, P., Delucchi, K., Murphy, J., Washburn, A., Goldberger, L., & Jones, R. T. (1993). Double-blind fluoxetine treatment of cocaine dependence in methadone maintenance (MMT) patients: Interim analysis (abstract). In L. S. Harris (Ed.), Problems of Drug Dependence 1992: Proceedings of the Committee on the Problems of Drug Dependence. Washington, DC: US Government Printing Office.

- Sorensen, J. L., London, J., Wolfe, R., Tusel, D., Washburn, A., Choi, K., & Lee, D. (1991). Alerting drug abusers to overdose threats: The media's role (abstract). In L. S. Harris (Ed.), *Problems of Drug Dependence 1990: Proceedings of the Committee on the Problems of Drug Dependence*. Washington, DC: US Government Printing Office.
- Sorensen, J. L., London, J., Tusel, D., Wolfe, R., Washburn, A., Schell, J. R., & Dumontet, R. (1990). Communication of heroin overdose information (abstract). *Pharmacology, Biochemistry, & Behavior.* 36, 432-433.

#### PRESENTATIONS (partial list)

- Washburn, A. M. (2013). Your life at 75: Students imagine their future lives. Presentation at the annual meeting of the Association for Gerontology in Higher Education, St. Petersburg, FL, March 2013.
- Washburn, A. M., Von Humbolt, S., & O'Hara, M. (2012). Genuine empathic acceptance: Rogerian person-centered psychotherapy and counseling with older adults. Presentation at the annual meeting of the *Gerontological Society of America*, San Diego, CA. November, 2012.
- **Washburn, A.M.** The "Vital" Seniors Project: From vague idea to a community movement. Presentation at *Psychotherapy Networker West*, San Fransciso, October, 2006.
- Washburn, A.M. Conscious Aging: A Baby Boomer looks ahead. California Institute for Integral Studies, San Francisco, July 2006.
- Washburn, A. M. Assessing cognitive functioning in older adults with NIDDM Kaiser-Permanente, San Francisco, February, 2005.
- Washburn, A. M., Sands, Laura, P., & Walton, Pamela, J. Assessing social-cognitive functioning in frail older adults with and without cognitive impairment. Presentation at the annual meeting of the *Gerontological Society of America*, Boston, MA, November 2002.
- Washburn, A. M., Steinhauer, M., & Korda, S. The Doctors Shenson Quality of life Programs: Integrating adult day care amd long-term care models in a nursing home. Presentation at the annual meeting of the *Gerontological Society of America*, Boston, MA, November 2002.
- Washburn, A. M. & Piotrowski, N. Click of Awareness: Family caregivers' reports of earliest signs of Alzheimer's disease and other dementias. Presentation at the annual meeting of the *Gerontological Society of America*, Chicago, IL, November 2001.
- Washburn, A. M. & Walton, P. J. Theory of mind in aging and dementia. Presentation at the annual meeting of the Gerontological Society of America, Washington, D.C., November, 2000.
- Washburn, A. M., Luxenberg, J., Brod, M., & Katsap, M. Day care in nursing home. The 37<sup>th</sup> Annual Meeting of the California Association of Homes and Services for the Aging. Monterey, CA. April, 1998.
- Washburn, A. M., Luxenberg, J., Brod, M., & Katsap, M. Evaluation of day care programming for nursing home residents. The 44<sup>th</sup> Annual Meeting of the American Society on Aging. San Francisco, March, 1998.
- Washburn, A. M., Rosenbaum, M., Irwin, J., Kelley, M. S., & Knight, K. R. Cost of methadone of maintenance treatment as a risk factor for drug use, crime, and HIV transmission. *The Fifty-seventh Annual Scientific Meeting of the College on the Problems of Drug Dependence*. Scottsdale, AZ. June, 1995.
- **Washburn, A. M.** Novices' mental models of computers: A taxonomy and general observations. *American Psychological Association*. Los Angeles, August, 1994.
- Washburn, A. M., Jones, T. J., Delucchi, K., Nanda, N., Carr, K., & Batki, S. L. Predictors of retention in the outpatient treatment of cocaine dependence. *The Sixth Annual Convention of the American Psychological Association*. Washington, DC. July, 1994.
- Washburn, A. M., Brooks, L., Batki, S. B., Tusel, D., Nanda, N., & White, K. Withdrawal from chronic buprenorphine administration: Preliminary findings. The Fifty-sixth Annual Scientific Meeting of the College on the Problems of Drug Dependence. Palm Beach, FL. June, 1994.

- Batki, S. L., Delucchi, K., Jacob, P., Washburn, A. M., Manfredi, L. B., & Jones, R. T. Quantitative measurement of urine benzoylecgonine: Is it a useful measure of cocaine abuse? *The Fifty-sixth Annual Scientific Meeting of the College on the Problems of Drug Dependence*. Palm Beach, FL. June, 1994.
- Batki, S. L., Bradley, M., Herbst, M., Jacob, P. III, Jones, T., Markman, M., Washburn, A. M., & Jones, R. T. (1994). Fenfluramine treatment of cocaine dependence: Interim analysis. *The 147th Meeting of the American Psychiatric Association*. Philadelphia, June 1994.
- Washburn, A. M., Fullilove, R., Fullilove, M. T., Keenan, P. A., McGee, B, Morris, K. A., Sorensen, J. S., & Clark, W.
   W. Acupuncture heroin detoxification: A single-blind clinical trial. The Second National Conference on Drug Abuse Research & Practice; National Institute on Drug Abuse. Washington, D.C., July 1993.
- Washburn, A. M., Batki, S. B., Delucchi, K. Manfredi, L., Murphy, J., Jones, T., & Nanda, N. Predictors of outcome in a clinical trial of fluoxetine treatment of primary cocaine dependence. The Fifty-fifth Annual Scientific Meeting of the College on the Problems of Drug Dependence. Toronto, Canada. June, 1993.
- Batki, S. B., Washburn, A. M., Manfredi, L. B., Murphy, J., Herbst, M., Jones, T., Nanda, N., Jacob III, P., & Jones, R. T. Fluoxetine in primary and secondary cocaine dependence: Outcome measured by quantitative benzoylecgonine concentrations. *The Fifty-fifth Annual Scientific Meeting of the College on the Problems of Drug Dependence*. Toronto, Canada. June, 1993.
- Batki, S. B., Washburn, A. M., Manfredi, L. B., Herbst, M., Murphy, J., & Jones, R. T. (1993). Fluoxetine for cocaine abuse: Depression & ASPD. The 146th Meeting of the American Psychiatric Association. San Francisco, CA., May, 1993.
- Batki, S. L., Manfredi, L., Jacob, P., Delucchi, K., Murphy, J., Washburn, A., Goldberger, L., & Jones, R. T. Double-blind fluoxetine treatment of cocaine dependence in methadone maintenance (MMT) patients: Interim analysis. *The Fifty-fourth Annual Scientific Meeting of the Committee on the Problems of Drug Dependence*. Keystone, CO. June, 1992.
- Washburn, A. M. Trial of acupuncture heroin detoxification. NIDA Technical Review Meeting on Acupuncture Treatment for Drug Abuse. Bethesda, MD. October, 1991.
- Sorensen, J. L., London, J., Tusel, D., Wolfe, R., Washburn, A., Schell, J. R., & Dumontet, R. Communication of heroin overdose information. *American Psychological Association*, Boston, MA. August, 1990.
- Sorensen, J. L., London, J., Wolfe, R., Tusel, D., Washburn, A., Choi, K., & Lee, D. Alerting drug abusers to overdose threats: The media's role. *The Fifty-second Annual Scientific Meeting of the Committee on the Problems of Drug Dependence*. Richmond, VA. June 1990.
- Washburn, A., Kohl, D. & McCloskey, M. The effects of instruction on naive conceptions of motion. *Eastern Psychological Association*. Philadelphia. April, 1983.
- Egeth, H., McCloskey, M., Washburn, A., McKenna, J., & Saliba, S. Juror evaluation of eyewitness testimony. *Psychonomic Society*. Minneapolis, MN. November, 1982.
- McCloskey, M., Kohl, D., & Washburn, A. Intuitive physics: Observing and interacting with moving objects. *Psychonomic Society*. Minneapolis, MN. November, 1982.
- Washburn, A. & McCloskey, M. A perceptual origin for the straight-down belief. *American Psychological Association*. Washington, DC, August, 1982.
- McCloskey, M., Kohl, D., & Washburn, A. Intuitive physics: The straight-down belief. *Psychonomic Society*, Philadelphia. November, 1981.
- McKenna, J., Mellott (Washburn), A., & Webb, E. Juror evaluation of eyewitness testimony. Eastern Psychological Association. New York. April, 1981.

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC IN RESTS COVER PAGE

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#### **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 Allyson M. Washburn

<b>•</b>	NAME OF BUSINESS ENTITY American Funds; Capital Group	NAME OF BUSINESS ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Investments (mutual funds)		
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# Board of Supervisors City and County of San Francisco SAN FRANCISCO 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714H APR -7 PM 4: 51

Application for Boards, Con	nmissions, Committees, & Task Forces
Name of Board, Commission, Committee	e, or Task Force: Sunshine Ordinance Task Force
	11 District: 4
Name: David Pilpel	
Home Address: 27th Ave	San Francisco CA Zip: 94116-1730
Home Phone:	Occupation:
Work Phone: 415 977-5578	Employer:
Business Address:	Zip:
Business E-Mail:	Home E-Mail:
the Charter must consist of elector	(a)2, Boards and Commissions established by s (registered voters) of the City and County of odies, the Board of Supervisors can waive the
Check All That Apply:	
Registered voter in San Francisco: Y	es 🔳 No 🗌 If No, where registered:
Resident of San Francisco  Yes	No If No, place of residence:
	, neighborhoods, and the diversity in lation, gender identity, types of disabilities, qualities of the City and County of San

Having served on the Sunshine Ordinance Task Force (1996-2000 and 2004-2008), the Municipal Transportation Agency Citizens' Advisory Council (2000-2003), and the Redistricting Task Force (2011-2012), I am extremely familiar with public participation and the Sunshine Ordinance. I was appointed to the Sunshine Ordinance Task Force again in 2012, and also appointed in 2012 to serve on the Public Utilities Commission Citizens Advisory Committee. A native San Franciscan, I bring a deep understanding of the City, its communities, diversity, history, and neighborhoods, along with a comprehensive view of City government in all its complexity. I support meaningful public participation in City government through access to public meetings and public records.

Assistant Manage	er, Mail Boxes	Etc. (retail po	ostal services)	, 1989-1992		
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#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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Official Use Only

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Sunshine Ordinance Task Force					
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2. Jurisdiction of Office (Check at least one box)				-	
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3. Type of Statement (Check at least one box)					· · · · · · · · · · · · · · · · · · ·
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✓ Candidate: Election year an	d office sought, if			4-7-20	13 to 4-6-2014.
4. Schedule Summary		······································			<u> </u>
Check applicable schedules or "None."	► Total	number of pages in	cluding this co	ver pa	ge:
Schedule A-1 - Investments – schedule attached	ſ	Schedule C - Income,	Loans & Rusines	e Position	rs – schedule attach
Schedule A-2 - Investments – schedule attached	·	Schedule D - Income			o soneddie allaen
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✓ None - N		sts on any schedule			
5. Verification		<del> </del>		-	<del></del>
MAILING ADDRESS STREET	CITY		STATE	ZII	ODE CODE
(Business or Agency Address Recommended - Public Document)  27th Ave	Con Francis		C 4	0444	24700
DAYTIME TELEPHONE NUMBER	San Francis	E-MAIL ADDRESS (OPTIONAL)	CA	94116	51730
( 415 ) 977-5578	•	E-MAIL ADDRESS (OPTIONAL)			
I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete	nent. I have reviewe.	I wed this statement and to t this is a public document	he best of my know	vledge the	information contain
I certify under penalty of perjury under the laws of the		•	rue and correct.		
Date Signed 04/07/2014		ignature	$\wp$		
(month, day, year)	31	1 0 1	originally signed statement	with your fili	ng 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, Committees, & Task Forces
Name of Board, Commission, Committee, or Task Force: Swishing Ordinaria Task Fire
Seat # or Category (If applicable): 4-11 District:
Name: SAMUEL McCormick, Ph.O.
Home Address: Fulton St. Zip: 94121
Home Phone: 812 - Occupation: Assistant Professor of Communication
Work Phone: 415-378-1195 Employer: Saw Francisco State University
Business Address: 1600 Holloway AVE. Zip: 94132
Business E-Mail: Mccrnck@Sfsu.eda Home E-Mail:
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.  Check All That Apply:
Registered voter in San Francisco: Yes 📝 No 🗌 If No, where registered:
Resident of San Francisco Yes No If No, place of residence:
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 a residut of the Richmond District and an academic professional Committed to Community service, public participation in local government, t joung adult education— especially civic education— in the city.

Business and/or prof	essional experience	:		
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Civic Activities:				
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Have you attended any mee	etings of the Board/Commi	ission to which you wish	appointment? Yes	]No 🗹
For appointments by th requirement before any before the scheduled h	appointment can be			
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Date: 3/5/17	Applicant's Signatu	re: (required)	A	
Please Note: Your app all attach	dication will be retaine ments, become publi		e Completed, this form	, including
FOR OFFICE USE ONLY: Appointed to Seat #:	Term Expires:	Date Seat	was Vacated:	

01/20/12

## 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) McCormick Samuel Michael 1. Office, Agency, or Court Agency Name Sunshine Ordinance Task Force, Seat 11 Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. Agency: . 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of San Francisco ☐ Multi-County \_\_\_ ☑ City of San Francisco Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2012, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2012. (Check one) O The period covered is January 1, 2012, through the date of leaving office, December 31, 2012. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_\_ the date of leaving office. \_\_\_\_ and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_ 4. Schedule Summary ► Total number of pages including this cover page: \_ Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -01-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 0 CA Fulton Street San Francisco DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL) mccrmck@sfsu.edu 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 <u>03/05/2013</u> Signature 4 (month, day, year) (File the originally signed statement with your filing official.)

#### Wong, Linda (BOS)

From:

SOTF

Sent:

Tuesday, March 05, 2013 4:24 PM

To: Subject: Wong, Linda (BOS)
FW: Service to the SOTF

Attachments:

McCormick -- SOTF Application.pdf

FYI...

Best regards,

Andrea Ausberry

**Board of Supervisors** 

From: Samuel Mccormick [mailto:mccrmck@sfsu.edu]

Sent: Tuesday, March 05, 2013 2:04 PM

To: SOTF

Subject: Re: Service to the SOTF

Dear Ms. Ausberry,

Thank you again for all your helpful and encouraging correspondence. I just submitted my application for Seat 11 on the SOTF to Linda Wong. (I've also attached my application to this note, in case you need it.) All my fingers are crossed for a chance to join the task force!

Sam

Samuel McCormick
Assistant Professor
Communication Studies Department
San Francisco State University
<a href="http://communicationstudies.sfsu.edu/Samuel-McCormick">http://communicationstudies.sfsu.edu/Samuel-McCormick</a>

From: SOTF < sotf@sfgov.org>

**Date:** Monday, March 4, 2013 10:24 AM **To:** Sam McCormick < mccrmck@sfsu.edu>

Subject: RE: Service to the SOTF

Mr. McCormick,

Thank you for your interest. There is an application process. Please follow the link provided in my March 1<sup>st</sup> email for policy and procedures, application, and documents to accompany the application.

Please contact Linda Wong if you have any further questions. Also, all items must be submitted to Linda Wong (linda. wong@sfgov.org).

Best regards,

Andrea Ausberry

**Board of Supervisors** 

From: Samuel Mccormick [mailto:mcc...ick@sfsu.edu]

Sent: Saturday, March 02, 2013 10:19 AM

To: SOTF

Subject: Re: Service to the SOTF

Dear Ms. Ausberry,

Thanks for your quick and thoughtful reply. I would love to fill Seat 11 on the SOTF. And I would be more than happy to continue serving on the committee past April 27, if this option exists.

Attached is my professional resume/cv for your review. And below, in the link attached to my signature, is some more information about my qualifications. In addition to the areas of expertise I mentioned in my first note -- public culture, censorship, and local American civic life — I should also mention that the central topic of my second book project, "Elementary Republics: Neighbors and Citizens in Local American Civic Life," is citizen access and citizen participation in local government, which lines up perfectly with the description Seat 11!

So, as you might imagine, I am VERY excited about the prospect of joining the SOTF. And I would welcome an opportunity to discuss my interest, my qualifications, or anything else with the group. I'm available anytime at 812-606-1768 (my cell).

Thanks again for your consideration, and I hope to hear from you soon,

Sam

Samuel McCormick
Assistant Professor
Communication Studies Department
San Francisco State University
http://communicationstudies.sfsu.edu/Samuel-McCormick

From: SOTF <sotf@sfgov.org>

**Date:** Friday, March 1, 2013 3:16 PM **To:** Sam McCormick < mccrmck@sfsu.edu>

Subject: RE: Service to the SOTF

Mr. McCormick,

Thank you for your interest in serving on the Sunshine Ordinance Task Force. Currently there are four (4) vacancies on the Task Force. Please click on the following link for the Vacancy Notice:

http://www.sfbos.org/index.aspx?page=3115

You may contact Linda Wong, Assistant Clerk, Rules Committee 415.554.7719 for further information regarding vacancies.

Best regards,

Andrea S. Ausberry
Administrator

Sunshine Ordinance Task Force
Office 415.554.7724 | Fax 415.554.5163
sotf@sfgov.org | www.sfbos.org
City Hall, 1 Dr. Carlton B. Goodlett Place, Rm. 244

#### San Francisco, CA 94102 Follow Usl | Twitter

Complete a Board of Supervisors Customer Service Satisfaction form by clicking HERE

From: Samuel Mccormick [mailto:mccrmck@sfsu.edu]

Sent: Friday, March 01, 2013 12:56 PM

To: SOTF

Subject: Service to the SOTF

Hello,

I'm an assistant professor of Communication Studies at San Francisco State University, with expertise in public culture, censorship, and local American civic life, and I am wondering if there's anyway for me to lend a hand with the Sunshine Ordinance Task Force. Are there any open — or soon to be open — seats on the task force? Or any other ways that I might be of service?

