

File No. 171274

Committee Item No. 6

Board Item No. \_\_\_\_\_

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date December 6, 2017

Board of Supervisors Meeting

Date \_\_\_\_\_

### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" 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 checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700                                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | Vacancy Notice                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | Information Sheet                            |
| <input 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"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Alisa Somera Date December 1, 2017

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

1 [Mayoral Appointment, Aging and Adult Services Commission - Michael Pappas]

2  
3 **Motion approving/rejecting the Mayor's appointment of Michael Pappas to the Aging**  
4 **and Adult Services Commission, for a term ending July 1, 2020.**

5  
6 WHEREAS, Pursuant to Charter, Section 3.100, the Mayor has submitted a  
7 communication notifying the Board of Supervisors of the appointment of Jeremy Wallenberg  
8 to the Aging and Adult Services Commission, received by the Clerk of the Board on  
9 November 30, 2017; and

10 WHEREAS, Under Charter, Section 3.100, the Board of Supervisors has the authority  
11 to reject the appointment by a two-thirds vote (eight votes) within 30 days following transmittal  
12 of the Mayor's Notice of Appointment, and the failure of the Board to reject the appointment by  
13 two-thirds vote within the 30-day period shall result in the appointee continuing to serve as  
14 appointed; now, therefore, be it

15 MOVED, That the Board of Supervisors hereby approves/rejects the Mayor's  
16 appointment of Michael Pappas to the Aging and Adult Services Commission, for the  
17 unexpired portion of a term ending July 1, 2020.

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE  
MAYOR

BOB Aides  
Rules Clerk  
Deputy City Clerk  
City Clerk

November 30, 2017

Angela Calvillo  
Clerk of the Board, Board of Supervisors  
San Francisco City Hall  
1 Carlton B. Goodlett Place  
San Francisco, CA 94102

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2017 NOV 30 PM 1:15  
AK

Dear Ms. Calvillo,

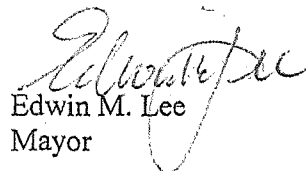
Pursuant to Section 3.100 (18) of the Charter of the City and County of San Francisco, I hereby make the following appointments and reappointment:

Michael Pappas to the Aging and Adult Services Commission, assuming the seat formerly held by Neil Sims, for a term ending July 1, 2020

I am confident that Mr. Pappas, an elector of the City and County, will serve our community well. Attached is his qualifications to serve, which will demonstrate how his appointment represents the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

Should you have any questions related to this appointment, please contact my Deputy Chief of Staff, Francis Tsang, at (415) 554-6467.

Sincerely,

  
Edwin M. Lee  
Mayor

---

**Michael G. Pappas**

Executive Director, San Francisco Interfaith Council

Michael G. Pappas was born in Glen Ridge, New Jersey. He graduated from Dickinson College (Carlisle, PA) in 1983, after which he successively worked as a lobbyist, regional field director for a presidential campaign and investment banker for the oldest municipal bond firm in New Jersey.

In 1987, he left the world of politics & finance and enrolled at Holy Cross Greek Orthodox School of Theology (Brookline, MA) attaining an M.Div., with honors, in the class of 1992. An ordained priest of the Greek Orthodox Church, Michael served parishes in Palos Hills, IL, Stockton, CA, and San Francisco, CA.

During his sixteen-year ministry, he was a prolific writer, contributing articles to numerous religious and secular periodicals. As well, he devoted energy to work with the homeless and further ecumenical/interfaith relationships. After transitioning from parish ministry in 2007, he was selected by the San Francisco Interfaith Council to the newly created administrative post of Executive Director.

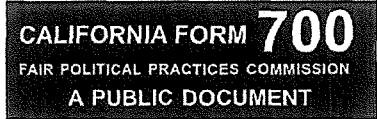
In his tenure as Executive Director Michael has helped increase the Council's budget and programs substantially; strengthened existing and cultivated new relationships with civic leaders, NGOs, judicatories and congregations; and significantly projected the SFIC through expanded use of technology.

#### Previous Experience

His previous/current board memberships include: Mayoral appointments to the San Francisco Human Rights Commission, San Francisco Disaster Council, San Francisco Office of Civic Engagement's 2010 Census Complete Count Committee, and San Francisco Assisi Sister City Committee.

He has also served as a Board Member of the National Shrine of Saint Francis; Board of Directors & Program Committee Chair of the Interfaith Center at the Presidio; The San Francisco Foundation FAITHS Advisory Board; Episcopal Charities Board of Trustees; San Francisco Night Ministry Advisory Board Member. He has also served on the United Religions Initiative (URI) North America Region Leadership Council and was elected by that Region to serve as a Trustee on URI's Global Council. He also serves on the Board of Directors of the American Red Cross Bay Area Chapter.

