

File No. 150392

Committee Item No. 6

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date April 23, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (MOU) |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 - Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Alisa Somera Date April 17, 2015

Completed by: _____ Date _____



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: Children and Families Commission

Seat # or Category (If applicable): District:

Name: Linda Asato

Home Address: S. Hill Blvd Zip: 94112

Home Phone: 415- Occupation: Executive Director

Work Phone: 415-494-4640 Employer: CA Child Care Resource & Referral Network

Business Address: 111 New Montgomery Street, 7th Flr Zip: 94105

Business E-Mail: lasato@rnetwork.org Home E-Mail: lasato@

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:

I have worked in the early care and education and family support fields for almost two decades in both the public and private sectors in San Francisco. I have worked with a cross section of parents and child care providers from various ethnic groups and directly served neighborhoods (Districts 3, 6, and 10) when I was leading an agency that had child development sites. Serving as lead of that non-profit agency, I was particularly acute to the needs and services available to non-English speaking and low-income populations, especially in the Chinese immigrant community. From the ground level, as a parent myself that lives in a District (11) that has many low income and moderate children and families, and in my direct work with parents over the years, I understand their diverse needs and have also been able to represent those needs in my policy and planning role as an advocate (at the state level), often using these examples and experience from the local level.

Business and/or professional experience:

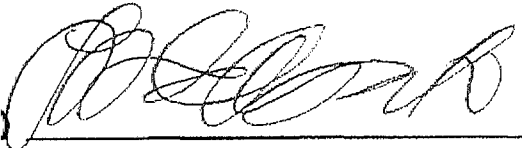
I am the Executive Director of the California Child Care Resource & Referral Network, located in San Francisco. I have served in this role for three years. The work of my agency is to support parents and child care providers, advocating for their needs and supporting programs serving parents and providers. We also play a planning and advising role to policy makers. I have also been a child care and family support providers serving as Executive Director of Wu Yee Children's Services for 11 years. The agency offered child development services through centers, a family child care network, and hosted a family resource center. We also supported professional development of child care providers. I have also worked at the SFUSD, and in the former Mayor's Office of Children, Youth and Families (now, DCYF) in a planning and policy analyst capacity.

Civic Activities:

Board member, Child Care Aware of America
Board member, Asian Improv Arts
Commissioner, First 5 SF
Girl Scout Troop Leader, Troop 62257

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

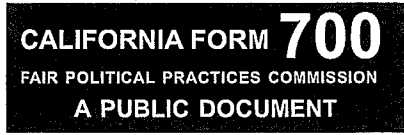
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 3/25/15 Applicant's Signature: (required) 

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

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

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



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received Official Use Only

E-Filed 03/18/2014 15:18:04 Filing ID: 150417034

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Asato, Linda

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Children & Families First Commission Commissioner

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 Multi-County City of Judge or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013 Leaving Office: Date Left (Check one) The period covered is January 1, 2013, through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 2 Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) San Francisco CA 94102 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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

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

Date Signed 03/18/2014 (month, day, year)

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

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Child Care Aware of America
 ADDRESS (Business Address Acceptable)
 Arlington, VA 22201
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 14	\$ 250.00	Chrome
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: The item was a raffle prize randomly drawn among all conference participants. I do not know who donated the item



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: Children and Families Commission

Seat # or Category (if applicable): _____ District: _____

Name: Suzanne M. Giraud

Home Address: San Buenaventura Way Zip: 94127

Home Phone: 415- [REDACTED] Occupation: Psychologist, clinic director

Work Phone: 415-600-6200 Employer: California Pacific Medical Center

Business Address: 1625 Van Ness Ave. Zip: 94102

Business E-Mail: girauds@sutterhealth.org Home E-Mail: lgiraud@ [REDACTED]

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:

Current member of the Children and Families Commission
Pediatric psychologist
director of the largest Child Development Center in No. California serving children birth to 18 years old with developmental challenges
Mother of 4 and grandmother of 8 (1 son is from the foster care system)

Business and/or professional experience:

Elementary teacher and resource specialist for 10 years
20 years at California Pacific Medical Center working inpatient and outpatient with children

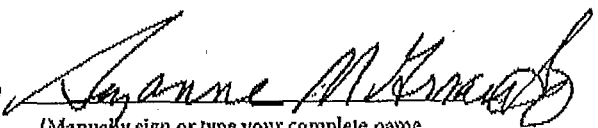
Civic Activities:

previous member of Mayor's Ten Year Homeless Plan
Served on the DPH Adolescent Suicide Prevention Task Force
Boards of non profits including: Home Away from Homelessness, Hamilton Family Center,
DeMarillac Academy