Thanks for considering this request, and I hope to hear from you soon,

Sam

SamSamuel McCormick
Assistant Professor
Communication Studies Department
San Francisco State University
<a href="http://communicationstudies.sfsu.edu/Samuel-McCormick">http://communicationstudies.sfsu.edu/Samuel-McCormick</a>

From:

Samuel McCormick [mccrmck@sfsu.edu]

Sent:

Tuesday, May 13, 2014 11:25 AM

To:

Miller, Alisa

Subject:

Re: Application: Sunshine Ordinance Task Force

Hi Alisa,

Yes, it's been a long while since I submitted my application, so I'm very excited to hear that it's now being considered. And yes, all the information on my application is still correct. See you Thursday!

Sam

Samuel McCormick
Assistant Professor
Communication Studies Department
San Francisco State University
http://communicationstudies.sfsu.edu/Samuel-McCormick

From: <Miller>, Alisa <alisa.miller@sfgov.org>
Date: Tuesday, May 13, 2014 10:38 AM
To: Sam McCormick <mccrmck@sfsu.edu>

Subject: Application: Sunshine Ordinance Task Force

Good Morning Samuel,

It was been brought to my attention that your application for the Sunshine Ordinance Task Force is over a year old. We normally only keep applications for one year, but since the Task Force seats have been pending can you please just confirm that the information on the application and Form 700 is still up to date and current?

#### Alisa Miller

Assistant Clerk
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
415.554.4447 direct | 415.554.5163 fax
alisa.miller@sfgov.org

Click **HERE** to complete a Board of Supervisors Customer Service Satisfaction form.

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From: Sent:

Sarah Crabtree [slc123@sfsu.edu] Thursday, May 15, 2014 1:47 PM

To:

Quizon, Dyanna (BOS); Ronen, Hillary; Low, Jen (BOS); Miller, Alisa

Subject:

in support of Samuel McCormick

Dear members of the City's Sunshine Ordinance Task Force,

I am writing today in support of Samuel McCormick's candidacy for the open seat on your task force.

I have known Sam for two years as a colleague and a friend. As a result, I have had numerous opportunities to engage him on a range of academic, political, and personal issues. I have always been most impressed by Sam's deep commitment to the idea and the ideal of shared governance. He immediately began to contribute to our institution - running for offices on the college and university—level his very first year. This early commitment to SFSU was impressive, as I believe he was the only member of our incoming cohort (composed of at least 22 new faculty members) to undertake these responsibilities.

In his dealings with students and colleagues, Sam has a passion for fairness in keeping with SFSU's social justice mission. His work in his community (Richmond) has also been impressive, as Sam has embraced the opportunity to work with his neighbors on several civic projects.

Sam is committed to issues of equity and transparency, as evidenced by his work on behalf of those communities in which he works and he lives with his wife Heather and (soon-to-be!) daughter. It is for this passion and dedication that I urge you to consider his candidacy for the open seat on the City's Sunshine Ordinance Task Force.

Please don't hesitate to contact me with any questions.

Sincerely, Sarah

----

Sarah Crabtree, PhD Assistant Professor of History San Francisco State University slc123@sfsu.edu

From:

Erik Johnson [erikrjohnson@me.com] Thursday, May 15, 2014 12:43 PM

Sent:

Tang, Katy (BOS); Quizon, Dyanna (BOS); Campos, David (BOS); Ronen, Hillary; Yee,

To:

Norman (BOS); Low, Jen (BOS); Miller, Alisa

Subject:

Letter of Support for Dr. Samuel McCormick

Dear Supervisors Katy Tang, David Compos, Norman Yee, and Clerk Alisa Miller,

I write in support of Dr. Samuel McCormick's candidacy for an open seat on the City of San Francisco's Sunshine Ordinance Task Force. I am a Ph.D. student and graduate instructor at Northwestern University in Evanston, Illinois, and I'm currently a resident of Santa Barbara, California. I've known Sam for over fifteen years, since we were both undergraduate students at Indiana University. Over that time, I have been continually impressed with Sam's work to extend the reach of democracy to underserved populations and unite his teaching with community service. He would be an ideal addition to the Sunshine Ordinance Task Force. I can think of no one better suited to protect the public's interest by advising on matters of citizen engagement and government transparency.

In his research and teaching, Sam investigates the possibilities of participation in local government and uses methods of communication studies and civic education to enrich the full meaning and mandate of democracy for ordinary citizens. If you consult his curriculum vitae, you'll notice that his research has consistently won the highest awards and accolades in our field. However, what I want to focus on is the laudable ways in which he combines his award-winning teaching with an enduring commitment to acts of community service. For as long as I've known him, Sam has been a truly engaged scholar. As an Assistant Professor at San Francisco State University, Sam's courses regularly challenge students to think about the role of the civic arts during their time at university and beyond. I've observed firsthand how Sam's innovative teaching methods work to extend lessons from the classroom to the community. In short, Sam combines unique abilities and experiences to serve on the Sunshine Ordinance Task Force.

Thank you. If you have any further questions or want to discuss Sam's candidacy, please don't hesitate to contact me. I am available at erikrjohnson@me.com or (773) 319-2990.

Sincerely,

Erik Johnson

From:

Rudolph E Busby [rbusby@sfsu.edu]

Sent:

Wednesday, May 14, 2014 3:59 PM

To:

Miller, Alisa

Cc: Subject: Samuel McCormick
Dr. Samuel McCormick and the Sunshine Ordinance Task Force

#### Dear Clerk Miller:

I am Dr. Rudolph Busby, a colleague of Dr. Samuel McCormick in the Communication Studies Department here at San Francisco State University. I am sending this message to you and to other Supervisors on the Board in support of Sam McCormick's pursuit of the open seat on the Sunshine Ordinance Task Force. Over the years Sam has used his classroom instruction, his academic advising, and his promotion of internships to prepare many bright students for civic and community involvement. The applied side of his theoretical discipline (i.e., Rhetoric and Rhetorical Theory) and his undisputed mastery of it makes Sam an excellent fit for the task force. One of his recent publications, *LETTERS TO POWER*, identifies rhetorical strategies letter writers used when addressing the eminence to whom the letters were directed. The most respected professional organization in our discipline ranked that work highest of all scholarly books in the discipline in 2013. But then, despite his undisputed achievements, Sam is not a walking encyclopedia. Beyond the cold surface his academic prowess is a warm, thoughtful, pleasant person in possession of a keen wit, a delightful sense of humor, and a low-key demeanor that makes him both accessible and approachable. With much respect to Sam and to the San Francisco Board of Supervisors, I gladly submit this message of support.

Rudolph E. Busby, Ph.D. Professor, Communication Studies 415-584-8123

From:

michael.vicaro@gmail.com on behalf of Michael Vicaro [mpv2@psu.edu]

Sent:

Thursday, May 15, 2014 9:11 AM

To: Cc: Tang, Katy (BOS); Campos, David (BOS); Yee, Norman (BOS) Quizon, Dyanna (BOS); Ronen, Hillary; Low, Jen (BOS); Miller, Alisa

Subject:

Support for Samuel McCormick for SOTF

#### Greetings!

I'm writing to voice my support for Samuel McCormick's candidacy for a seat on the Sunshine Ordinance Task Force. I have known Dr. McCormick for over a decade and in that time I have come to regard him as an exemplary academic and community-minded professional. Dr. McCormick is deeply committed to cultivating robust civic culture and he brings vibrant intellectual energy to everything he does. Moreover, I know that he is strongly committed to fostering the kind of open communication needed to sustain everyday democratic decision-making. And so, I wholeheartedly and without reservation recommend that Samuel McCormick be selected for this position.

Sincerely,
Michael P. Vicaro, Ph.D.
Assistant Professor of
Communication
The Pennsylvania State University
Greater Allegheny Campus
mpv2@psu.edu

From: Sent: karen lovaas [drklovaas@att.net] Wednesday, May 14, 2014 8:50 PM

To:

Tang, Katy (BOS); Quizon, Dyanna (BOS); Campos, David (BOS); Ronen, Hillary; Yee,

Norman (BOS); Low, Jen (BOS); Miller, Alisa

Cc:

Karen Lovaas

Subject:

Samuel McCormick for open seat on SF Sunshine Ordinance Task Force!

Good evening. I write in strong support of the candidacy of Samuel McCormick for a seat on the Sunshine Ordinance Task Force.

Sam has done and continues to do important reason related to transparency and citizen participation in government. He is a terrific professor, colleague, researcher, and citizen. I work across the hall from Sam and regularly see him meeting with students, serving on committees, interacting with colleagues. He is highly esteemed, greatly enjoyed, and deeply appreciated by students, faculty, staff, and administrators. Sam brings an impressive breadth of and depth of knowledge relevant to what I believe is the work of this task force, as well as a genuine commitment to the community in which he resides and its effective, inclusive governance.

I recommend Sam McCormick highly and without reservation! I have no doubt that he will be a tremendous asset to the Sunshine Ordinance Task Force.

Best regards,

Karen Lovaas, Ph.D.

Associate Professor of Communication Studies and Co-Director of Global Peace, Human Rights, and Justice Studies at San Francisco State University

From:

Christina Sabee [christina.sabee@gmail.com]

Sent:

Wednesday, May 14, 2014 1:58 PM

To:

Tang, Katy (BOS); Campos, David (BOS); Yee, Norman (BOS)

Cc:

Ronen, Hillary; Quizon, Dyanna (BOS); Low, Jen (BOS); Miller, Alisa; Samuel McCormick

Subject:

Samuel McCormick

Greetings Rules Committee members,

I'd like to write a short note showing my hearty support for my colleague, Dr. Sam McCormick, as a candidate for an open seat on the Sunshine Ordinance Task Force. Two years ago, I was a member of the hiring committee that brought Dr. McCormick to San Francisco and next year, I will serve as Dr. McCormick's department chair. I, myself, have been a San Francisco resident since 2000.

A politically minded and incredibly intelligent citizen such as Sam would be a wonderful addition to this task force. He has spent more than a decade dedicating his career toward the study and demystification of the public political communication process, and he was especially eager to explore the nuances of pubic political communication and culture in San Francisco. Sam is a careful listener and critical consumer of information, and he understands very well the ways in which pubic information can be disseminated and interpreted. His expert advice on these topics would be invaluable.

I have also found Sam to be a thoughtful and dependable colleague. In addition to advancing his own writing and study of public political communication and culture, he has eagerly jumped into being a solid community member in our department. He has chaired committees, provided thoughtful and constructive insight in department meetings, taught excellent classes that challenge and grow our students, and has maintained a professional, constructive persona throughout all of it. I feel confident that, when approached for his advice, Sam always thoughtfully considers the many perspectives that might be informative and constructs his advice with all of those in mind.

Sam is also a careful decision maker. I have not known Sam to make decisions lightly and have observed how his careful questioning and note-taking have informed his opinions. In that spirit, Sam has immersed himself in San Francisco's public culture from his arrival here -- taking in the culture and becoming a part of it wholeheartedly.

I am happy to entertain any questions or clarifications you may have regarding my note. Thank you for your consideration of my thoughts,

Christina

\*\*\*\*\*\*\*\*

Christina Sabee, PhD Associate Professor Communication Studies San Francisco State University

בששש/בששש ב־שסש



# 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, Committees, & Task Forces                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Board, Commission, Committee, or Task Force: Sunshine Ordinance                                                                                                                                                                                                 |
| Seat # or Category (If applicable): Seats 6-11  District: 9                                                                                                                                                                                                             |
| Name: Lee Anthony Hepner                                                                                                                                                                                                                                                |
| fome Address: Alabama St. Zip: 94110                                                                                                                                                                                                                                    |
| Home Phone: (949) Occupation: Attorney                                                                                                                                                                                                                                  |
| Work Phone: (415) 912-5950 Employer: Leigh Legal LLP                                                                                                                                                                                                                    |
| Business Address: 744 Montgomery St., Fifth Floor, San Francisco, CA Zip: 94111                                                                                                                                                                                         |
| Business E-Mail: lee@leighlegal.com Home E-Mail: lee.a.hepner@                                                                                                                                                                                                          |
| Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement. |
| Check All That Apply:                                                                                                                                                                                                                                                   |
| Registered voter in San Francisco: Yes 🔳 No 🗌 If No, where registered:                                                                                                                                                                                                  |
| Resident of San Francisco  Yes No If No, place of residence:                                                                                                                                                                                                            |

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:

In both my personal and professional life, I am committed to the procurement and affirmation of civil rights for all. As an openly gay man in San Francisco, I am determined to represent the interests and concerns of the LGBTQ community and of other minority communities. Through my work experience and civic engagement, described in more detail below, I have learned over and again that the interests and concerns of the LGBTQ community overlap with those of other minority communities and have found common ground with individuals and groups that have experienced unique histories of discrimination and overcoming barriers to civic engagement. I am grateful to live in a city that has led the nation in breaking down barriers to LGBTQ civic engagement and am ever-mindful of the importance of LGBTQ representation at all levels of government. Separately, having come of age in the digital era, I am acutely aware of both the great possibilities and peculiar limitations of an online world. My thorough understanding of new technology has provided me with a nuanced understanding of topics ranging from transparency and openness to privacy and security. I am proud of my ability to put a human face to these often theoretical technological concepts and to understand the implications of new technology on various communities.

#### Business and/or professional experience:

As an attorney in San Francisco, specializing in public interest-oriented civil litigation, my practice includes both ensuring citizen access to government and consumer protection through access to information. I have extensive experience with the often-complex procedures involved with subpoending documents from a variety of public departments and agencies. I am consistently involved with negotiating the boundaries of various privileges, including rights to privacy, attorney-client, work product, and federal deliberative process privileges. I have also used the California Public Records Act in the context of administrative proceedings and, in doing so, learned the intricacies of this tool for transparency. In all of these contexts, I have necessarily balanced the public's interest in transparency and openness with the aforementioned privileges and complex limitations of government bureaucracy.

#### **Civic Activities:**

I am currently the Executive Board Organizer of the Harvey Milk LGBT Democratic Club, in which capacity I perform a variety of functions ranging from membership outreach, publicizing dates and times of hearings relevant to the Club's agenda, to providing legal analysis to Club members of pending and existing legislation. As part of my work with the Club and as part of my commitment to securing civil rights on the local level. I have on multiple occasions come before the Board of Supervisors and various committees to provide public comment. Through this experience, I've gained a greater appreciation for the notice and process associated with public hearings. Aside from my experience with the Harvey Milk Club, I am a certified legal observer with the National Lawyers Guild and am intimately engaged with municipal law and

| procedure through my business and professional experience, descr                                                                                     | ibed above.                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Have you attended any meetings of the Board/Commission to which yo                                                                                   | u wish appointment? Yes No                                                                                                                |
| For appointments by the Board of Supervisors, appearance requirement before any appointment can be made. (Application before the scheduled hearing.) | before the RULES COMMITTEE is a ations must be received 10 days                                                                           |
|                                                                                                                                                      |                                                                                                                                           |
| Date: 3/21/2014 Applicant's Signature: (required)                                                                                                    | Lee Anthony Hepner                                                                                                                        |
|                                                                                                                                                      | (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 all attachments, become public record.                                                   | Once Completed, this form, including                                                                                                      |
| FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires: Date                                                                                         | Seat was Vacated:                                                                                                                         |
| 01/20/12                                                                                                                                             |                                                                                                                                           |



#### GONZALEZ & LEIGH LLP

#### **FACIMILE TRANSMISSION**

744 Montgomery Street, Fifth Floor San Francisco, CA 94111 Tel: 415-912-5950 Fax: 415-912-5951 www.gonzalezleigh.com

DATE:

March 21, 2014

TO:

The Board of Supervisors

TEL: 415-554-5184 FAX: 415-554-7714

FROM:

Lee Anthony Hepner

TEL: 415-912-5950 FAX: 415-912-5951

3

# OF PAGES (INCLUDING COVER)

RE:

Application for Sunshine Ordinance Task Force

MESSAGE: Please see attachment.