He is the father of two sons, George and Paul, and one daughter, Julia. He is a congregant at Grace Episcopal Cathedral in San Francisco.



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

E-Filed 03/24/2017 12:58:14 Filing ID: 164240438

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Pappas, Michael G.

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 Human Rights 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 San Francisco, 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, 2016, through December 31, 2016. Leaving Office: Date Left. Assuming Office: Date assumed. Candidate: Election Year and office sought.

4. Schedule Summary (must complete)

Total number of pages including this cover page: 7

Schedules attached

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE San Francisco CA 94102 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 03/24/2017 Signature Michael G. Pappas

# 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  
Pappas, Michael G.

▶ NAME OF BUSINESS ENTITY  
Amgen Incorporated (UTMA account)

GENERAL DESCRIPTION OF THIS BUSINESS  
Biopharmaceutical 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  
American Express (UTMA account)

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial 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  
Microsoft Corporation (UTMA Account)

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer products/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

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Pappas, Michael G.

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
San Francisco Interfaith Council
ADDRESS (Business Address Acceptable)
San Francisco, CA 94129
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit
YOUR BUSINESS POSITION
Executive Director
GROSS INCOME RECEIVED
[X] \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
[X] Salary

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
City & County of San Francisco
ADDRESS (Business Address Acceptable)
San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Rights Commission
YOUR BUSINESS POSITION
Commissioner
GROSS INCOME RECEIVED
[X] \$500 - \$1,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
[X] Other Stipend

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
[X] \$500 - \$1,000

INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN
[X] Real Property
Guarantor

Comments:

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Pappas, Michael G.

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Episcopal Network for Stewardship  
ADDRESS (Business Address Acceptable)  
Los Angeles, CA 90026

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Provides training and resources for stewardship leaders in Episcopal Church

YOUR BUSINESS POSITION  
Retreat facilitator (single occurrence)

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_ (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other consultant fee for facilitating retreat  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_ (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\*  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_  
HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None  
TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_



## SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Pappas, Michael G.

▶ NAME OF SOURCE (Not an Acronym)  
Grace Cathedral  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94108  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 04 / 16</u>	<u>\$ 450.00</u>	<u>Carnivale Annual Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
American Red Cross  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94103  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Humanitarian organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 16</u>	<u>\$ 425.00</u>	<u>Annual Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
St. Mary's Cathedral  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94111  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 16</u>	<u>\$ 150.00</u>	<u>45th Anniversary Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jewish Community Relations Council  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94105  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Affairs Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 24 / 16</u>	<u>\$ 150.00</u>	<u>JCRC Behind the Scenes Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jewish Vocational Service  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94104  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Helps Bay Area job seekers build in-demand skills and find jobs to achieve self-sufficiency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 02 / 16</u>	<u>\$ 150.00</u>	<u>Strictly Business Luncheon</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
National Center for Lesbian Rights  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94102  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
National legal organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 16</u>	<u>\$ 400.00</u>	<u>Anniversary Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

## SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Pappas, Michael G.</u>

▶ NAME OF SOURCE (Not an Acronym)  
New Israel Fund  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94104  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 16</u>	<u>\$ 450.00</u>	<u>Annual Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Shanti Project  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94109  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 16</u>	<u>\$ 450.00</u>	<u>Annual gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
St. Vincent de Paul Society  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94109  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social service agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 16</u>	<u>\$ 250.00</u>	<u>Brennan Awards Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Knights of St. Francis of Assisi  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94133  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 06 / 16</u>	<u>\$ 350.00</u>	<u>Annual Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
SF Heb B Free Campaign  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94102  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 16</u>	<u>\$ 125.00</u>	<u>Awards Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Bay Scholars  
ADDRESS (Business Address Acceptable)  
San Francisco, CA 94104  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 16</u>	<u>\$ 250.00</u>	<u>Annual Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

Pappas, Michael G.

▶ NAME OF SOURCE (Not an Acronym)

Episcopal Impact Fund

ADDRESS (Business Address Acceptable)

San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 19 / 16</u>	<u>\$ 450.00</u>	<u>Annual gala</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u> </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

GLIDE

ADDRESS (Business Address Acceptable)

San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 16</u>	<u>\$ 500.00</u>	<u>Holiday Jam</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u> </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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Comments: \_\_\_\_\_

Member, Board of Supervisors  
District 1



City and County of San Francisco

**SANDRA LEE FEWER**  
李麗嫦 市參事

November 30, 2017

Madam Clerk,

I would like to request a hearing regarding the reappointment of **Michael Pappas** to the Aging and Adult Services Commission for a term ending July 1, 2020.

Thank you for your attention to this matter.

*Sandra Lee Fewer*

Sandra Fewer

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