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: 3-12-15 Applicant's Signature: (required)



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

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

FOR OFFICE USE ONLY:

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Received
 Official Use Only

 E-Filed
 03/05/2014
 11:28:43

 Filing ID:
 150112416

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Giraudó, Suzanne			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Children & Families First Commission

Commissioner

▶ 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>San Francisco</u> |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2013, through December 31, 2013 | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2013, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2013 | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> Candidate: Election Year _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 15

- | | |
|---|---|
| <input checked="" type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| -or- | |
| <input type="checkbox"/> None - No reportable interests on any schedule | |

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94120
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS (OPTIONAL)	
()				

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

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

 Date Signed 03/05/2014
 (month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Giraud, Suzanne</u>

▶ NAME OF BUSINESS ENTITY
PENTAIR LTD

GENERAL DESCRIPTION OF THIS BUSINESS
aquatic equipment

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

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

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

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
communication

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

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

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

▶ NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
financial

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

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

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

▶ NAME OF BUSINESS ENTITY
Chevron Corp

GENERAL DESCRIPTION OF THIS BUSINESS
energy

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

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

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

▶ NAME OF BUSINESS ENTITY
Cisco Sys Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Network

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

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

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

▶ NAME OF BUSINESS ENTITY
Citygroup Inc. com

GENERAL DESCRIPTION OF THIS BUSINESS
financial

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 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 _____
Giraudo, Suzanne

▶ NAME OF BUSINESS ENTITY
Coca Cola Co
 GENERAL DESCRIPTION OF THIS BUSINESS
soft drinks
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
EBAY
 GENERAL DESCRIPTION OF THIS BUSINESS
online auction and shipping website
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Electronic Arts
 GENERAL DESCRIPTION OF THIS BUSINESS
video games
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Engility Holdings Inc.
 GENERAL DESCRIPTION OF THIS BUSINESS
government services in engineering
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
COTSCO Wholesale Corp
 GENERAL DESCRIPTION OF THIS BUSINESS
wholesale waarehouse chain
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Exxon Mobil Corp
 GENERAL DESCRIPTION OF THIS BUSINESS
oil and gas co.
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 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 _____
Giraud, Suzanne

▶ NAME OF BUSINESS ENTITY
General Electric Co.
 GENERAL DESCRIPTION OF THIS BUSINESS
general business services
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Google Inc
 GENERAL DESCRIPTION OF THIS BUSINESS
web search
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hewlett Packard
 GENERAL DESCRIPTION OF THIS BUSINESS
computers
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Home Depot Inc
 GENERAL DESCRIPTION OF THIS BUSINESS
home improvement hardware
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Corp
 GENERAL DESCRIPTION OF THIS BUSINESS
computer manufacturer
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Business Mach
 GENERAL DESCRIPTION OF THIS BUSINESS
technology
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Giraud, Suzanne</u>

▶ NAME OF BUSINESS ENTITY
Intel Game Technology

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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

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

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

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
baby products

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

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

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

▶ NAME OF BUSINESS ENTITY
L-3 Communications Holdings Inc

GENERAL DESCRIPTION OF THIS BUSINESS
surveillance and navigations products

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

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

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

▶ NAME OF BUSINESS ENTITY
Merck & CO

GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical

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

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

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

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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

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

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

▶ NAME OF BUSINESS ENTITY
Mueller Wtr Prod

GENERAL DESCRIPTION OF THIS BUSINESS
steel buildings

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 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: Giraud, Suzanne

NAME OF BUSINESS ENTITY: Nike Inc Class B
GENERAL DESCRIPTION OF THIS BUSINESS: sports and fitness
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Oracle Co
GENERAL DESCRIPTION OF THIS BUSINESS: software
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Pfizer
GENERAL DESCRIPTION OF THIS BUSINESS: pharmaceutical
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Proctor and Gamble
GENERAL DESCRIPTION OF THIS BUSINESS: personal care
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Schlumberger Limited
GENERAL DESCRIPTION OF THIS BUSINESS: oilfield service provider
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Spectra Energy corp
GENERAL DESCRIPTION OF THIS BUSINESS: sports and fitness
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

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 _____ <u>Giraud, Suzanne</u>