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### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

Please type or print in ink.

| NAME OF FILER                                       | (LAST)                                                                                                                                                                                                                                                      | <u> </u>                              | (FIRST)                                          | (MIDDLE)                                               |  |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|--------------------------------------------------------|--|
| Hepner                                              |                                                                                                                                                                                                                                                             | Lee                                   |                                                  | Anthony                                                |  |
| 1. Office, Agency, or                               | Court                                                                                                                                                                                                                                                       |                                       |                                                  |                                                        |  |
| Agency Name (Do not us                              | e acronyms)                                                                                                                                                                                                                                                 | · · · · · · · · · · · · · · · · · · · | <del></del>                                      |                                                        |  |
| Sunshine Ordinance                                  |                                                                                                                                                                                                                                                             |                                       |                                                  | •                                                      |  |
| Division, Board, Departmen                          | nt, District, if applicable                                                                                                                                                                                                                                 |                                       | Your Position                                    |                                                        |  |
| ► If filing for multiple posi                       | tions, list below or on an attac                                                                                                                                                                                                                            | hment. (Do not us                     | e acronyms)                                      |                                                        |  |
| Agency:                                             |                                                                                                                                                                                                                                                             |                                       | Posítion:                                        |                                                        |  |
| 2. Jurisdiction of Offi                             | Ce (Check at least one box,                                                                                                                                                                                                                                 | )                                     |                                                  |                                                        |  |
| State                                               |                                                                                                                                                                                                                                                             | •                                     | ☐ Judge or Court (                               | Commissioner (Statewide Jurisdiction)                  |  |
| Multi-County                                        |                                                                                                                                                                                                                                                             |                                       |                                                  | ,                                                      |  |
| City of San Francis                                 | SCO                                                                                                                                                                                                                                                         |                                       |                                                  |                                                        |  |
| ——————————————————————————————————————              |                                                                                                                                                                                                                                                             |                                       |                                                  | · v                                                    |  |
| 3. Type of Statement                                | (Check at least one box)                                                                                                                                                                                                                                    |                                       |                                                  |                                                        |  |
| Annual: The period of December 3                    | overed is January 1, 2013, thre<br>1, 2013.                                                                                                                                                                                                                 | ough                                  | Leaving Office:<br>(Check one)                   | Date Left                                              |  |
| The period c<br>December 3                          | overed is/                                                                                                                                                                                                                                                  | , through                             | <ul> <li>The period of leaving office</li> </ul> | overed is January 1, 2013, through the date of e.      |  |
| Assuming Office: Da                                 | ite assumed                                                                                                                                                                                                                                                 | <del></del>                           |                                                  | overed is, through eaving office.                      |  |
| Candidate: Election y                               | ear ar                                                                                                                                                                                                                                                      | nd office sought, if                  | different than Part 1:                           |                                                        |  |
| 4. Schedule Summary                                 | 1                                                                                                                                                                                                                                                           |                                       |                                                  |                                                        |  |
| Check applicable schedul                            | es or "None."                                                                                                                                                                                                                                               | ► Total                               | number of pages in                               | cluding this cover page:                               |  |
| Schedule A-1 - Investr                              | nents - schedule attached                                                                                                                                                                                                                                   | [                                     | Schedule C - Income,                             | Loans, & Business Positions - schedule attached        |  |
|                                                     | nents - schedule attached                                                                                                                                                                                                                                   |                                       | Schedule D - Income                              | - Gifts - schedule attached                            |  |
| Schedule B - Real Pro                               | pperty - schedule attached                                                                                                                                                                                                                                  |                                       | Schedule E - Income                              | - Gifts - Travel Payments - schedule attached          |  |
| ,                                                   | ✓ None - N                                                                                                                                                                                                                                                  | -or-<br>lo reportable interes         | sts on any schedule                              |                                                        |  |
| 5. Verification                                     |                                                                                                                                                                                                                                                             |                                       |                                                  |                                                        |  |
| MAILING ADDRESS<br>(Business or Agency Address Reco | STREET                                                                                                                                                                                                                                                      | CITY                                  | *                                                | STATE ZIP CODE                                         |  |
| Alabama Stree                                       | ·                                                                                                                                                                                                                                                           | San Francis                           | <b>CO</b>                                        | CA 94110                                               |  |
| DAYTIME TELEPHONE NUMBER                            |                                                                                                                                                                                                                                                             |                                       | E-MAIL ADDRESS (OPTIONAL)                        |                                                        |  |
| ( 949 )                                             |                                                                                                                                                                                                                                                             |                                       | lee@leighlegal.com                               |                                                        |  |
|                                                     | have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein 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 Californi                    | a that the foregoing is                          | rue and correct.                                       |  |
| Date Signed 03/25/2014                              | 4                                                                                                                                                                                                                                                           | Sid                                   | Inature (                                        | h                                                      |  |
| -                                                   | (month, day, year)                                                                                                                                                                                                                                          |                                       |                                                  | originally (ched statement with your filing official.) |  |

#### LAW OFFICES OF WHITNEY LEIGH

744 Montgomery Street, Fifth Floor San Francisco, CA 94111 Tel: 415-912-5950 Fax: 415-912-5951 www.leighlegal.com

May 15, 2014

#### VIA EMAIL AND U.S. MAIL

Mr. David Campos
Ms. Katy Tang
Mr. Norman Yee
CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

#### Re: Sunshine Ordinance Task Force Applicant Lee A. Hepner

Dear Supervisors Campos, Tang, and Yee:

I write in support of Lee Hepner's application for a seat on the Sunshine Ordinance Task Force. Lee has worked as an attorney in my office for several years. Through working with Lee, I can attest to his work ethic, advocacy for open government, transparency, and consumer protection. These are values and ideas on which we work together to further.

I can also attest to Lee's character and effective approach to working through procedural and substantive challenges. Lee has proven himself to be adept at facilitating productive conversations with opposing interests through mediation and settlement conferences. He has also proven himself to be un-phased by periodic spikes in the workload, aided in part by his organizational skills and his dedication to the work before him. Lee is respectful, conscientious, and detail oriented. These skills will be of substantial use in service on the Task Force.

Lastly, Lee is a critical and pragmatic thinker. When called upon to develop litigation strategy, he is flexible with his approach while always keeping the ultimate goal in clear sight. I have no doubt that Lee will bring this same skill set to the Task Force, particularly with respect to working with other members to make the Task Force as effective as possible.

Mr. David Campos Ms. Katy Tang Mr. Norman Yee Re: Lee A. Hepner May 15, 2014 Page 2

I highly recommend Lee for a seat on the Sunshine Ordinance Task Force. Please feel free to contact me with any follow up questions.

Very truly yours,

LAW OFFICES OF WHITNEY LEIGH

G. Whitney Leigh

GWL:lr

cc Ms. Hillary Ronin

Ms. Dyanne Quizon

Ms. Jen Low

Ms. Alisa Miller

From: Sent:

Tom Temprano [president@milkclub.org]

Wednesday, May 14, 2014 4:01 PM

To:

Miller, Alisa

Subject:

Fwd: Letter Of Support For Lee Hepner's Appointment To The Sunshine Ordinance Task

Force

----- Forwarded message -----

From: Tom Temprano < president@milkclub.org >

Date: Mon, May 12, 2014 at 3:40 PM

Subject: Letter Of Support For Lee Hepner's Appointment To The Sunshine Ordinance Task Force

To: <u>David.Campos@sfgov.org</u>, <u>Katy.Tang@sfgov.org</u>, <u>Norman.Yee@sfgov.org</u> Cc: Jen.Low@sfgov.org, <u>Dyanna.Quizon@sfgov.org</u>, <u>Hillary.Ronen@sfgov.org</u>



Dear Supervisors David Campos, Katy Tang, and Norman Yee:

As co-Presidents of the Harvey Milk LGBT Democratic Club, we write in support of Lee Hepner's application for a seat on the Sunshine Ordinance Task Force. Since its inception the Harvey Milk Club has been committed to ensuring that LGBT voices are present in city government. Harvey Milk himself founded our club because he firmly believed that members of our community needed a seat at the table on every commission, board and task force. Since that time we have actively advocated for LGBT representation at City Hall and are proud to do so today and encourage you to appoint Lee Hepner to the Sunshine Ordinance Task Force.

Throughout his multi-term tenure on the Executive Board of the Harvey Milk LGBT Democratic Club, Lee has demonstrated a fervent commitment to understanding and engaging in local government process. He

has attended numerous board and mmittee hearings and provided public ment on behalf of the Harvey Milk Club. His demonstrated participation in government hearings is indicative of his broader commitment to the fundamental tenets of representative democracy, such as openness and transparency of procedure. At the Club's annual dinner in 2013, we gave Lee the honor of presenting an award to open government advocates Chelsea Manning and Daniel Ellsberg, based on Lee's commitment and enthusiasm for these issues.

In his role on the Harvey Milk Club's Executive Board, we value Lee's soundness of judgment and desire to hear all sides of an issue before rendering his own thoughts or opinions on a subject. He is level-headed in all situations and strives for objectivity. His capacity as an attorney has been valuable to the Club, particularly when the Club is grappling with the nuance of an existing or proposed piece of legislation. We often rely on Lee to confirm that the club is in compliance with the government codes that govern us and he does so dutifully and thoroughly. His commitment to housing issues in particular has helped the Club understand the legal ramifications of various court opinions and existing landlord-tenant law, as well as in charting our goals for what the future of housing rights in our City should look like. Lee has provided value not only as an advocate for the Club, but also as a rational thinker and decision maker.

Based on our working relationship and friendship with Lee both inside and outside of the Harvey Milk Club, we believe he would be a valuable addition to the Sunshine Ordinance Task Force. We welcome any further inquiry about his background or experience with the Club and are happy to schedule a meeting to discuss our support for Lee with you in greater detail should you desire

Yours truly,

Tom Temprano and Laura Thomas

Co-Presidents, Harvey Milk LGBT Democratic Club

Tom Temprano & Laura Thomas Co-Presidents, Harvey Milk LGBT Democratic Club president@milkclub.org (415)622-5301 www.milkclub.org Tom Temprano
President, Harvey Milk LGBT Democratic Club
president@milkclub.org
(415)622-5301
www.milkclub.org

#### Miller, Alisa

From:

Cynthia Crews [cynthia.crews@gmail.com]

**Sent:** Wednesday, May 14, 2014 9:52 PM

To:

Campos, David (BOS); Tang, Katy (BOS); Yee, Norman (BOS); Avalos, John (BOS)

Cc:

Low, Jen (BOS); Quizon, Dyanna (BOS); Ronen, Hillary; Miller, Alisa; Pollock, Jeremy (BOS)

Subject:

RE: Lee Hepner, Applicant for Sunshine Ordinance Task Force

-- For Consideration at Rules Committee 5/15/2014 --

Dear Supervisors,

I am writing in support of Lee Hepner for appointment to the Sunshine Ordinance Task Force.

I know Mr. Hepner through his work with the Harvey Milk LGBT Democratic Club. His qualifications, however, go further than the experience he brings from his work with this organization. His work as an attorney focuses on issues of transparency that are significantly related to the work that is carried out on the Sunshine Ordinance Task Force. I feel his expertise and enthusiasm would be a great asset.

Mr. Hepner's dedication to civil rights, social justice and public service is genuine. He is professional and committed, and I recommend him without hesitation.

Best regards,

Cynthia Crews

#### Miller, Alisa

From: Sent: fred - [firecircus@hotmail.com] Wednesday, May 14, 2014 5:37 PM

To:

Miller, Alisa

Subject:

Sunshine Ordinance Task Force

I am writing in support of Lee Hepner for a seat on the Sunshine Ordinance Task Force. Lee is a solid advocate for transparent government. He is fair and diligent in all the work I have seen him do. I know him from his work in the community both at the Harvey Milk LGBT Democratic Club and community projects. I could not imagine someone better for this position. After seeing the corruption in other cities I am happy that San Francisco prioritizes open, transparent government operations and I think Lee would be a great addition to this task force.

Sarah "fred" Sherburn-Zimmer



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

|                                                              | , Commissions, Committees, & Ta                                                                                                | An Tools Cours |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|
| Name of Board, Commission, Corr                              | Sunshine Ordinan<br>nmittee, or Task Force:                                                                                    | ice lask Force |
| Seat # or Category (If applicable): Dis                      |                                                                                                                                | istrict:       |
| Louise E. Fischer Name:                                      |                                                                                                                                |                |
| Home Address: Bache Street S                                 | San Francisco, CA                                                                                                              | 94110<br>Zip:  |
| Home Phone:                                                  | Networking Manager Occupation:                                                                                                 |                |
|                                                              | Currently in transition Employer:                                                                                              |                |
| Business Address:                                            |                                                                                                                                | Zip:           |
|                                                              | loufischer@<br>Home E-Mail:                                                                                                    |                |
| Pursuant to Charter Section 4 the Charter must consist of el | I.101 (a)2, Boards and Commissions ed<br>lectors (registered voters) of the City a<br>ther bodies, the Board of Supervisors of | stablished by  |
| Check All That Apply:                                        |                                                                                                                                | •              |
| Registered voter in San Francis                              | co: Yes 🔳 No 🗌 If No, where registe                                                                                            | red:           |
| Resident of San Francisco                                    | Yes No If No, place of residence:                                                                                              |                |
| •                                                            |                                                                                                                                |                |

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 served on the Sunshine Ordinance Task Force as Vice-Chair for the past 2 years and in that time, I have seen first-hand how important the Ordinance is to help people understand the types of documents that are public and available for inspection. I have lived in SF for 24 years and in that time have been very active in many non-profit and community based organizations (CBOs.) I was a Board of Director for a CBO that focused on quality of life issues for seniors, job training and educational support for at-risk youth and development of affordable housing for citizens of San Francisco. In addition, I served as an officer on the Board of Directors of San Francisco Pride, an organization that represents the interests of many demographics and is committed to embracing the diversity of ethnicity, race, age, sex, sexual and gender identity while ensuring full access for the disability community. I have volunteered my time and services to many other organizations and campaigns that further the goal of inclusion and acceptance for disenfranchised and marginalized groups.

| Business and/or professional experience:                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I have over 25 years of business, managerial and technical experience. I have worked in very large corporations and several very small start-ups. My management style is collaborative; the majority of positions that I have held have involved leading and cooperating with teams across broad functional groups to ensure success of a product (or project.) I'm very familiar with the challenge of listening to differing viewpoints while       |
| maintaining the required objectivity to make fair and impartial decisions.                                                                                                                                                                                                                                                                                                                                                                            |
| Civic Activities:                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Past or Current Board Member/Leader of the following organizations: Bernal Heights Neighborhood Center (CBO,) LGBT Alliance of the SF Jewish Federation, Hopland Music Festival, Fabulosa Festival of Music, Art and Film, Alice B. Toklas LGBT Democratic Club, Gay and Lesbian Victory Fund, Project Homeless Connect (Team Lead,) Emerge California Leadership Program (Class of 2009) and Sunshine Ordinance Task Force, Vice Chair (2012 - 2014) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes No                                                                                                                                                                                                                                                                                                                                                         |
| For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Date: 3/4/2014 Applicant's Signature: (required)                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>Please Note</u> : 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 #: Date Seat was Vacated: 01/20/12                                                                                                                                                                                                                                                                                                                                                                                                  |

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

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| <i>P1</i> 0 | lease type or print in ink.                                                                                                                                                                                               |                                       |                                       |                                         |                                  |   |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------------|----------------------------------|---|
| NΑ          | AME OF FILER                                                                                                                                                                                                              | (LAST)                                | (FIRST)                               |                                         | (MIDDLE)                         | _ |
| F           | Fischer, Louise                                                                                                                                                                                                           |                                       |                                       |                                         |                                  |   |
| 1.          | Office, Agency, or Court                                                                                                                                                                                                  |                                       |                                       |                                         |                                  |   |
|             | Agency Name (Do not use acronyms)                                                                                                                                                                                         |                                       | ···                                   |                                         | <del>-</del>                     |   |
|             | City and County of San Franc                                                                                                                                                                                              | isco                                  |                                       |                                         |                                  |   |
|             | Division, Board, Department, District, if a                                                                                                                                                                               | applicable                            | Your Positi                           | on                                      |                                  |   |
|             | Sunshine Ordinance Task Force                                                                                                                                                                                             | e                                     | Board Me                              | ember                                   |                                  |   |
|             | ► If filing for multiple positions, list below                                                                                                                                                                            | w or on an attachment. (Do no         | t use acronyms)                       |                                         |                                  |   |
|             | Agency:                                                                                                                                                                                                                   |                                       | Position                              |                                         |                                  |   |
| _           |                                                                                                                                                                                                                           |                                       |                                       |                                         |                                  | _ |
| ۷.          | Jurisdiction of Office (Check a                                                                                                                                                                                           | at least one box)                     | □ h.d                                 | 01 0                                    | ·                                |   |
|             | State                                                                                                                                                                                                                     |                                       | _                                     | Court Commissioner (Stat                | rewide Jurisdiction)             |   |
|             | Multi-County                                                                                                                                                                                                              |                                       | <u>[X]</u> County of                  | San Francisco                           |                                  |   |
|             | City of                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · · | Other                                 |                                         |                                  |   |
| 3.          | Type of Statement (Check at le                                                                                                                                                                                            | ast one box)                          |                                       |                                         |                                  | - |
|             | X Annual: The period covered is Jar                                                                                                                                                                                       | uary 1, 2013, through                 | ☐ Leaving                             | Office: Date Left                       | <u></u>                          |   |
|             | December 31, 2013                                                                                                                                                                                                         |                                       | (Check o                              |                                         |                                  |   |
|             |                                                                                                                                                                                                                           | /, through                            |                                       | period covered is January<br>ng office. | / 1, 2013, through the date of   |   |
|             | Assuming Office: Date assumed                                                                                                                                                                                             |                                       |                                       | period covered is                       | through the date                 |   |
|             | Candidate: Election Year                                                                                                                                                                                                  | and office sought                     | t, if different than Part 1:          |                                         |                                  |   |
| 4.          | Schedule Summary                                                                                                                                                                                                          |                                       |                                       |                                         |                                  | 7 |
|             | Check applicable schedules or "None                                                                                                                                                                                       | , n                                   | ► Total number of p                   | ages including this cov                 | er page:5                        |   |
|             | X Schedule A-1 - Investments - sche                                                                                                                                                                                       | dule attached                         | X Schedule C -                        | Income Loans & Busine                   | ss Positions - schedule attached |   |
|             | Schedule A-2 - Investments sche                                                                                                                                                                                           |                                       | <del></del>                           | Income – Gifts – schedule               |                                  |   |
|             | Schedule B - Real Property - sche                                                                                                                                                                                         | dule attached                         | Schedule E - /                        | ncome – Gifts – Travel F                | Payments - schedule attached     |   |
|             |                                                                                                                                                                                                                           | -or-                                  |                                       |                                         |                                  |   |
|             |                                                                                                                                                                                                                           | None - No reportable i                | interests on any schedul              | e                                       |                                  |   |
| 5.          | Verification                                                                                                                                                                                                              |                                       |                                       |                                         |                                  | - |
|             | MAILING ADDRESS STREET<br>(Business or Agency Address Recommended - Pub.                                                                                                                                                  | CITY<br>lic Document)                 | · · · · · · · · · · · · · · · · · · · | STATE                                   | ZIP CODE                         |   |
|             | Bache Street                                                                                                                                                                                                              | Sa                                    | n Francisco                           | CA                                      | 94110                            |   |
|             | DAYTIME TELEPHONE NUMBER ( 415 )                                                                                                                                                                                          |                                       | E-MAIL ADDRESS (OP                    | •                                       |                                  |   |
|             | I have used all reasonable diligence in pr                                                                                                                                                                                |                                       |                                       | and to the best of my kno               | wledge 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. |                                       |                                       |                                         |                                  |   |
|             | i certify under penalty of perjury under                                                                                                                                                                                  | r the laws of the State of Ca         | ilitornia that the forego             | ing is true and correct.                |                                  |   |
|             | Date Signed _03/04/2014                                                                                                                                                                                                   | •                                     | Signature Louise                      | : Fischer                               |                                  |   |
|             | (month, day, yea                                                                                                                                                                                                          | 7)                                    | orginature                            | (File the originally signed statement   | nt with your filing official.)   |   |

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

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

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700  FAIR POLITICAL PRACTICES COMMISSION |
|----------------------------------------------------------|
| Name                                                     |
| Fischer, Louise                                          |

| ► NAME OF BUSINESS ENTITY                                                                                          | ► NAME OF BUSINESS ENTITY                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| BHP Billiton LTD                                                                                                   | Amgen                                                                                                              |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                               | GENERAL DESCRIPTION OF THIS BUSINESS                                                                               |
| Energy                                                                                                             | Pharmaceutical                                                                                                     |
| FAIR MARKET VALUE                                                                                                  | FAIR MARKET VALUE                                                                                                  |
| \$2,000 - \$10,000   X \$10,001 - \$100,000                                                                        | \$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000                                                                   |
| \$100,001 - \$1,000,000 Over \$1,000,000                                                                           | \$100,001 - \$1,000,000 Over \$1,000,000                                                                           |
| NATURE OF INVESTMENT  X Stock Other                                                                                | NATURE OF INVESTMENT  X Stock Other                                                                                |
| (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:                                                                                          | IF APPLICABLE, LIST DATE:                                                                                          |
|                                                                                                                    |                                                                                                                    |
| ACQUIRED DISPOSED                                                                                                  | ACQUIRED DISPOSED                                                                                                  |
| NAME OF BUSINESS ENTITY                                                                                            | ► NAME OF BUSINESS ENTITY                                                                                          |
| Abbvie Inc shares                                                                                                  | Raytheon                                                                                                           |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                               | GENERAL DESCRIPTION OF THIS BUSINESS                                                                               |
| Pharmaceutical                                                                                                     | Technology                                                                                                         |
| FAIR MARKET VALUE                                                                                                  | FAIR MARKET VALUE                                                                                                  |
| \$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000                                                                   | \$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000                                                                   |
| S100,001 - \$1,000,000 Over \$1,000,000                                                                            | \$100,001 - \$1,000,000 Over \$1,000,000                                                                           |
| NATURE OF INVESTMENT                                                                                               | NATURE OF INVESTMENT                                                                                               |
| X Stock Other                                                                                                      | X Stock Other                                                                                                      |
| (Describe)  Partnership O Income Received of \$0 - \$499                                                           | (Describe)  Partnership O Income Received of \$0 - \$499                                                           |
| O Income Received of \$500 or More (Report on Schedule C)                                                          | Income Received of \$500 or More (Report on Schedule C)                                                            |
| IF APPLICABLE, LIST DATE:                                                                                          | IF APPLICABLE, LIST DATE:                                                                                          |
|                                                                                                                    |                                                                                                                    |
| ACQUIRED DISPOSED                                                                                                  | ACQUIRED DISPOSED                                                                                                  |
| ► NAME OF BUSINESS ENTITY                                                                                          | ► NAME OF BUSINESS ENTITY                                                                                          |
| Abbott Labs                                                                                                        | Oracle                                                                                                             |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                               | GENERAL DESCRIPTION OF THIS BUSINESS                                                                               |
| Pharmaceutical                                                                                                     | Technology                                                                                                         |
| FAIR MARKET VALUE                                                                                                  | FAIR MARKET VALUE                                                                                                  |
| ▼ \$2,000 - \$10,000                                                                                               | X \$2,000 - \$10,000                                                                                               |
| \$100,001 - \$1,000,000 Over \$1,000,000                                                                           | \$100,001 - \$1,000,000 Over \$1,000,000                                                                           |
|                                                                                                                    |                                                                                                                    |
| NATURE OF INVESTMENT  X Stock Other                                                                                | NATURE OF INVESTMENT  Stock Other                                                                                  |
| (Describe)                                                                                                         | (Describe)                                                                                                         |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)             | Partnership: O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)            |
| IF APPLICABLE, LIST DATE:                                                                                          | IF APPLICABLE, LIST DATE:                                                                                          |
| " /" CONDEL, LIOT DATE.                                                                                            |                                                                                                                    |
|                                                                                                                    | ACCUMPED PICEOSES                                                                                                  |
| ACQUIRED DISPOSED                                                                                                  | 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                                                    |
| Fischer, Louise                                         |

| ► NAME OF BUSINESS ENTITY                                                                              | ► NAME OF BUSINESS ENTITY                                                                              |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Century Link Inc                                                                                       | Xcel Energy Inc                                                                                        |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                   | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
| Telecommunications                                                                                     | Energy                                                                                                 |
| FAIR MARKET VALUE                                                                                      | FAIR MARKET VALUE                                                                                      |
| X \$2,000 - \$10,000                                                                                   | \$2,000 - \$10,000                                                                                     |
| \$100,001 - \$1,000,000 Over \$1,000,000                                                               | \$100,001 - \$1,000,000 Over \$1,000,000                                                               |
| NATURE OF INVESTMENT                                                                                   | NATURE OF INVESTMENT  X Stock Other                                                                    |
| (Describe)                                                                                             | (Describe)                                                                                             |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:                                                                              | IF APPLICABLE, LIST DATE:                                                                              |
|                                                                                                        |                                                                                                        |
| ACQUIRED DISPOSED                                                                                      | ACQUIRED DISPOSED                                                                                      |
| ► NAME OF BUSINESS ENTITY                                                                              | ► NAME OF BUSINESS ENTITY                                                                              |
| Cisco Systems Inc                                                                                      | Williams Companies                                                                                     |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                   | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
| Communications equipment                                                                               | Telecommunications                                                                                     |
| FAIR MARKET VALUE                                                                                      | FAIR MARKET VALUE                                                                                      |
| X \$2,000 - \$10,000 ☐ \$10,001 - \$100,000                                                            | X \$2,000 - \$10,000 ☐ \$10,001 - \$100,000                                                            |
| S100,001 - \$1,000,000 Over \$1,000,000                                                                | S100,001 - \$1,000,000 Over \$1,000,000                                                                |
| NATURE OF INVESTMENT                                                                                   | NATURE OF INVESTMENT                                                                                   |
| Stock Other (Describe)                                                                                 | Stock Other (Describe)                                                                                 |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| O mount received of wood of mole (report on Schedule C)                                                | C mounts received of \$200 of More (kebolt ou schedille C)                                             |
| IF APPLICABLE, LIST DATE:                                                                              | IF APPLICABLE, LIST DATE:                                                                              |
|                                                                                                        |                                                                                                        |
| ACQUIRED DISPOSED                                                                                      | ACQUIRED DISPOSED                                                                                      |
| ► NAME OF BUSINESS ENTITY                                                                              | ► NAME OF BUSINESS ENTITY                                                                              |
| EMC Corporation                                                                                        | Intel                                                                                                  |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                   | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
| Computer Hardware                                                                                      | Computer Hardware                                                                                      |
| FAIR MARKET VALUE                                                                                      | FAIR MARKET VALUE                                                                                      |
| <b>X</b> \$2,000 - \$10,000                                                                            | <b>X</b> \$2,000 - \$10,000                                                                            |
| \$100,001 - \$1,000,000 Over \$1,000,000                                                               | \$100,001 - \$1,000,000 Over \$1,000,000                                                               |
| NATURE OF INVESTMENT                                                                                   | NATURE OF INVESTMENT                                                                                   |
| X Stock Other (Describe)                                                                               | Stock Other(Describe)                                                                                  |
| Partnership O Income Received of \$0 - \$499                                                           | Partnership O Income Received of \$0 - \$499                                                           |
| ○ Income Received of \$500 or More (Report on Schedule C)                                              | ○ Income Received of \$500 or More (Report on Schedule C)                                              |
| IF APPLICABLE, LIST DATE:                                                                              | IF APPLICABLE, LIST DATE:                                                                              |
|                                                                                                        |                                                                                                        |
| ACQUIRED DISPOSED                                                                                      | 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                                                    |  |
| Fischer, Louise                                         |  |

| ► NAME OF BUSINESS ENTITY                                 | ► NAME OF BUSINESS ENTITY                                                                              |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Texas Instruments                                         | JP Morgan Chase                                                                                        |
| GENERAL DESCRIPTION OF THIS BUSINESS                      | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
| Computer Hardware                                         | Banking                                                                                                |
| FAIR MARKET VALUE                                         | FAIR MARKET VALUE                                                                                      |
| <b>▼</b> \$2,000 - \$10,000                               | ☐ \$2,000 - \$10,000 <b>※</b> \$10,001 - \$100,000                                                     |
| \$100,001 - \$1,000,000 Over \$1,000,000                  | \$100,001 - \$1,000,000 Over \$1,000,000                                                               |
| NATURE OF INVESTMENT  X Stock Other                       | NATURE OF INVESTMENT  Stock Other                                                                      |
| (Describe)  Partnership () Income Received of \$0 - \$499 | (Describe)                                                                                             |
| O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:                                 | IF APPLICABLE, LIST DATE:                                                                              |
|                                                           |                                                                                                        |
| ACQUIRED DISPOSED                                         | ACQUIRED DISPOSED                                                                                      |
| ► NAME OF BUSINESS ENTITY                                 | ► NAME OF BUSINESS ENTITY                                                                              |
| Qualcomm                                                  | Comcast                                                                                                |
| GENERAL DESCRIPTION OF THIS BUSINESS                      | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
| wireless technology                                       | Cable TV                                                                                               |
| FAIR MARKET VALUE                                         | FAIR MARKET VALUE                                                                                      |
| <b>X</b> \$2,000 - \$10,000                               | <b>X</b> \$2,000 - \$10,000                                                                            |
| S100,001 - \$1,000,000 Over \$1,000,000                   | S100,001 - \$1,000,000 Over \$1,000,000                                                                |
| NATURE OF INVESTMENT                                      | NATURE OF INVESTMENT                                                                                   |
| X Stock Other                                             | Stock Other                                                                                            |
| (Describe)  Partnership (O Income Received of \$0 - \$499 | (Describe)  Partnership O Income Received of \$0 - \$499                                               |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C)                                              |
| ·                                                         | ·                                                                                                      |
| IF APPLICABLE, LIST DATE:                                 | IF APPLICABLE, LIST DATE:                                                                              |
|                                                           |                                                                                                        |
| ACQUIRED DISPOSED                                         | ACQUIRED DISPOSED                                                                                      |
| NAME OF BUSINESS ENTITY                                   | ► NAME OF BUSINESS ENTITY                                                                              |
| GENERAL DESCRIPTION OF THIS BUSINESS                      | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
| GENERAL DESCRIPTION OF THIS BUSINESS                      | GENERAL DESCRIPTION OF THIS BUSINESS                                                                   |
|                                                           | · · · · · · · · · · · · · · · · · · ·                                                                  |
| FAIR MARKET VALUE                                         | FAIR MARKET VALUE                                                                                      |
| \$2,000 - \$10,000 \$10,001 - \$100,000                   | \$2,000 - \$10,000 \$10,001 - \$100,000                                                                |
| S100,001 - \$1,000,000 Over \$1,000,000                   | S100,001 - \$1,000,000 Over \$1,000,000                                                                |
| NATURE OF INVESTMENT                                      | NATURE OF INVESTMENT                                                                                   |
| Stock Other (Describe)                                    | Stock Other                                                                                            |
| Partnership () Income Received of \$0 - \$499             | (Describe)  Partnership O Income Received of \$0 - \$499                                               |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C)                                              |
| IF APPLICABLE, LIST DATE:                                 | IF APPLICABLE, LIST DATE:                                                                              |
|                                                           |                                                                                                        |
| ACQUIRED DISPOSED                                         | ACQUIRED DISPOSED                                                                                      |
|                                                           |                                                                                                        |

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---------------------------------------------------------|
| Name                                                    |
| Fischer, Louise                                         |

| ► 1. INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ► 1. INCOME RECEIVED                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| NAME OF SOURCE OF INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME OF SOURCE OF INCOME                                          |
| Apex Systems Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| ADDRESS (Business Address Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS (Business Address Acceptable)                             |
| 1111 Bayhill Drive Suite 240 San Bruno, CA 94066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BUSINESS ACTIVITY, IF ANY, OF SOURCE                              |
| Contracting Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |
| YOUR BUSINESS POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YOUR BUSINESS POSITION                                            |
| Project Manager at Verizon Wireless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |
| GROSS INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GROSS INCOME RECEIVED                                             |
| \$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$500 - \$1,000 \$1,001 - \$10,000                                |
| ☐ \$10,001 - \$100,000 X OVER \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S10,001 - \$100,000 OVER \$100,000                                |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CONSIDERATION FOR WHICH INCOME WAS RECEIVED                       |
| X Salary Spouse's or registered domestic partner's income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Salary Spouse's or registered domestic partner's income           |
| Loan repayment Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Loan repayment Partnership                                        |
| Sale of(Real property, car, boat, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sale of(Real property, car, boat, etc.)                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| Commission or Rental Income, list each source of \$10,000 or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Commission or Rental Income, list each source of \$10,000 or more |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                 |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                                                             |
| (Describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Describe)                                                        |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OC                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nding institutions, or any indebtedness created as part of a      |
| retail installment or credit card transaction, made in the least the result of the most transaction and the result of the result |                                                                   |
| members of the public without regard to your official state regular course of business must be disclosed as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| Togalar dealed of business must be alcolosed as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |
| NAME OF LENDER*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INTEREST RATE TERM (Months/Years)                                 |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | %                                                                 |
| ADDRESS (Business Address Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF CURITY FOR LOAN                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SECURITY FOR LOAN  None Personal residence                        |
| BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Real Property                                                     |
| HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| <b>5500</b> - \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | City                                                              |
| \$1,001 - \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Guarantor                                                         |
| \$10,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del>-</del>                                                      |
| OVER \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Describe)                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |

#### Miller, Alisa

| _ |      |  |
|---|------|--|
| - | rom: |  |
|   |      |  |

Louise Fischer [loufischersotf@gmail.com]

Sent:

Tuesday, March 04, 2014 12:38 PM

To: Subject: Miller, Alisa

Attachments:

Application and form 700 for Sunshine Ordinance Task Force LFischer SOTF appl 2014.pdf; LFischer Form 700 2014.pdf

Alisa,

Please find enclosed 2 pdf files that include the following:

1) Application for Sunshine Ordinance Task Force

2) Form 700 and associated Schedule A-1 (none of the other Schedules were applicable for me) This form is a pdf output from the netfile form that we were instructed to use (the new e-file system)

I'm assuming you are the right person to send this to? If not, please re-direct me to the proper location/person.

Do you have any idea on when the Rules Committee will be meeting to hear from applicants for this Task Force?

Thanks for your help, if I'm missing anything or if you have any questions, or need further information, please contact me via email at "loufischer@ or phone,415 (or you can respond to this email address, I check both pretty regularly)

Best Regards,

-Louise Fischer (current Vice-Chair of Sunshine Ordinance Task Force)



# 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, Committees, & Task Forces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Board, Commission, Committee, or Task Force: SOTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Seat # or Category (If applicable): Seats 6 through 11 District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name: CHRIS T. HYLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Home Address: GUERRERO ST, SF, CA Zip: 94103  Home Phone: 703- Occupation: Consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Home Phone: 703- Occupation: Consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Work Phone: Employer: Self                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Business Address: Same Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business E-Mail: chris.t.hyland@gmail.com Home E-Mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Check All That Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Registered voter in San Francisco: Yes  No If No, where registered:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Resident of San Francisco  Yes  No If No, place of residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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 currently serving on the Commission (seat 9) and would welcome a chance to continue the hard work for this beautiful city that i live in. I also serve on the Education & Outreach and the Rules Committees of the Task Force. One of the ideas i put forward was to have additional special meetings each month to reduce our backlog of cases. We have successfully initiated that and are making headway. Commitment to attendance at task force meetings is paramount to establishing a quorum, as well as giving complainants a fair chance to recieve a majority vote. I believe I have one of the best if not the best attendance record for regularly scheduled task force meetings in the past 2 years (absent once for surgery, once for travel for a rescheduled meeting). |

| have a background as a paralegal which has helped me                                                                                                                                               | navigate the many cases we have                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| neard and zero in on the salient points and merits of the c                                                                                                                                        | ases.                                                                                                                                                                |
|                                                                                                                                                                                                    |                                                                                                                                                                      |
|                                                                                                                                                                                                    | ·                                                                                                                                                                    |
|                                                                                                                                                                                                    |                                                                                                                                                                      |
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| ivic Activities:                                                                                                                                                                                   |                                                                                                                                                                      |
| ***************************************                                                                                                                                                            |                                                                                                                                                                      |
| years on current SOTF                                                                                                                                                                              |                                                                                                                                                                      |
| olunteer at Boys & Girls Club SF                                                                                                                                                                   | · '                                                                                                                                                                  |
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| or appointments by the Board of Supervisors, appearance                                                                                                                                            | e before the RULES COMMITTEE is                                                                                                                                      |
| or appointments by the Board of Supervisors, appearance                                                                                                                                            | e before the RULES COMMITTEE is cations must be received 10 days                                                                                                     |
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| equirement before any appointment can be made. <i>(Applice of the scheduled hearing.)</i>                                                                                                          | christopher tugrul hyland                                                                                                                                            |
| equirement before any appointment can be made. <i>(Applia</i> efore the scheduled hearing.)                                                                                                        | christopher tugrul hyland  (Manually sign or type your complete name.                                                                                                |
| equirement before any appointment can be made. <i>(Applia</i><br>efore the scheduled hearing.)                                                                                                     | christopher tugrul hyland  (Manually sign or type your complete name. NOTE: By typing your complete name, you are                                                    |
| equirement before any appointment can be made. <i>(Applice of the scheduled hearing.)</i>                                                                                                          | christopher tugrul hyland  (Manually sign or type your complete name.                                                                                                |
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| equirement before any appointment can be made. <i>(Applice of the scheduled hearing.)</i> Pate: 3/18/2014 Applicant's Signature: (required)                                                        | christopher tugrul hyland  (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) |
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| equirement before any appointment can be made. (Application the scheduled hearing.)  ate: 3/18/2014 Applicant's Signature: (required)                                                              | christopher tugrul hyland  (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) |
| equirement before any appointment can be made. (Applicatione the scheduled hearing.)  ate: 3/18/2014 Applicant's Signature: (required)                                                             | christopher tugrul hyland  (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) |

01/20/12

Please type or print in ink.