▶ NAME OF BUSINESS ENTITY
Starbucks Corp

GENERAL DESCRIPTION OF THIS BUSINESS
coffee

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

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

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

▶ NAME OF BUSINESS ENTITY
Sysco Corp

GENERAL DESCRIPTION OF THIS BUSINESS
foodservice distributor

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

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

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

▶ NAME OF BUSINESS ENTITY
Target Corp

GENERAL DESCRIPTION OF THIS BUSINESS
retail

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

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

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

▶ NAME OF BUSINESS ENTITY
3M Company

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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

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

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

▶ NAME OF BUSINESS ENTITY
United Parcel SVC INC

GENERAL DESCRIPTION OF THIS BUSINESS
shipping

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

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

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

▶ NAME OF BUSINESS ENTITY
Verizon Communications

GENERAL DESCRIPTION OF THIS BUSINESS
communications

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 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 <u>Giraud, Suzanne</u>

▶ NAME OF BUSINESS ENTITY
Walgreen Company

GENERAL DESCRIPTION OF THIS BUSINESS
retail

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

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

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

▶ NAME OF BUSINESS ENTITY
Yahoo Inc

GENERAL DESCRIPTION OF THIS BUSINESS
online network

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

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

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

▶ NAME OF BUSINESS ENTITY
Zimmer Holdings

GENERAL DESCRIPTION OF THIS BUSINESS
publisher of business/financial

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

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

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

▶ NAME OF BUSINESS ENTITY
Bronco Re

GENERAL DESCRIPTION OF THIS BUSINESS
real estate

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

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

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

▶ NAME OF BUSINESS ENTITY
GDG Family Partners

GENERAL DESCRIPTION OF THIS BUSINESS
real estate investment property DC

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

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

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

▶ NAME OF BUSINESS ENTITY
MSR Capital Partner

GENERAL DESCRIPTION OF THIS BUSINESS
investment partnership

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 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
Giraud, Suzanne

▶ NAME OF BUSINESS ENTITY
Basin Street Properties

GENERAL DESCRIPTION OF THIS BUSINESS
real estate limited partnership

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

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

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

▶ NAME OF BUSINESS ENTITY
MDNH Partner LP

GENERAL DESCRIPTION OF THIS BUSINESS
investment partnership

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

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

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

▶ NAME OF BUSINESS ENTITY
GESD Capital Partners

GENERAL DESCRIPTION OF THIS BUSINESS
food, restaurants, bakeries

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Giraud, Suzanne

1. BUSINESS ENTITY OR TRUST

Breadboard Investments
Name
San Francisco, CA 94104
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
various

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION partner

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Description of Business Activity or City or Other Precise Location of Real Property

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

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

1. BUSINESS ENTITY OR TRUST

Breadboard Enterprises
Name
San Francisco, CA 94104
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
paasive holder of cash and interest in BBE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION investor

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Description of Business Activity or City or Other Precise Location of Real Property

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

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Giraud, Suzanne

▶ 1. BUSINESS ENTITY OR TRUST

GESD Capital Partners
Name
San Francisco, CA 94105
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
private equity

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Description of Business Activity or City or Other Precise Location of Real Property

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

▶ 1. BUSINESS ENTITY OR TRUST

Andre Boudin Bakeries Inc
Name
San Francisco, CA 94105
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
various food and real estate

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Description of Business Activity or City or Other Precise Location of Real Property

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
35 San Buenaventura Way
 CITY
San Francisco
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED _____ DISPOSED _____
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
 Yrs. remaining _____ Other _____
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
128 Westgate Drive
 CITY
Napa, CA
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED _____ DISPOSED _____
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
 Yrs. remaining _____ Other _____
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Giraud, Suzanne

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
GESD Capital Partners
ADDRESS (Business Address Acceptable)
San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Coblentz, Patch, Duffy, Bass
ADDRESS (Business Address Acceptable)
San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Giraud, Suzanne	

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
S & P Realty

ADDRESS (Business Address Acceptable)
Mill Valley, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
California Pacific Medical Center

ADDRESS (Business Address Acceptable)
San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health care

YOUR BUSINESS POSITION
director, psychologist

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

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

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Giraud, Suzanne

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Breadboard Enterprises

ADDRESS (Business Address Acceptable)
San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Breadboard Investments

ADDRESS (Business Address Acceptable)
San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____



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: First 5 Commission San Francisco

Seat # or Category (If applicable): Seat #9 District: _____

Name: Lynn Merz

Home Address: P.O. Box — Half Moon Bay, CA. Zip: 94019

Home Phone: 650. ——— Occupation: Executive Director

Work Phone: 415.296.9249 Employer: Mimi and Peter Haas Fund

Business Address: 201 Filbert Street, San Francisco, CA Zip: 94133

Business E-Mail: lmerz@mphf.org Home E-Mail: lynn@ ———

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: El Granada

Resident of San Francisco Yes No If No, place of residence: El Granada

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:

Please see my attached resume.