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
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| NAME OF FILER               | (LAST)                                                                       |                       | (FIRST)                                                               | (MIDDLE)                           |
|-----------------------------|------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------|------------------------------------|
| Hyland, Chris               |                                                                              |                       |                                                                       |                                    |
| 1. Office, Agency, c        | or Court                                                                     |                       |                                                                       |                                    |
| Agency Name (Do no          | t use acronyms)                                                              |                       |                                                                       |                                    |
| City and County             | of San Francisco                                                             |                       |                                                                       |                                    |
| Division, Board, Depart     | ment, District, if applicable                                                |                       | Your Position                                                         | •                                  |
| Sunshine Ordinan            | ce Task Force                                                                |                       | Board Member                                                          |                                    |
| ► If filing for multiple p  | ositions, list below or on an attachme                                       | nt. (Do not use a     | acronyms)                                                             |                                    |
| Agency:                     |                                                                              |                       | Position:                                                             |                                    |
| 2. Jurisdiction of C        | Office (Check at least one box)                                              | · <del>········</del> |                                                                       |                                    |
| ☐ State                     | · · · · · · · · · · · · · · · · · · ·                                        |                       | ☐ Judge or Court Commissioner (St                                     | atewide Jurisdiction)              |
|                             |                                                                              |                       | ▼ County of San Francisco                                             | , ·                                |
| •                           |                                                                              |                       | Other                                                                 |                                    |
|                             |                                                                              |                       | Uther                                                                 |                                    |
| 3. Type of Stateme          | ent (Check at least one box)                                                 |                       |                                                                       |                                    |
| Decembe                     | od covered is January 1, 2013, throug<br>er 31, 2013                         | h                     | Leaving Office: Date Left                                             |                                    |
|                             | od covered is/, t<br>er 31, 2013                                             | hrough                | <ul> <li>The period covered is Janua<br/>leaving office.</li> </ul>   | ry 1, 2013, through the date of    |
| Assuming Office:            | Date assumed/                                                                | _                     | <ul> <li>The period covered is</li> <li>of leaving office.</li> </ul> | , through the date                 |
| Candidate: Election         | on Year and of                                                               | fice sought, if diff  | erent than Part 1:                                                    |                                    |
| 4. Schedule Summ            | ary                                                                          |                       |                                                                       |                                    |
| Check applicable sch        |                                                                              | ► T                   | otal number of pages including this co                                | over page:2                        |
| Schedule A-1 - Inv          | vestments – schedule attached                                                | Г                     | Schedule C - Income, Loans, & Busin                                   | ness Positions – schedule attached |
| Schedule A-2 - Inv          | vestments - schedule attached                                                | Ī                     | Schedule D - Income - Gifts - sched                                   |                                    |
| 🗵 Schedule B - Real         | I Property - schedule attached                                               | Ī                     | Schedule E - Income – Gifts – Travel                                  | Payments - schedule attached       |
|                             |                                                                              | -or-                  |                                                                       |                                    |
|                             | □ None - No r                                                                | eportable interes     | sts on any schedule                                                   |                                    |
| 5. Verification             |                                                                              |                       |                                                                       |                                    |
| MAILING ADDRESS             | STREET                                                                       | CITY                  | STATE                                                                 | ZIP CODE                           |
| (Business or Agency Address | Recommended - Public Document)                                               | SF                    | CA                                                                    | 94103                              |
| DAYTIME TELEPHONE NUM       | IBER                                                                         |                       | E-MAIL ADDRESS (OPTIONAL)                                             | 94103                              |
| ( )                         |                                                                              |                       |                                                                       |                                    |
|                             | ble diligence in preparing this statementhed schedules is true and complete. |                       | ved this statement and to the best of my kinds is a public document.  | nowledge the information contained |
| I certify under penalty     | of perjury under the laws of the S                                           | tate of Californi     | ia that the foregoing is true and correc                              | t.                                 |
| Date Signed 03/08/          | 2014                                                                         | Sid                   | gnature <u>Chris Hyland</u>                                           |                                    |
|                             | (month, day, year)                                                           | , -,                  | (File the originally signed state)                                    | ment with your filing official.)   |

Comments: \_

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---------------------------------------------------------|
| Name                                                    |
| Hyland, Chris                                           |

| ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS                                                                                                                             | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guerrero St                                                                                                                                                              |                                                                                                                                                           |
| CITY                                                                                                                                                                     | CITY                                                                                                                                                      |
| san francisco                                                                                                                                                            |                                                                                                                                                           |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$1,000,001 - \$1,000,000  Over \$1,000,000                                       | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED DISPOSED   Over \$1,000,000                          |
| NATURE OF INTEREST                                                                                                                                                       | NATURE OF INTEREST                                                                                                                                        |
| ☑ Ownership/Deed of Trust ☐ Easement                                                                                                                                     | Ownership/Deed of Trust Easement                                                                                                                          |
| Leasehold Other                                                                                                                                                          | Leasehold Other                                                                                                                                           |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED                                                                                                                                | IF RENTAL PROPERTY, GROSS INCOME RECEIVED                                                                                                                 |
| ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000                                                                                                                     | \$0 - \$499    \$500 - \$1,000    \$1,001 - \$10,000                                                                                                      |
| S10,001 - \$100,000 OVER \$100,000                                                                                                                                       | ☐ \$10,001 - \$100,000 ☐ OVER \$100,000                                                                                                                   |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  X None              | 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 |
|                                                                                                                                                                          |                                                                                                                                                           |
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|                                                                                                                                                                          |                                                                                                                                                           |
| т                                                                                                                                                                        |                                                                                                                                                           |
| You are not required to report loans from commercial business on terms available to members of the public w loans received not in a lender's regular course of business. |                                                                                                                                                           |
| NAME OF LENDER*                                                                                                                                                          | NAME OF LENDER*                                                                                                                                           |
| <u> </u>                                                                                                                                                                 |                                                                                                                                                           |
| ADDRESS (Business Address Acceptable)                                                                                                                                    | ADDRESS (Business Address Acceptable)                                                                                                                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                                     | BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                      |
|                                                                                                                                                                          |                                                                                                                                                           |
| INTEREST RATE TERM (Months/Years)                                                                                                                                        | INTEREST RATE TERM (Months/Years)                                                                                                                         |
| %                                                                                                                                                                        | %                                                                                                                                                         |
| HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                                  | HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                   |
| \$500 - \$1,000 \square \$1,001 - \$10,000                                                                                                                               | ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000                                                                                                                    |
| \$10,001 - \$100,000 OVER \$100,000                                                                                                                                      | \$10,001 - \$100,000 OVER \$100,000                                                                                                                       |
| Guarantor, if applicable                                                                                                                                                 | Guarantor, if applicable                                                                                                                                  |
|                                                                                                                                                                          |                                                                                                                                                           |
|                                                                                                                                                                          |                                                                                                                                                           |

#### Miller, Alisa

From:

Chris Hyland [chris.t.hyland@gmail.com]

Sent:

Saturday, May 17, 2014 10:27 AM

To:

Miller, Alisa

Subject:

Fwd: Rules Committee Meeting of May 15, 2014 -Seat 9 -Chris Hyland

Hi Alisa,

pls include in my file and if possible add to the minutes...

Thx

Chris

----- Forwarded message ------

From: **Chris Hyland** <chris.t.hyland@gmail.com>

Date: Fri, May 16, 2014 at 4:26 PM

Subject: Rules Committee Meeting of May 15, 2014 -Seat 9 -Chris Hyland To: David.Campos@sfgov.org, Katy.Tang@sfgov.org, Norman.Yee@sfgov.org

Chair Yee, Members Tang and Campos,

I wanted to send you a brief note of thanks for your time hearing the lengthy comments of all the applicants (and public comments) for the SOTF open positions yesterday. Thank you in particular to Chair Yee for supporting my reappointment to seat 9.

I promised to be brief when my turn came up to speak and I feel I have more to add here by email in the hopes of persuading Members Campos and Tang to also support me for a 2nd term. For the benefit of Member Campos i will summarize my statement below, and then add a few more points that i hope will sway the balance.

- I started out by thanking Richard Knee (our professor emeritus) for his 12 years of service and underscored how important his institutional knowledge was in helping all of us new members over the past 2 years.
- I stated that i introduced the idea that we should have special meetings to put a dent into the back log of cases that we inherited and we have been successfully doing that for the past 9 months (and continue to do so).
- I handed the Committee Members and the Clerk an attendance sheet that our clerk put together. I emphasized the fact that i have one of the best (if not the best) attendance records. I have no children, just pets, and have my own business so am able to meet the needs of both the regular and special meetings. I also serve on not one but two committees the Education & Outreach and the Rules Committee.
- Anticipating Member Tang's question as to what i would like to change within the SOTF i noted that in the absence of televised coverage for our meetings i was hoping (if re-elected) to reactivate the Technology Committee so as to provide a snapshot through our website of a "day in the life of the SOTF". I also have a technology background (I am an Information Technology Recruiter) and i envisaged a portal for both the first time complainant, as well as the Custodians of Records in our city departments. I am hoping to set up short video coverage, as well as presenting several case studies depicting actual cases we have heard, thereby providing a road map and setting expectations for those that may appear before us in the future. The intent here is to launch a "re-branding" campaign for the SOTF and at the

same time allow newcol s to tackle the parliamentarian lea ng curve in advance of appearing before us, and thereby improve the efficiency of our in-person meetings.

To the above i would like to add a few notes i brought up when i appeared before your Committee 2 years ago, and should have mentioned yesterday:

- I wanted to underscore my diverse background. I am from a mixed race and mixed nationality background my mother is Turkish, i speak several languages, and i live in the heart of the Mission. My father (American) was an Ambassador for the United Nations and we lived in many different countries growing up including Turkey, Sudan, Bangladesh, Oman and Yemen. This exposure to different cultures early on has allowed me to interact well with people from all backgrounds and walks of life and has proved directly useful at the SOTF (public comment from natives of Pakistan and Egypt come to mind, amongst others).
- My Information Technology background will continue to be an asset, as will my background as a paralegal.
- Lastly, going back to my opening point about Institutional Knowledge. With 4 members choosing not to run again i think it prudent to re-elect those members that are choosing to run again. It would be a shame to lose any part of the institutional capital we have worked so hard to build over the past 2 years.

In summary I would like to emphasize the qualities i hope to continue to bring in a 2nd term:

- 1) First rate attendance
- 2) IT background (member of Technology Committee)
- 3) Ethnically diverse background
- 4) Legal background
- 5) Institutional Knowledge

I appreciate your continued consideration and will continue to uphold my SOTF responsibilities as a hold over candidate

Sincerely,

Chris Hyland

# Attendance Report for Sunshine

nbox x

SOTF (BOS)

to me

(SO)

12:34 PM (10 minutes ago)

| Manne<br>h |          |           |           |           |           |           |        | excnse    |          | excuse   |          |          |          |          |          |          |           |           |           |           |          |          |          |
|------------|----------|-----------|-----------|-----------|-----------|-----------|--------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|----------|
| N H        |          |           |           |           |           |           |        | 9         |          | φ φ      |          |          |          |          |          |          |           |           |           |           |          |          |          |
| oka        |          |           |           |           |           |           | absent |           |          |          |          |          |          |          | : .      |          |           |           |           |           |          | excnse   |          |
| David      |          |           |           |           | absent    |           |        |           |          | excused  | absent   |          |          |          |          | absent   |           |           |           | absent    | absent   |          | absent   |
| Hyland     |          |           |           |           |           |           |        | excused   |          |          |          |          |          |          |          |          |           |           |           |           |          |          |          |
| Sims       | absent   |           |           |           |           |           |        |           |          |          |          |          |          |          | absent   |          |           |           |           |           |          |          |          |
| Pilpel     |          |           |           |           |           |           |        | pesnoxe   | excused  |          |          |          |          |          |          |          | absent    |           |           |           |          | absent   |          |
| Fischer    |          |           |           |           |           |           |        |           |          |          |          |          |          |          | absent   |          |           |           |           |           |          |          |          |
| Grant      |          |           |           |           |           |           |        |           |          |          |          |          | absent   |          |          |          | absent    |           |           | absent    |          |          |          |
| Washburn   |          |           |           |           |           |           | absent |           |          |          |          | absent   |          |          |          | absent   |           |           |           |           |          |          |          |
| Knee       |          |           |           | 4         |           |           |        |           | excused  |          |          |          |          |          |          |          |           |           |           |           |          |          |          |
|            | 6/6/2012 | 7/11/2012 | 7/11/2012 | 11/7/2012 | 12/5/2012 | 12/12/201 | 2      | 1/16/2013 | 2/6/2013 | 3/6/2013 | 4/3/2013 | 5/1/2013 | 6/5/2013 | 7/9/2013 | 8/7/2013 | 9/4/2013 | 10/2/2013 | 11/6/2013 | 12/4/2013 | 1/30/2014 | 2/5/2014 | 3/5/2014 | 4/2/2014 |



#### 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, Committees                                                                                                                                                                                                                                  | •                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Name of Board, Commission, Committee, or Task Force: Sunshine                                                                                                                                                                                                                    | Ordinance Task Force               |
| Seat # or Category (If applicable): 8 (disability), 9, 10.11                                                                                                                                                                                                                     | District:                          |
| Name: Bruce Wolfe                                                                                                                                                                                                                                                                | <u></u>                            |
| Home Address: Page St                                                                                                                                                                                                                                                            | Zip: 94117                         |
| Home Phone: 415- Occupation: Chief Info                                                                                                                                                                                                                                          | ormation Officer                   |
| Work Phone: 415456-5692 Employer: Alcohol Ju                                                                                                                                                                                                                                     |                                    |
| Business Address: 24 Belvedere St                                                                                                                                                                                                                                                | Zip: 94901                         |
| Business E-Mail: brucew@alcoholjustice.org Home E-Mail: bruce                                                                                                                                                                                                                    |                                    |
| Check All That Apply:  Registered voter in San Francisco: Yes ■ No ☐ If No, where                                                                                                                                                                                                |                                    |
| Resident of San Francisco   Yes  No If No, place of resider                                                                                                                                                                                                                      | nce:                               |
| Pursuant to Charter section 4.101 (a)1, please state how your quarepresent the communities of interest, neighborhoods, and the dethnicity, race, age, sex, sexual orientation, gender identity, type and any other relevant demographic qualities of the City and Cou Francisco: | liversity in<br>s of disabilities, |
| (Please see attached cover letter and resume')                                                                                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                                                                                                                                                                                                                  | ·                                  |
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| Business and/or p                                                                     |                                                                                                                                         |                                                                                              |                                                                                                               |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| (Please see attach                                                                    | ed cover letter and resume')                                                                                                            |                                                                                              |                                                                                                               |
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| civic Activities:                                                                     |                                                                                                                                         |                                                                                              |                                                                                                               |
| (Please see attach                                                                    | ed cover letter and resume')                                                                                                            |                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                         |
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|                                                                                       |                                                                                                                                         | which you wish appointment                                                                   |                                                                                                               |
| equirement before a                                                                   | the Board of Supervisors, appoans appointment can be made.                                                                              | earance before the RUL                                                                       | ES COMMITTEE is a                                                                                             |
| equirement before a                                                                   | any appointment can be made.                                                                                                            | earance before the RUL                                                                       | ES COMMITTEE is a                                                                                             |
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| equirement before a                                                                   | any appointment can be made.                                                                                                            | earance before the RUL                                                                       | ES COMMITTEE is a                                                                                             |
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| equirement before a<br>refore the schedule                                            | any appointment can be made.                                                                                                            | earance before the RUL (Applications must be r                                               | ES COMMITTEE is a eceived 10 days  Digitally signed by Bruce Words on the DN: cn=Bruce Wolfe, o, ou,          |
| equirement before a perfore the schedule                                              | any appointment can be made.  d hearing.) Applicant's Signature: (rec                                                                   | earance before the RUL<br>(Applications must be r<br>Bruce<br>Quired) Wolfe                  | Digitally signed by Bruce W DN: cn=Bruce Wolfe, o, ou, email=bruce@brucewolfe. c=US Date: 2014.02.24 02:45:29 |
| equirement before a<br>pefore the schedule<br>pate: 02/24/2014<br>Please Note: Your a | any appointment can be made. d hearing.)                                                                                                | earance before the RUL (Applications must be r  Bruce  quired) Wolfe  ne year. Once Complete | Digitally signed by Bruce W DN: cn=Bruce Wolfe, o, ou, email=bruce@brucewolfe. c=US Date: 2014.02.24 02:45:29 |
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01/20/12

Bruce M. Wolfe, M.S.W.
Page St.
San Francisco, CA 94117-1803
415/
bruce@!

February 24, 2014

Rules Committee SF Board of Supervisors 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689

Dear Supervisors Yee, Tang, Campos --

My name is Bruce Wolfe. I appreciate the opportunity of your consideration for appointment to the Sunshine Ordinance Task Force in Seat 6, 7, 8, 9, 10 or 11 as a person with a mobility disability. I have served on our Sunshine Ordinance Task Force since 2005 with a one year hiatus in 2008, through 2012. I returned to the SOTF at the behest of a former Ethics Commissioner and long-time open government advocate, Joe Lynn, and my dedication to maintaining that transparency as our means to balance democracy. My experience, enjoyment and civic duty continues to interest me as I learn new aspects of this area of policy and law, and continued collaboration with my colleagues on the SOTF on how to best optimize the process, create consistency, use innovation and increase efficiency.

I am a person with a mobility disability for over the past 20 years after a work injury. Perhaps you knew or had been visited by my service dog, Charlie, over the past decade as we sadly lost him at the ripe old age of fourteen and a half years old last June. He is sorely missed but a new member of the team, Lady, will carry his legacy under the dome. That said, his presence along with over 30 of disability advocacy has given me the confidence to serve on the SOTF not just as eligible for the appointment and seat but with the added value of bringing my experience along.

Additionally, my interest in open government equally spans my lifetime from the east coast to west over 30 years ago. Here in San Francisco, my interest was piqued through my attendance at City College as a student managing its Shared Governance program for student participation. While the Sunshine Ordinance did not apply then, the thrust of my interest was towards getting all state agencies that operate and elected locally to abide by it. And, we have been successful on many including City College which agreed to apply some of its elements.

My full-time job over the past seven years has been with a consumer advocacy and protection organization.

Currently, as you know there has been a great increase in complaints coming to the SOTF despite that all Sunshine Ordinance compliance results in less than 5% through the complaint process of the SOTF. The SOTF offers the public a number of services with a single person staff supplied by the Clerk of the Board and one legal counsel supplied by the City Attorney's office. The rest of the services are provided by the all volunteer membership of the body most of whom hold full-time jobs. With an additional staffer, much more expedited services could be provided to reduce the number of complaints on a daily basis.

In addition, with the advent of information technology and now the commitment through Dept of IT and SFData.org, more and more public information is being made accessible through the web and other applications. I am an IT professional across the broad spectrum of information/technology/security/social media who has brought a modicum of necessary expertise to the SOTF.

The Sunshine Ordinance is based in state law of the CA Public Records Act and Ralph M. Brown Open Meetings Act. Much work still needs to be done by the SOTF.

1. <u>Training:</u> Of its many charges, I hope to increase the amount of training to the city family. As a martial arts instructor of over 35 years, a social worker, college level instructor, life coach and trained hundreds in computing, I have some sense how to guide folks towards understanding at their level. I would plan on

- identifying problem areas of departments and agencies with repeat violations and work with department heads to help curb and get things under control. Compliance is mandatory. I am interested in bringing the full force of my expertise in this area which is why I decided to re-apply to the SOTF.
- 2. Streamlining the hearing process: One of the many areas of concern is the time and hour of SOTF hearings and meetings. The hearing process was overhauled some years ago which help create a much fairer process and did reduce the time spent on each case. But cases were not as plentiful as they are today as all areas of government from federal to our little city are being challenged for information by the public. Of a few areas in question:
  - 1. Hearing timeframe needs to be annually reviewed and optimized as necessary without losing any respect for either party.
  - 2. Multiple complaints should be considered co-joined when focused on the same respondent regarding the same set of issues so there will be one hearing covering multiple complaints on the same respondent unless specifically distinct from each other.
- 3. <u>Information Technology:</u> There is ample opportunity to help increase the availability of public information and records through new efforts to centralize data and make available on the web. I have attended COIT meetings regularly as representative of SOTF since its inception where this subject was under consideration as the contract was being awarded to Microsoft.

Additionally, to increase the role of the SOTF administrative department to help the general public and to intervene as necessary to expedite and acquire the public information they seek to reduce the amount of complaints coming before the SOTF.

I am a staunch, unbiased open government advocate and experienced in Gov2.0 information technology which also lends to the ever-increasing nature of transparency in government. My aim is to be fair, reasonable and adhere to the principle of bringing greater Sunshine and more expedited access of public information and meetings as possible.

Again, I appreciate the opportunity of your consideration for appointment to the Sunshine Ordinance Task Force.

Yours Truly,

#### Bruce M. Wolfe, M.S.W.

Page Street S.F., CA 94117-1803 415-

bruce@

#### RESUME/CV

#### HIGHLIGHTS

- Information Technology Professional
- Experienced in various forms of information technology from network to data center to enterprise to end-user in addition to database management and design.
- Adept in Ergonomic health & safety protocols
- Experienced & learned in all CA government & nonprofit open meetings, public records and higher education laws
- Experience and learned in disability policy and regulations including assistive technology.
- Experienced & learned in higher education budgets and budgeting
- Social Worker with Social Development emphasis
- Revised many organizational constitutions, bylaws, policies, rules & other governing documents
- Co-wrote several legislative bills including AB1857- Gloria Romero Open Meetings Act of 2000
- Over 25 years management experience emphasizing a collaborative yet decisive style as a team player, board member and in board dynamics.
- Adept at building productive relationships to further the organization's goals.
- Persuasive skills, both written and verbal.
- Specific focus on personal leadership and program development.
- Excellent nonprofit policy and legislative skills.

#### **DEVELOPMENT / MOTIVATION WHILE SERVING ON BOARDS & BODIES**

- Increases participation in representation and administration decisionmaking
- Assists in identifying interests and concerns, and finds innovative ways to implement them.
- Increases motivation for participation and public speaking.
- Able to write persuasive letters and documents, frequently influencing decision makers.
- Helps members develop leadership skills and motivation to carry out their concerns without substantial reproach.

#### **BUSINESS & EMPLOYMENT**

2007-present Chief Information & Technology Officer and Social Worker Alcohol Justice (formerly, Marin Institute), San Rafael, CA

2008-2011 President Vcampaign, Inc., San Francisco, CA

#### 1986-90 Owner

#### Counter Theft/Clandestine Enterprises, Mamaroneck/Harrison, NY

Duties: Sales, Service and Installation of professional-grade wireless/wired security products, telephone and data systems, closed-circuit video, Audio and cable systems, trained complete staff including motivational management and ergonomic health & safety.

#### 1981-87 Owner

#### BG's Autosound/Westchester Autophonics, Ltd., White Plains, NY

Duties: Sales service, Installation of custom, esoteric car audio systems, burglar alarms and accessories, trained complete staff including motivational management and ergonomic health& safety.

#### 1983-85 Partner & Talent Manager

#### IMMP Media productions, Ltd., Hartsdale/New York, NY

Duties: Oversight on business operations, provided contacts, Public Relations, and consulted & advised talent agents.

#### **EXPERIENCE**

2013-present Secretary SF Community Land Trust

2010-present President DogPAC of SF

2007-present Boardmember Haight-Ashbury Neighborhood Council

1996-present Member; 2009 Treasurer Harvey Milk LGBT Democratic Club PAC

2005-2012 Vice-Chair/Member SF Sunshine Ordinance Task Force

Committees: Rules (Chair); Complaints; Education, Outreach & Training

2005-present Member

Sierra Club - SF Group and Bay Area Chapter

2006-2008 SF Ambassador

Voters Inured At Work (VIAW)

Duties: Meet with SF legislators

2006-2008 Steering Committee Member

SF Coalition for Transit Justice

2004-2006 Council member

SF Department of Health -

Eastern Neighborhoods Community Health Impact Assessment (ENCHIA)

Duties: Community representative/advocate on housing issues from SF Community Land Trust

#### 2004-2008 Committee member (appointed by SFUSD Commissioner Eric Mar)

Prop H (Ammiano) – SFUSD School Enrichment Fund Advisory Committee to Board of Education Duties: To review programs and services as outlined in Prop H, and make recommendations to the Board of Education

#### 2003-present Secretary/Boardmember

**SF Community Land Trust** 

Committees: Projects, Fundraising

Notable: Preserves affordable cooperative housing for low-moderate income tenants; Webmaster

#### January-July, 2004 Financial Manager

SF Student Community Housing Organization (SFSCHO)

Duties: Managed finances and budget Notable: Managed financial stability

2004-2007 Founding Member

**Progressive Voter Project (PVP)** 

#### 2001-2004 Chair/member

#### **Learning Support Services Coalition - San Francisco**

Duties: Board development, policy creation and strategy planning

Notable: Concerns with school social workers, psychologists, counselors and nurses in San Francisco

Unified School District

-Led successful campaign to increase staff rolls of School Social Workers and Nurses in SF Unified

School District through the passage of Prop H/PEEF (Sup. Ammiano, 2004)

#### 2001-present Education & Training Team Coordinator

#### National Association of Social Workers (NASW)-CA Chapter; Social Action/Social Justice Council

Duties: Provide educational and training plans and processes; Webmaster

Notable: Design and facilitate annual Social Action Workshop conference for over 300 participants

#### 2000-2002 Intern

#### Assemblywoman Carole Migden

Duties: Case mgmt., field work, policy analysis

Notable: Helped countless constituents; co-brokered funding for CALLES Anti-Gang/Violence

Prevention Program; gave presentations on behalf of the Assemblywoman.

#### 2000-2003 Steering committee member

**Education In Action (EIA)** 

Duties: Fundraising and community organizing

#### 1999-2001 Worker Representative

CA Department of Industrial Relations, Commission on Health & Safety and Worker's Compensation (CHSWC) Advisory Committee

#### 1999-2000 Intern (Roma Guy, MSW, Supervisor)

Bay Area Homelessness Program (BAHP), S.F., CA

Duties: case manager and disability coordinator

#### 1998-2000 Intern

#### Tenant/Owner Development Corp (TODCO), S.F., CA

Notable: Created computerized map of housing inventory in the South of market district of S.F.

#### 1994-present Peer counselor/Presenter

East Bay RSI Support Group, Oakland, CA

#### 1994-2008 Community advocate

WORKSAFE! Representing workplace safety and workers' compensation policy

#### 1993-present Freelance consultant and producer/director

#### Vision Arts Video/Media Research Associates, S.F., CA

Notable: Acting as outside consultant for video productions of educational videos of Chinese internal health & martial arts.

#### 1993-2004 Advisor and creative consultant

#### Health Arts Wellness Services, Berkeley, CA

Notable: Development of The Desktop Vacationtm, on-site ergonomic preventative health and safety programs for business, and Stress Warning Radartm.

#### 1991-present Health Educator/Instructor Integral Ch'uan Institute, Berkeley, CA

Job duties: Instructor & tour manager for chief facilitator and school, instructor for the martial and health art of Ch'i Kung(Qigong), T'ai Chi Ch'uan(taijiquan) & other Chinese Internal Arts; general operations of school; develop & manage website and arrange international touring circuit.

### 1992-97 National Executive Secretary, Chinese Martial Arts Program & Level 1 Judge Amateur Athletic Union (AAU), Orlando, FL

#### 1991-92 Assemblyline trainer and supervisor, End-of-line technician Audible Illusions

Duties: All provisions from ground-up assembly through delivery of esoteric, electronic audio components and speakers.

#### 1990-91 Trail guide, wrangler, ranch hand Holidays On Horseback, Descanso, CA

Duties: Performed all duties of ranch management including dispatching and care of over forty horses and other farm animals.

#### 1986-90 Owner

#### Counter Theft/Clandestine Enterprises, Mamaroneck/Harrison, NY

Duties: Sales, Service and Installation of professional-grade wireless/wired security products, telephone and data systems, closed-circuit video, Audio and cable systems, trained complete staff including motivational management and ergonomic health & safety.

#### 1981-87 Owner

#### BG's Autosound/Westchester Autophonics, Ltd., White Plains, NY

Duties: Sales service, Installation of custom, esoteric car audio systems, burglar alarms and accessories, trained complete staff including motivational management and ergonomic health& safety.

#### 1994-1998 Peace Officer of the State of New York, Supervisor/Agent

#### Yonkers' Society for the Prevention of Cruelty to Children (SPCC), Yonkers, NY

Duties: Supervisor/agent for NY state chartered nonprofit agency in the investigation and prevention of child abuse & neglect victims.

#### 1983-85 Partner & Talent Manager

#### IMMP Media productions, Ltd., Hartsdale/New York, NY

Duties: Oversight on business operations, provided contacts, Public Relations, and consulted & advised talent agents.

#### 1981-1990 Instructor/Student

#### Red Lion T'ai Chi Ch'uan School, Dobbs Ferry, NY

Duties: Instructed others in the nature, study & practice of T'ai Chi as a health preventative maintenance program, philosophy and martial art. Art of teaching and assessing student's needs.

#### 1976-82 Sound reinforcement engineer, technician, operator and stage hand Pragmatech Sound Corp., New Rochelle/Bronx, NY

Duties: All facets of business & operations in studio and on-the-road.

#### 1976-1978 Technician/Autosound Designer-Installer World Audio, New Rochelle, NY

#### STUDENT GOVERNMENT & CAMPUS POSITIONS

#### 1999-2000 President

#### Associated Students of San Francisco State University, Inc. (ASISFSU), SF, CA

Duties: Chief Executive Officer/General Manager; Official representative; Submits to the Board of Directors the A.S. Budget for their consideration the proposed budget of the Associated for the subsequent fiscal year

Notable: developed campus shared governance program for student participation; Prevented student fee increase; Organized students on campus policies on sweatshops; Co-wrote Gloria Romero Open Meetings Act of 2000; Organized students on housing & homelessness issues; CFA Teach-in speaker

#### 1998-99, 2001-2002 College of Health & Human Services Representative & Chief Justice/Parliamentarian

#### Associated Students of San Francisco State University, Inc. (ASISFSU), SF, CA

Duties: Make decisions and representation on behalf of students

Notable: Developed book loan program; Organized students on prison industrial complex; Organized students on athletics issues; Revise bylaws & policies; Organized students on housing & homelessness issues; Organized students on disability issues; CFA Teach-in speaker

#### 2002-2003 Vice-President of External Affairs

#### Associated Students of San Francisco State University, Inc. (ASISFSU), SF, CA

Duties: Chairs External Affairs Committee; analyzes and prepares resolutions on legislation and academic affairs for approval by the Board of Directors; Plans workshops and events of political and academic nature, and community organizing; Represents on local, state and national levels.

CA State Student Association (CSSA) Legislative Affairs Officer & Chair

Duties: Served on Executive committee; Chair Legislative Affairs Committee

Notable: Brought accountability to organization; Carried legislation to Capitol; Coordinated with Legislative Affairs Director on legislation & lobbying efforts; Wrote legislation & policies; Oversaw Lobby Corps officer & clinic; Oversaw CHESS

#### 1998-2003 Shared Governance

#### Associated Students of San Francisco State University, Inc. (ASISFSU), SF, CA

CSU: Chancellor's advisory cmte. On services to students with disabilities.

SFSU: student affairs cmte., Advisory cmte. On students, faculty & staff with disabilities, College of extended learning dean search cmte., student/campus fee advisory cmte., human relations advisory cmte., academic senate, Franciscan shops, inc. board of directors

#### City College of San Francisco (CCSF), S.F., CA

Notable: Taught the nature of stress management and preventative health care in the workplace. 1995-2000 Instructor for Faculty/staff Flex Days; Featured guest speaker for Concert & Lecture series; Instructor for various classes (volunteer)

<u>City College of San Francisco (CCSF), S.F.,CA</u> 1997-98 Executive Vice-president/Vice-president of Administration Associated Students of CCSF

1996-97 Director of Technology Associated Students of CCSF

1996-98 Campus Representative California State Assn. of Community Colleges (CALSACC)

#### 1996-97 Intern

High-Tech Center for Disabled People at CCSF

Duties: Assist and aide users in the use of computers, software and stress management.

#### 1995-98 Member/Organizer Political Action Coalition at CCSF

Notable: No on Props 209, 187; Yes on Props 221, 227

#### 1995-1998 Created T'ai Chi Club

#### 1995-1997 Member

- -Disabled Students Club
- -Shared Governance at CCSF
  - College Advisory Council, Teaching & Learning Technology Roundtable, Academic Policies Cmte., Computer Policies cmte., Campus Arts Cmte.

#### **EDUCATION**

#### San Francisco State University (SFSU), S.F., CA

School of Social Work

Graduated: Bachelor's in Social Work (B.S.W.), 2000 Post-Graduate, Master's in Social Work (M.S.W.), 2004

#### City College of San Francisco (CCSF); S.F., CA

Undergraduate, focus: Social Work, Interpersonal Communication, Adaptive technology, labor studies 1995-98 High Tech Center, intern T'ai Chi Club. President Disability Rights Club, member

#### Institute for Audio Research; Greenwich Village, NY

Audio engineering, 1979-80

All facets from the nature and physics of sound to production & mastering.

#### Monmouth College; West Long Branch, NJ

Undergraduate, electronic Engineering, 1978-79

Technician & Deejay for WMCX-Fm stereo; Technician and operator of audio/visual; Lighting, audio & production designer for drama dept.

#### New Rochelle High School; New Rochelle, NY

Graduate, class of 1978

Audio/visual & technology operator, Stage crew, lighting/audio designer and engineer.