Business and/or professional experience:

Please see my attached resume.

Civic Activities:

Please see the attached sheet.

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: 23 March 2015 Applicant's Signature: (required) Lynn Merz

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

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

FOR OFFICE USE ONLY:

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

Lynn Merz

P.O. Box [REDACTED]
Half Moon Bay CA 94019

650. [REDACTED]
lynn@[REDACTED]

Executive Director

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

Summary

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

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

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

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

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

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

Professional Experience

MIMI AND PETER HAAS FUND

2007 - present

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

Executive Director, officer to the Board of Trustees

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

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

PENINSULA COMMUNITY FOUNDATION

2000 - 2007

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

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

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

SAN MATEO COUNTY OFFICE OF EDUCATION

1996 - 2000

Director of Child, Youth and Family Services Program

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

FAMILY COUNCIL OF HALF MOON BAY

1993 - 1996

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

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

WINTHROP STREET SCHOOL (Concord MA)

1991 – 1993

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

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

CONCORD ASSABET SCHOOL (Concord MA)

1985 – 1993

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

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

Psychotherapy and Consultation Experience includes:

ROHRBAUGH ASSOCIATES (Cambridge MA)

1989 - 1993

Counseling and Consulting Psychologist

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

Education

HARVARD UNIVERSITY

Ed M., Counseling and Consulting, Psychology, 1987

UNIVERSITY OF MASSACHUSETTS

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

BOSTON UNIVERSITY

BA, English Literature, *Cum Laude*, 1974

Certifications and Credentials

California Preliminary Credential in Educational Administration

Massachusetts Certification in Moderate Special Needs

California Clear Credential in Special Education/Learning Handicapped

Massachusetts Certification in Secondary English and Social Studies

California Credential in Single Subject, English

Licensed in Massachusetts as Psychologist Assistant

Certified Facilitator, Interaction Associates

Certified Graphics Recorder, The Grove

- Gateway to Quality Funders Committee Member 2007 – present
- Community Advisory Board to City College's
Child and Family Development Department 2007 – present
- National Early Childhood Funders Collaborative 2007 – present
- SFUSD Community Advisory Committee 2009 - present
- Bridge to Success Advisory Board 2010 – 2011
- SF First 5 Strategic Planning Advisory Committee 2010 – present
- Host Committee for Grantmakers for Children, Youth
And their Families – 2011 Annual Conference in SF 2011
- Host Committee for Independent Sector – 2012 Annual
Conference in SF 2011 – 2012
- First 5 San Francisco Commission
Chair of the Program Committee 2011 - present
- Our City, Our Children Funders Advisory Committee 2013 - 2014

Mimi L. Haas, President

Ari A. Lurie

Daniel L. Lurie

Peter E. Haas, Founder

March 24, 2015

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

Statement of qualifications:

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

As the Executive Director of the Mimi and Peter Haas Fund, I have worked closely with the city's early childhood community – providers, city and private funders, and stakeholders – to support and invest in young children and their families. As a Commissioner for the past four years, I have served as chair of the Program Committee and have been involved in the key decisions made by the Commission. I also have worked the Early Education Department of San Francisco Unified School District as well as the Office of Early Care and Education to best coordinate services and leverage national, state and city funding for children from birth to five and their families. I bring a passionate commitment to the work of the First 5 Commission as my life's work has been dedicated to serving children, youth and their families – with a strong commitment to working with organizations that support young children. My reapplication to serve on the First 5 Commission continues to be a significant commitment to help to achieve equity for all children and their families. Please consider my application for one of the three openings on the Commission.