#### Relevant Skills and Experience

#### Social work:

- -non-profit mgmt
- -grantwriting & fundraising
- -organizational development
- -empowering and motivating organizational steps
- -conflict & crisis mgmt
- -Policy development
- -budget development & tracking
- -program development
- -leadership & group development
- -Interviewing & counseling
- -Working w/ diverse communities
- -Recognizing students' needs in the context of personal, family and community and applying methods of resolution
- -Community organizing
- -Legal & business experience w/ 501c3 nonprofits stage production and management specializing in student gov'ts
- -Meeting facilitation

#### **Business:**

- -Program development
- -Budget & finance
- -Human resources
- -Risk mgmt
- -Workplace safety
- -Bylaws/Policy/Resolutions creation, development -Resourceful, motivated and contributing & revision
- -Org'l development
- -Meeting faciliation with parliamentarian skills
- -Board development
- -Office mgmt
- -IT mgmt, network infrastructure & security
- -Communications systems
- -Social office communication
- -Inventory control
- -External resource assessment
- -Org'l legal aspects
- -Political analysis & legislation development
- -Contracts & agreements
- -Org'l direction for electoral campaigns
- -Facilities mgmt & operations

#### Related skills & experience:

- -Insurance
- -Risk mgmt
- -Workplace safety
- -Counseling on business issues
- -Org'l direction for electoral campaigns
- -IT, network and website mgmt
- -Policy & Legislative creation & analysis

#### **Skills**

- -Interpersonal communicator
- -Computer and Information Technology: Windows, Macintosh, Linux, networks, systems administration
- -Advanced experience of Internet
- -Complete experience in audio/visual systems installation and operations including all aspects of
- -Proficient in the art of T'ai Chi Ch'uan and other Chinese Internal Health Arts
- -Ability to assess others learning processes and skills, and occupational talents
- -Experienced in the teaching process
- -Experienced working with people with disabilities in various settings
- -Calm, patient, attentive, supportive listener
- -Assertive towards reaching goals
- -Cheerful, respectful and sensitive to others' needs

#### References furnished upon request

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

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|              | San Francisco                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
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| 3. Type o    | f Statement (Check at least one box)                                                                      |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|              | The period covered is January 1, 2013, throu<br>December 31, 2013.                                        | īðu                                  | Leaving Of<br>(Check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| *1           | The period covered is                                                                                     | , through                            | O The pen<br>leaving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ary 1, 2013, through the date of    |
| ☐ Assu       | ming Office: Date assumed/                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iod covered is<br>of leaving office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | through                             |
| Cand         | Idate: Election year and                                                                                  | l office sought, if dif              | fferent than Part 1:,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| 4. Sched     | ule Summary                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|              | plicable schedules or "None."                                                                             | ➤ Total n                            | umber of page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s including this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cover page: 1                       |
| Sche         | dule A-1 - Investments - schedule attached                                                                |                                      | Schedule C - Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ome, Loans, & Busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ress Positions - schedule attached  |
|              | dule A-2 - investments - schedule attached                                                                |                                      | Schedule D - Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o <i>me – Gif</i> fs – sched                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ule attached                        |
| Sche         | tule B - Real Property - schedule attached                                                                |                                      | Schedule E - Inci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ome – Gifts – Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Payments - schedule attached        |
|              | ✓ None - No                                                                                               | • <b>oc•</b><br>reportable interests | s <b>on any s</b> chedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| 5. Verifica  | tion                                                                                                      |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |
| MAILING AL   | DRESS STREET Agency Address Recommended - Public Document)                                                | ατγ                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZIP CODE                            |
|              | age St                                                                                                    | San Francisco                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 94117                               |
| DAYTME T     | ELEPHONE NUMBER                                                                                           | E.                                   | MAIL ADDRESS (OPTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MALI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |
| (            | )                                                                                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|              | od all reasonable diligence in preparing this statem<br>I in any attached schedules is true and complete. |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | howledge, the information contained |
| I certify u  | inder penalty of perjury under the laws of the                                                            | State of California                  | that the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | is true and come                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | If life                             |
| Date Sign    | ed 02/24/2014                                                                                             | Sign                                 | nature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | jun y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |
|              | ýmanili day year)                                                                                         | <del></del>                          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | te the originally agree plates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nd of the your finefatice)          |

#### Miller, Alisa

From:

Bruce Wolfe [bruce@ -

Monday, February 24, 2014 3:14 AM

Sent: To:

Subject:

Miller, Alisa Application for Sunshine Ordinance Task Force

Attachments:

BruceWolfe-sotf-cover-letter-rules-Feb2014.pdf; BruceWolfe-vacancy\_application\_021814

\_signed.pdf; BruceWolfe-Resume-2014.pdf

Dear Ms. Miller --

Please acknowledge receipt of my application for appointment to the Sunshine Ordinance Task Force with cover letter and resume' to be attached to the application. (see attached below)

I suppose since I do not hold any position with the City & County of SF, a Form 700 is not required at this time.

If you need any further information, please do not hesitate to contact me.

Thank you in advance.

Yours Truly, Bruce Wolfe

Print Form

Save Form



14154010657

SAN FRANCISCO **Board of Supervisors** City and County of San Francisco

1 Dr. Carlton B. Goodlett Place, Room 244 MAR 10 AM 8: 17
(415) 554-5184 FAX (415) 654-7714

| Application for Boards, Com                                                                                                                                                     | missions, Committee                                                                  | s, & Task Forces                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|
| Name of Board, Commission, Committee,                                                                                                                                           |                                                                                      | ·                                                |
| Seat # or Category (If applicable):                                                                                                                                             |                                                                                      | District: 8                                      |
| Name: Todd David                                                                                                                                                                |                                                                                      |                                                  |
| Home Address: — Eureka St                                                                                                                                                       |                                                                                      | Zip: 94114                                       |
| Home Phone: 415                                                                                                                                                                 | Occupation: Campaig                                                                  | gn Manager                                       |
| Work Phone: 415-890-6346                                                                                                                                                        | Employer: Choose H                                                                   | lealth SF                                        |
| Business Address: 381 Bush St #                                                                                                                                                 | 300 SF, CA                                                                           | Zip: 94104                                       |
| Business E-Mail:                                                                                                                                                                |                                                                                      |                                                  |
| Pursuant to Charter Section 4.101 (a) the Charter must consist of electors (San Francisco. For certain other bod residency requirement.  Check All That Apply:                  | (redistered voters) of the                                                           | City and County of                               |
| Registered voter in San Francisco: Yes                                                                                                                                          | No ☐ If No, where                                                                    | registered:                                      |
| Resident of San Francisco   Yes                                                                                                                                                 | No If No, place of resider                                                           | nce:                                             |
| Pursuant to Charter section 4.101 (a)1, prepresent the communities of interest, nethnicity, race, age, sex, sexual orientation and any other relevant demographic quafrancisco: | eighborhoods, and the di<br>on, gender identity, type:<br>lities of the City and Cou | iversity in<br>s of disabilities,<br>inty of San |
| I am the co-founder of the San Francisco P<br>Friends of Noe Valley as well as the Presid                                                                                       | Parent Political Action Comp<br>ent of Residents For Noe                             | mittee, the President of<br>Valley Town Square.  |
| I bring a parent's perspective, which is often<br>commissions and task forces.                                                                                                  | n not well represented on S                                                          | San Francisco's                                  |
|                                                                                                                                                                                 |                                                                                      |                                                  |
|                                                                                                                                                                                 |                                                                                      |                                                  |
|                                                                                                                                                                                 |                                                                                      |                                                  |

| Business and/or professional experience:                                                                                                                                                                                                                                                                              |                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| currently serve on the SOTF and wish to continue my p                                                                                                                                                                                                                                                                 | Dublic service.                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
| ·                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
| IVIC Activities:                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |
| resident of Friends of Noe Valley                                                                                                                                                                                                                                                                                     |                                                                                                                                           |
| resident of Residents for Noe Valley Town Square                                                                                                                                                                                                                                                                      |                                                                                                                                           |
| ounder of edMatch                                                                                                                                                                                                                                                                                                     |                                                                                                                                           |
| o-founder San Francisco Parent Political Action Commi                                                                                                                                                                                                                                                                 | ittee                                                                                                                                     |
| dvocacy Chair for Everett middle school PTA<br>lember Sunshine Ordinance Task Force                                                                                                                                                                                                                                   |                                                                                                                                           |
| rember Sunshine Ordinance Task Force                                                                                                                                                                                                                                                                                  |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
| quirentent before any appointment can be made. (Appli                                                                                                                                                                                                                                                                 | ce before the RULES COMMITTEE is ications must be received 10 days                                                                        |
| quirentent before any appointment can be made. (Appli                                                                                                                                                                                                                                                                 | ce before the RULES COMMITTEE is ications must be received 10 days                                                                        |
| quirentent before any appointment can be made. (Appli                                                                                                                                                                                                                                                                 | ce before the RULES COMMITTEE is ications must be received 10 days                                                                        |
| quirentent before any appointment can be made. (Appli                                                                                                                                                                                                                                                                 | ce before the RULES COMMITTEE is<br>ications must be received 10 days                                                                     |
| quirement before any appointment can be made. (Appli                                                                                                                                                                                                                                                                  | ce before the RULES COMMITTEE is ications must be received 10 days                                                                        |
| quirentent before any appointment can be made. (Appli                                                                                                                                                                                                                                                                 | ce before the RULES COMMITTEE is ications must be received 10 days                                                                        |
| rore the scheduled hearing.)                                                                                                                                                                                                                                                                                          | ications must be received 10 days                                                                                                         |
| rore the scheduled hearing.)                                                                                                                                                                                                                                                                                          | (Manually sign or type your complete name. NOTE: By typing your complete name, you are                                                    |
| er appointments by the Board of Supervisors, appearance quirement before any appointment can be made. (Application to the scheduled hearing.)  Applicant's Signature: (required)  Applicant's Signature: (required)  Base Note: Your application will be retained for one year all attachments, become public record. | (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) |
| Applicant's Signature: (required)  Page Note: Your application will be retained for one yea                                                                                                                                                                                                                           | (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) |
| te: 3/9/// Applicant's Signature: (required)  Applicant's Signature: (required)  ase Note: Your application will be retained for one yea all attachments, become public record.                                                                                                                                       | (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) |

Please type or print in ink.

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only

> E-Filed 03/09/2014 10:22:15

Filing ID: 150174660

| NAME OF I | iler (LAST)                                                                                                                     | (FIRST)                                     | (MIDDLE)                                    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| David,    | Todd                                                                                                                            |                                             |                                             |
| 1. Offic  | e, Agency, or Court                                                                                                             |                                             |                                             |
| Agen      | cy Name (Do not use acronyms)                                                                                                   |                                             |                                             |
| City      | and County of San Francisco                                                                                                     |                                             |                                             |
| Divisi    | on, Board, Department, District, if applicable                                                                                  | Your Position                               | <i></i>                                     |
| Suns      | hine Ordinance Task Force                                                                                                       | Board Member                                |                                             |
| ► If f    | ling for multiple positions, list below or on an attachment. (De                                                                | o not use acronyms)                         |                                             |
| Agend     | y:                                                                                                                              | Position:                                   |                                             |
| 2. Juri   | sdiction of Office (Check at least one box)                                                                                     |                                             |                                             |
| ☐ St      | ate                                                                                                                             | ☐ Judge or Court Commiss                    | ioner (Statewide Jurisdiction)              |
| ШМ        | ulti-County                                                                                                                     | County of San France                        | isco                                        |
|           | ty ofSan Francisco                                                                                                              |                                             |                                             |
| 3. Typ    | e of Statement (Check at least one box)                                                                                         |                                             | · · · · · · · · · · · · · · · · · · ·       |
| X A       | nnual: The period covered is January 1, 2013, through December 31, 2013                                                         | Leaving Office: Date I (Check one)          |                                             |
|           | The period covered is/, through December 31, 2013                                                                               | O The period covered leaving office.        | is January 1, 2013, through the date of     |
| ☐ A       | ssuming Office: Date assumed                                                                                                    | The period covered of leaving office.       | is/, through the date                       |
| c         | andidate: Election Year and office so                                                                                           | _                                           |                                             |
| 4. Sch    | edule Summary                                                                                                                   |                                             |                                             |
|           | applicable schedules or "None."                                                                                                 | ► Total number of pages including           | this cover page:3                           |
| □ s       | chedule A-1 - Investments - schedule attached                                                                                   | Schedule C - Income, Loans,                 | & Business Positions - schedule attached    |
| □ s       | chedule A-2 - Investments - schedule attached                                                                                   | Schedule D - Income - Gifts                 | - schedule attached                         |
| Ϫs        | chedule B - Real Property – schedule attached                                                                                   | Schedule E - Income - Gifts                 | - Travel Payments - schedule attached       |
|           | -or- None - No reportal                                                                                                         | ble interests on any schedule               |                                             |
| 5. Verif  | cation                                                                                                                          |                                             |                                             |
|           | G ADDRESS STREET<br>ss or Agency Address Recommended - Public Document)                                                         | CITY STA                                    | TE ZIP CODE                                 |
| DAVTIA    | NE TELEPHONE MUMPED                                                                                                             | San Francisco CA                            | 94114                                       |
| DAY IIN   | ME TELEPHONE NUMBER                                                                                                             | E-MAIL ADDRESS (OPTIONAL)                   |                                             |
| l have    | used all reasonable diligence in preparing this statement. I ha<br>and in any attached schedules is true and complete. I acknow | ave reviewed this statement and to the best | of my knowledge the information contained   |
|           | fy under penalty of perjury under the laws of the State of                                                                      |                                             | correct.                                    |
| Date 9    | Signed                                                                                                                          | SignatureTodd_David                         |                                             |
|           | (month, day, year)                                                                                                              | (File the originally si                     | igned statement with your filing official.) |

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---------------------------------------------------------|
| Name                                                    |
| David, Todd                                             |

| ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS                                                                                                                               | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eureka St                                                                                                                                                                  | <u>                                     </u>                                                                                                             |
| CITY                                                                                                                                                                       | CITY                                                                                                                                                     |
| San Francisco                                                                                                                                                              |                                                                                                                                                          |
| FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000                                         | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000                       |
| NATURE OF INTEREST                                                                                                                                                         | NATURE OF INTEREST                                                                                                                                       |
| X Ownership/Deed of Trust                                                                                                                                                  | Ownership/Deed of Trust Easement                                                                                                                         |
|                                                                                                                                                                            |                                                                                                                                                          |
| Leasehold Other                                                                                                                                                            | Leasehold Other                                                                                                                                          |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED                                                                                                                                  | IF RENTAL PROPERTY, GROSS INCOME RECEIVED                                                                                                                |
| \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000                                                                                                                             | ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000                                                                                                     |
| X \$10,001 - \$100,000 ☐ OVER \$100,000                                                                                                                                    | ☐ \$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 Name(s) redacted | 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.      |
|                                                                                                                                                                            |                                                                                                                                                          |
|                                                                                                                                                                            |                                                                                                                                                          |
|                                                                                                                                                                            |                                                                                                                                                          |
|                                                                                                                                                                            | lending institutions made in the lender's regular course of vithout regard to your official status. Personal loans and ess must be disclosed as follows: |
| NAME OF LENDER*                                                                                                                                                            | NAME OF LENDER*                                                                                                                                          |
| ADDRESS (Business Address Acceptable)                                                                                                                                      | ADDRESS (Business Address Acceptable)                                                                                                                    |
| BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                                       | BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                     |
| INTEREST RATE TERM (Months/Years)                                                                                                                                          | INTEREST RATE TERM (Months/Years)                                                                                                                        |
|                                                                                                                                                                            | TEMA (MOILING TEATS)                                                                                                                                     |
| % None                                                                                                                                                                     | %                                                                                                                                                        |
| HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                                    | HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                  |
| \$500 - \$1,000 \$1,001 - \$10,000                                                                                                                                         | ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000                                                                                                                   |
| S10,001 - \$100,000 OVER \$100,000                                                                                                                                         | ☐ \$10,001 - \$100,000 ☐ OVER \$100,000                                                                                                                  |
| Guarantor, if applicable                                                                                                                                                   | ☐ Guarantor, if applicable                                                                                                                               |
|                                                                                                                                                                            |                                                                                                                                                          |
|                                                                                                                                                                            |                                                                                                                                                          |
| Comments:                                                                                                                                                                  |                                                                                                                                                          |

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

|        | ORNIA FORM |   |
|--------|------------|---|
| Name   |            | , |
| David, | Todd       |   |

| ► 1. INCOME RECEIVED                                              | ► 1. INCOME RECEIVED                                              |
|-------------------------------------------------------------------|-------------------------------------------------------------------|
| NAME OF SOURCE OF INCOME                                          | NAME OF SOURCE OF INCOME                                          |
| Noe Valley Chamber Music                                          | Santos and Urrutia                                                |
| ADDRESS (Business Address Acceptable)                             | ADDRESS (Business Address Acceptable)                             |
| San Francisco, CA 94114                                           | San Francisco, CA 94110                                           |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE                              | BUSINESS ACTIVITY, IF ANY, OF SOURCE                              |
| Promotes and Presents Chamber Music Concert                       | Structural Engineering Firm                                       |
| YOUR BUSINESS POSITION                                            | YOUR BUSINESS POSITION                                            |
| Executive Director                                                | Consultant                                                        |
| GROSS INCOME RECEIVED                                             | GROSS INCOME RECEIVED                                             |
| \$500 - \$1,000                                                   | ☐ \$500 - \$1,000                                                 |
| ∑ \$10,001 - \$100,000                                            | S10,001 - \$100,000 OVER \$100,000                                |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED                       | CONSIDERATION FOR WHICH INCOME WAS RECEIVED                       |
| Salary Spouse's or registered domestic partner's income           | Salary Spouse's or registered domestic partner's income           |
| Loan repayment Partnership                                        | Loan repayment Partnership                                        |
| Sale of                                                           | Sale of                                                           |
| (Real property, car, boat, etc.)                                  | (Real property, car, boat, etc.)                                  |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
|                                                                   |                                                                   |
| Other                                                             | X Other Consulting Fee                                            |
| (Describe)                                                        | (Describe)                                                        |
| <u> </u>                                                          | 1                                                                 |
| ► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI      | OD                                                                |
| * You are not required to report loans from commercial le         | nding 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         |
| regular course of business must be disclosed as follows           | tus. Personal loans and loans received not in a lender's          |
| rogalial course of business must be disclosed as follows          | <b></b>                                                           |
| NAME OF LENDER*                                                   | INTEREST RATE TERM (Months/Years)                                 |
| ADDRESS (S. J.                | % None                                                            |
| ADDRESS (Business Address Acceptable)                             | SECURITY FOR LOAN                                                 |
| BUSINESS ACTIVITY, IF ANY, OF LENDER                              | SECURITY FOR LOAN  None  Personal residence                       |
| DOSINESS ACTIVITY, IF ANY, OF LENDER                              |                                                                   |
|                                                                   | Real PropertyStreet address                                       |
| HIGHEST BALANCE DURING REPORTING PERIOD                           |                                                                   |
| \$500 - \$1,000                                                   | City                                                              |
| \$1,001 - \$10,000                                                | Guarantor                                                         |
| \$10,001 - \$100,000                                              |                                                                   |
| 1 1 CM C 14 C 10 C C C C                                          |                                                                   |
| OVER \$100,000                                                    | Other                                                             |
| CVER \$100,000                                                    | Other(Describe)                                                   |
| Comments:                                                         | Other(Describe)                                                   |