Civic Activities:

- The Mayor's Advisory Board for Children,
Youth and their Families Member

2007 – 2008

Mimi L. Haas, President

Ari A. Lurie

Daniel L. Lurie

Peter E. Haas, Founder

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

23 March 2015

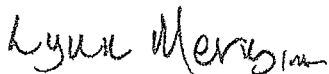
Dear Supervisor Avalos,

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

In this time of transition for First 5 from being responsible for Proposition H funding to working with the Office of Early Care and Education that now will administer Proposition C funds, it is important for there to be continuity on the Commission. Through the Commission's 2015 strategic planning process and First 5 staff's work with the Office, the lives of children and their families, the continuation of the exemplary work of First 5 San Francisco and its Commission will remain seamless. I know that my professional background in serving children and their families, as well as my past four years as a Commissioner will be an asset as the new structures are built to serve San Francisco's youngest and most vulnerable.

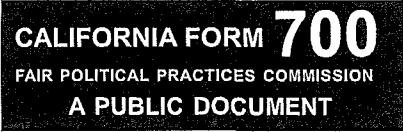
Thank you and the members of the Rules Committee for considering my reapplication. I look forward to presenting my qualifications and discussing my strong interest in continuing to serve on the Commission. I look forward to presenting to you, Supervisors Tang and Cohen in April.

Kind regards,



Lynn Merz, Executive Director

Lynn Merz, Executive Director



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

E-Filed 03/20/2015 14:13:53 Filing ID: 154672101

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Merz, Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Children & Families First Commission Member

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014 -or- The period covered is through December 31, 2014. Leaving Office: Date Left (Check one) The period covered is January 1, 2014, through the date of leaving office. The period covered is through the date of leaving office. Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 2 Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) San Francisco CA 94133 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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

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

Date Signed 03/20/2015 Signature Lynn Merz (month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lynn Merz

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Children & Families First Commission	Commissioner	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	Children & Families First Commission	Member	Annual 1/1/2014 - 12/31/2014

BOARD of SUPERVISORS



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

VACANCY NOTICE

CHILDREN AND FAMILIES FIRST COMMISSION

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies:

Vacant seat 6, succeeding Linda Asato, term expiring on April 29, 2015, shall represent one or more of the following: children services, public health services; behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council, or another local child care coordinating group; representatives of a local organization for prevention, or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations, or societies, for a four-year term ending April 29, 2019.

Vacant seat 7, succeeding Suzanne Giraud, term expiring on April 29, 2015, shall represent one or more of the following: children services, public health services; behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council, or another local child care coordinating group; representatives of a local organization for prevention, or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations, or societies, for a four-year term ending April 29, 2019.

Vacant seat 9, succeeding Lynn Merz, term expiring on April 29, 2015, shall represent one or more of the following: children services, public health services; behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council, or another local child care coordinating group; representatives of a local organization for prevention, or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood

development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations, or societies, for a four-year term ending April 29, 2019.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Administrative Code, Section 86. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None.

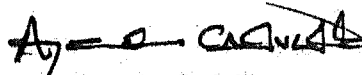
Additional information relating to the Children and Families First Commission may be obtained by reviewing Administrative Code, Sections 86.1 et seq., at <http://www.sfbos.org/sfmunicodes> or by visiting their website at <http://www.first5sf.org/>.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Commission must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, this vacancy may have already been filled. To determine if the vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.


Angela Calvillo
Clerk of the Board

San Francisco
BOARD OF SUPERVISORS

Date Printed: April 16, 2015

Date Established: December 24, 1998

Active

CHILDREN AND FAMILIES FIRST COMMISSION

Contact and Address:

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

Phone: (415) 934-4849

Fax: (415) 565-0494

Email: Kahala@first5sf.org

Authority:

Administrative Code, Sections 86.1 et seq. (Ordinance Nos. 409-98, 321-99, and 221-00)

Board Qualifications:

The San Francisco Children and Families First Commission (aka the First Five Commission) consists of a total of nine (9) members, all of whom are appointed by the Board of Supervisors.

The following four (4) members shall be entitled to serve as long as they meet the qualifications of membership.

- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the General Manager of the Department of Human Services or his/her designee;
- > One (1) member shall be a member of the Board of Supervisors;
- > One (1) member shall be the Director of the Department of Children, Youth and Their Families or his/her designee.

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

San Francisco
BOARD OF SUPERVISORS

development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

In the event a vacancy occurs during the term of office of any appointed member, a successor shall be appointed for the unexpired term of the office vacated in a manner similar to that for the initial member.

This Commission is established to promote, support and improve the early development of children from the prenatal state to five years of age and to carry out the provisions of the California Children and Families First Act of 1998. The powers and duties are stated in Administrative Code, Section 86.2.

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

Sunset Date: None