#### 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, Committees, & Task Forces                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Board, Commission, Committee, or Task Force: Sunshine Ordinance Task Force                                                                                                                                                                                                                                                                                                 |
| Seat # or Category (If applicable): District:                                                                                                                                                                                                                                                                                                                                      |
| Name: Rodman Joseph Martin                                                                                                                                                                                                                                                                                                                                                         |
| Home Address: Budhanan St. # SF. CA zip: 94123                                                                                                                                                                                                                                                                                                                                     |
| Home Phone: 925 Occupation: Afformer                                                                                                                                                                                                                                                                                                                                               |
| Work Phone: 925 776-4500 Employer: Pegnin & Ivancich, LLP                                                                                                                                                                                                                                                                                                                          |
| Business Address: 3440 Hillcrest Ave, Suite 175 Antioch, CA zip: 14531                                                                                                                                                                                                                                                                                                             |
| Business E-Mail: rodman@pegnimlaw.com Home E-Mail: rodman.marting                                                                                                                                                                                                                                                                                                                  |
| Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.                                                                                                            |
| Check All That Apply:                                                                                                                                                                                                                                                                                                                                                              |
| Registered voter in San Francisco: Yes X No  If No, where registered:                                                                                                                                                                                                                                                                                                              |
| Resident of San Francisco X Yes No If No, place of residence:                                                                                                                                                                                                                                                                                                                      |
| 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:                                               |
| As an attorney who represents injured workers, I advocate for those who often find themselves up egainst an insurance company which operates under technical rules and industry specific jayon. I am a cansalar to them and help guide them through that process. I represent a wide vertety of workers in my job, from janitors to migrant workers, from tech emplayers to chass. |

| business and/or profes        |                                                       |                                                                   |                      |
|-------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|----------------------|
| My Job                        | requires me                                           | to conduct reserve<br>and advocate. I<br>in & Ivancich stru       | h, write,            |
| actively list                 | en, negotiate,                                        | and advocate. I                                                   | heve                 |
| been an att                   | orney of Pogui                                        | in & Ivaneich stru                                                | June 1, 2007         |
|                               |                                                       | •                                                                 |                      |
| :                             |                                                       |                                                                   |                      |
| Civic Activities:             | <del></del>                                           |                                                                   |                      |
| San Francisco I               | Bar Association                                       |                                                                   | ,                    |
| Sustaining Me                 | unber of the b                                        | Jord Affairs Camci<br>member                                      |                      |
| De Yame Fin                   | Art Museum                                            | member                                                            |                      |
| San Francisco Fila            | n Society member                                      | <b>/</b>                                                          |                      |
|                               | •                                                     |                                                                   |                      |
| Have you attended any meeting | gs of the Board/Commission                            | to which you wish appointment?                                    | Yes No 💢             |
|                               | ppointment can be made                                | opearance before the RULES<br>e. <i>(Applications must be rec</i> |                      |
|                               |                                                       |                                                                   |                      |
| Date: 2/14/14 A               | oplicant's Signature: (r                              | equired) ZAS.                                                     | Whi                  |
|                               | ation will be retained for<br>ents, become public rec | one year. Once Completed,<br>ord.                                 | this form, including |
|                               |                                                       |                                                                   |                      |
| FOR OFFICE USE ONLY:          |                                                       |                                                                   | <del></del>          |
| Appointed to Seat #:          | _ Term Expires:                                       | Date Seat was Vacated:                                            |                      |

01/20/12

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

| Martin Rodman Joseph  1. Office, Agency, or Court Agency Name (Do not use acronyms) Sunshine Ordinance Task Force Division, Board, Department, District, if applicable  Your Position Seat 6, 7, 8, 9, 10, 11  It filling 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 Ordinance County of Other  3. Type of Statement (Check at least one box) Other  3. Type of Statement (Check at least one box) Other  3. Type of Statement (Check at least one box) Other  3. Type of Statement (Check at least one box) Other  3. Type of Statement (Check at least one box) Other  3. Type of Statement (Check at least one box) Other  4. Assuming Office: Date Left Oceanber 31, 2013. Other | Please type or print in ink.                                                                                               | ¢.                                          |                     |                                                      |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|------------------------------------------------------|---------------------------------------|
| 1. Office, Agency, or Court  Agency Name (Do not use acronyme)  Sunshine Ordinance Task Force  Division, Board, Department, District, if applicable  Seat 6, 7, 8, 9, 10, 11  If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME OF FILER (LAST)                                                                                                       |                                             | (FIRST              | )                                                    | (MIDDLE)                              |
| Agency Name (Do not use acronyme)  Sunshine Ordinance Task Force  Division, Board, Department, District, if applicable  Sea 6, 7, 8, 9, 10, 11  If filling for multiple positions, list below or on an attachment. (Do not use acronyme)  Agency:  Position:  2. Jurisdiction of Office (Check at least one box)  State  Judge or Court Commissioner (Statewide Jurisdiction)  Multi-County  City of San Francisco  3. Type of Statement (Check at least one box)  Assuming Office: Date Left  December 31, 2013.  The period covered is Jenuary 1, 2013, through December 31, 2013.  The period covered is Jenuary 1, 2013, through December 31, 2013.  The period covered is Jenuary 1, 2013, through (Check ane)  Candidate: Election year  and 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  Schedule B - Real Property - schedule attached  Schedule B - Income - Gilts - Schedule attached  Schedule B - Income - Gilts - Travel Psyments - schedule attached  Schedule B - Income - Gilts - Travel Psyments - schedule attached  Schedule B - Income - Gilts - Travel Psyments - schedule attached  Schedule B - Income - Gilts - Travel Psyments - schedule attached  Schedule B - Income - Gilts - Travel Psyments - schedule attached  Schedule C - Income - Gilts - Travel Psyments - schedule attached  Schedule Schedule C - Income - Gilts - Travel Psyments - schedule attached  Schedule Schedul | Martin                                                                                                                     | Rodman                                      |                     |                                                      | Joseph                                |
| Sunshine Ordinance Task Force    Division, Board, Department, District, if applicable   Your Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Office, Agency, or Court                                                                                                |                                             |                     |                                                      |                                       |
| Division, Board, Department, District, if applicable  Seat 6, 7, 8, 9, 10, 11  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  Mulfi-County  City of San Francisco  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2013, through December 31, 2013.  The period covered is January 1, 2013, through December 31, 2013.  The period covered is January 1, 2013, through December 31, 2013.  Assuming Office: Date assumed  Annual: The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving office.  The period covered is January 1, 2013, through leaving offi | Agency Name (Do not use acronyms)                                                                                          | ~                                           |                     |                                                      |                                       |
| Seat 6, 7, 8, 9, 10, 11   If filing for multiple positions, list below or on an ettachment. (Do not use acronyms)   Agency:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sunshine Ordinance Task Force                                                                                              |                                             |                     |                                                      |                                       |
| Seat 6, 7, 8, 9, 10, 11   If filing for multiple positions, list below or on an ettachment. (Do not use acronyms)   Agency:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Division, Board, Department, District, if applicable                                                                       |                                             | Your I              | Position                                             |                                       |
| Agency:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                             | Sea                 | t 6, 7, 8, 9, 10, 11                                 |                                       |
| 2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of San Francisco  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2013, through December 31, 2013.  The period covered is January 1, 2013, through December 31, 2013.  The period covered is January 1, 2013, through December 31, 2013.  Assuming Office: Date assumed //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ▶ If filing for multiple positions, list below or on an attack                                                             | hment. (Do not use                          | acronyms)           |                                                      |                                       |
| State   Judge or Court Commissioner (Statewide Jurisdiction)     Multi-County   County of   County of   Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agency:                                                                                                                    |                                             | _ Posit             | ion:                                                 | · · · · · · · · · · · · · · · · · · · |
| State   Judge or Court Commissioner (Statewide Jurisdiction)     Multi-County   County of   County of   Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Jurisdiction of Office (Check at least one box,                                                                         | )                                           |                     |                                                      |                                       |
| Multi-County   County of   County of   County of   County of   San Francisco   Other   County of       |                                                                                                                            |                                             | - Inda              | ie or Court Commissioner                             | (Ctolouside Juriodiction)             |
| Schedule Summary   Schedule Summary   Schedule At I - Investments - schedule attached   Schedule At I - Investments - schedule attached   Schedule B - Real Property - schedule attached   Schedule B - Real Property - schedule attached   Schedule B - Real Property - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule B - Real Property - Schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Schedule attached   Schedule C - Income - Gifts - Travel Payments - schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts - Travel Payments - Schedule attached   Schedule C - Income - Gifts    |                                                                                                                            |                                             | _                   |                                                      | · ·                                   |
| 3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2013, through December 31, 2013.  -or- The period covered is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                                                                                                          |                                             |                     | •                                                    |                                       |
| Annual: The period covered is January 1, 2013, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  Through the date of le                                                                                                                                            | City of Carrinancisco                                                                                                      | <del></del>                                 | Othe                | at                                                   |                                       |
| Annual: The period covered is January 1, 2013, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is//, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through December 31, 2013. (Check one)  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  The period covered is/_, through the date of Leaving office.  Through the date of le                                                                                                                                            | 3. Type of Statement (Check at least one box)                                                                              |                                             |                     |                                                      | <del></del>                           |
| The period covered is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Annual: The period covered is January 1, 2013, three December 31, 2013.                                                    | ough                                        |                     |                                                      |                                       |
| the date of leaving office.    Candidate: Election year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The period covered is/                                                                                                     | , through                                   |                     |                                                      | uary 1, 2013, through the date of     |
| Candidate: Election year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Assuming Office: Date assumed                                                                                              |                                             | 0                   | The period covered is<br>the date of leaving office. | , through                             |
| Schedule A-1 - Investments - schedule attached   Schedule C - Income, Loans, & Business Positions - schedule attached   Schedule D - Income - Gifts - schedule attached   Schedule B - Real Property - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Income - Gifts - Travel Payments - schedule attached   Schedule Travel Payments - Schedule attached   Schedule Travel Payments - Schedule attached   Schedule Trav    | Candidate: Election year ar                                                                                                | nd office sought, if d                      |                     |                                                      |                                       |
| Schedule A-1 - Investments - schedule attached   Schedule C - Income, Loans, & Business Positions - schedule attached   Schedule D - Income - Gifts - schedule attached   Schedule B - Real Property - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Income - Gifts - Travel Payments - schedule attached   Schedule Travel Payments - Schedule attached   Schedule Travel Payments - Schedule attached   Schedule Trav    | 4. Schedule Summary                                                                                                        |                                             |                     | ·                                                    | ·                                     |
| Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule B - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Sche | •                                                                                                                          | ► Total :                                   | numher of           | nage including the                                   | is cover name                         |
| Schedule A-2 - Investments - schedule attached  Schedule B - Real Property - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  -or-  None - No reportable interests on any schedule  State ZIP CODE  MAILING ADDRESS STREET CITY STATE ZIP CODE  (Business or Agency Address Recommended - Public Document)  3440 Hillcrest Ave., Suite 175 Antioch  DAYTIME TELEPHONE NUMBER  [925]  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                             |                     | -                                                    | ,                                     |
| Schedule B - Real Property - schedule attached  -or- None - No reportable interests on any schedule  State  Travel Payments - schedule attached  -or- None - No reportable interests on any schedule  The code of  | _                                                                                                                          |                                             |                     |                                                      |                                       |
| None - No reportable interests on any schedule  5. Verification  MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)  3440 Hillcrest Ave., Suite 175 Antioch CA 94531  DAYTIME TELEPHONE NUMBER  ( 925 ) Fodman.martin@  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>—</b>                                                                                                                   | Ĺ                                           |                     |                                                      |                                       |
| None - No reportable interests on any schedule  STATE  ZIP CODE  (Business or Agency Address Recommended - Public Document)  3440 Hillcrest Ave., Suite 175  Antioch  CA  94531  DAYTIME TELEPHONE NUMBER  ( 925 )  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Schedule B - Near Property - schedule attached                                                                             | . L                                         | ] Schedule          | E - Income - Gifts - Trav                            | el Payments - schedule attached       |
| MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)  3440 Hillcrest Ave., Suite 175 Antioch CA 94531  DAYTIME TELEPHONE NUMBER  [925]  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | None - N                                                                                                                   |                                             | ls on any sch       | pedule                                               |                                       |
| (Business or Agency Address Recommended - Public Document)  3440 Hillcrest Ave., Suite 175  Antioch  CA  94531  E-MAIL ADDRESS (OPTIONAL)  rodman.martin@  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5. Verification                                                                                                            |                                             | <del>''', '',</del> |                                                      |                                       |
| 3440 Hillcrest Ave., Suite 175  Antioch  CA 94531  E-MAIL ADDRESS (OPTIONAL)  rodman.martin@  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            | CITY                                        | <u></u>             | STATE                                                | ZIP CODE                              |
| DAYTIME TELEPHONE NUMBER  ( 925 )  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                      | Antioch                                     |                     | CA                                                   | 04531                                 |
| I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                             | E-MAIL ADDRES       |                                                      | <del></del>                           |
| I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ( 925 )                                                                                                                    | )                                           | rodman.m            | artin@                                               |                                       |
| DI C 112 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I have used all reasonable diligence in preparing this stater<br>herein and in any attached schedules is true and complete | nent. I have reviewe<br>e. I acknowledge th | ed this staten      | nent and to the best of my document.                 | knowledge the information contained   |
| (1) C 117h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                             | -                   |                                                      | ect.                                  |
| Pata Stand 03/10/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Data Signal 03/10/2014                                                                                                     | -                                           |                     | 12/10/1                                              | 17.to                                 |
| Date Signed U3/ 10/2014 Signature / (File the originally bigned statement with your filing official.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date Signed                                                                                                                | Sigr                                        | nature              | (File the orimbativ binner) eta                      | Lement with your films official \     |

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---------------------------------------------------------|
| Name                                                    |
| Rodman Joseph Martin                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ► 1. INCOME RECEIVED                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF SOURCE OF INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME OF SOURCE OF INCOME                                                                                                                                                                                                                                                            |
| Pegnim & Ivancich, LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |
| ADDRESS (Business Address Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS (Business Address Acceptable)                                                                                                                                                                                                                                               |
| 3440 Hillcrest Ave., Suite 175, Antioch, CA 94531                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BUSINESS ACTIVITY, IF ANY, OF SOURCE                                                                                                                                                                                                                                                |
| Law Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                     |
| YOUR BUSINESS POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YOUR BUSINESS POSITION                                                                                                                                                                                                                                                              |
| Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |
| GROSS INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GROSS INCOME RECEIVED                                                                                                                                                                                                                                                               |
| S500 - \$1,000 S1,001 - \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$500 - \$1,000 \$1,001 - \$10,000                                                                                                                                                                                                                                                  |
| ☐ \$10,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$10,001 - \$100,000 OVER \$100,000                                                                                                                                                                                                                                                 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CONSIDERATION FOR WHICH INCOME WAS RECEIVED                                                                                                                                                                                                                                         |
| ☑ Salary  ☐ Spouse's or registered domestic partner's income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Salary Spouse's or registered domestic partner's income                                                                                                                                                                                                                             |
| Loan repayment Pertnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Loan repayment Partnership                                                                                                                                                                                                                                                          |
| Sale of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C Code of                                                                                                                                                                                                                                                                           |
| (Real property, car, boat, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sale of(Rael property, car, boat, etc.)                                                                                                                                                                                                                                             |
| Commission or Rental Income, list each source of \$10,000 or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Commission or Rental Income, #st each source of \$10,000 or more                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1</b>                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - <b>     </b>                                                                                                                                                                                                                                                                      |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                                                                                                                                                                                                                                                                               |
| (Describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other(Describe)                                                                                                                                                                                                                                                                     |
| Cther(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Describe)                                                                                                                                                                                                                                                                          |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the second commercial card transaction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's                                                                                |
| * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's                                                                                |
| * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:                                                                                       |
| * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Describe)  VERIOD  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)                                |
| * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followant of Lender.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:    INTEREST RATE   TERM (Months/Years)   None   SECURITY FOR LOAN                     |
| * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followant of Lender.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I lending institutions, or any indebtedness created as part of he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE  Wonne  None                                                            |
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#### San Francisco **BOARD OF SUPERVISORS**

Date Printed: May 9, 2014

Date Established:

August 18, 1993

Active

#### SUNSHINE ORDINANCE TASK FORCE 2000

#### **Contact and Address:**

Victor Young Administrator **Board of Supervisors** City Hall, Room 244 San Francisco, CA 94102

Phone: (415) 554-5184 Fax: (415) 554-5163 Email: sotf@sfgov.org

#### **Authority:**

Added by Board of Supervisors' Ordinance No. 265-93 (Added Admin. Code Section 67.30); amended by Ordinance Nos. 118-94, 432-94, 287-96, 198-98, 387-98, and by Proposition G adopted November 2, 1999.

#### **Board Qualifications:**

The Sunshine Ordinance Task Force 2000 consists of a total of thirteen members, eleven of whom are appointed by the Board of Supervisors. The Mayor or his/her designee, and the Clerk of the Board of Supervisors or his/her designee serve as non-voting members. All members must have experience and/or demonstrated interest in the issues of citizen access and participation in local government. The City Attorney shall serve as legal advisor to the Task Force.

The members are drawn from the following categories: two appointed from names submitted by local chapter of the Society of Professional Journalists, one an attorney and one a local journalist; one appointed from the press or electronic media; one appointed from names submitted by the local chapter of the League of Women Voters; four members of the public who have demonstrated interest in or have experience in the issues of citizen access and participation in local government; two members of the public experienced in consumer advocacy; one appointed from names submitted by New California Media, to be a journalist from a racial/ethnic-minority-owned news organization.

The term of each appointive member shall be two years unless earlier removed by the Board of Supervisors. In the event of such removal or vacancy during the term of office of any appointive member, a successor shall be appointed for the unexpired term of the office vacated.

#### San Francisco BOARD OF SUPERVISORS

At all times, the Task Force shall include at least one member who shall be a member of the public who is physically handicapped and who has demonstrated interest in citizen access and participation in local government.

The Task Force shall advise the Board of Supervisors and provide information to other City departments on appropriate ways in which to implement Chapter 67 of the Administrative Code. The Task Force shall develop appropriate goals to ensure practical and timely implementation of Chapter 67; propose to the Board of Supervisors amendments to Chapter 67; report to the Board of Supervisors at least once annually on any practical or policy problems encountered in the administration of Chapter 67; make referrals to a municipal office with enforcement power under the Sunshine Ordinance or under the California Public Records Act and the Brown Act whenever it concludes that any person has violated any provisions of this ordinance or the Acts.

In addition to regular Task Force meetings, Task Force members are expected to participate in committee work.

Reports: Receive and review the Annual Report of the Supervisor of Public Records and may request additional reports or information as it deems necessary. Shall issue public reports as it sees fit, evaluating compliance with this ordinance and related California laws by the City or any Department, Officer, or Official thereof.

Sunset Date: None