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	Grant Information Form		
	Grant Budget		
	Subcontract Budget		•
	Contract/Agreement	•	

X X	Vacancy Notice Information Sheet Public Correspondence
OTHER	(Use back side if additional space is needed)

Form 126 - Ethics Commission

Award Letter Application Form 700

Completed by: Alisa Somera
Completed by: 🔻 📉 (กระจะ

Date February 23, 2018

Date Mazch I , 2018

PREPARED IN COMMITTEE 2/28/2018

[Appointments, San Francisco Health Authority - Jian Qing Zhang, Emily Webb, Sabra Matovsky, Lawrence Cheung, Steven Fugaro, Steve Fields, and Joseph David Woods]

FILE NO. 180150

MOTION NO.

.

Motion appointing Jian Qing Zhang, term ending January 15, 2020, and Emily Webb, Sabra Matovsky, Lawrence Cheung, Steven Fugaro, Steve Fields, and Joseph David Woods, terms ending January 15, 2021, to the San Francisco Health Authority.

MOVED, That the Board of Supervisors of the City and County of San Francisco does hereby appoint the hereinafter designated persons to serve as members of the San Francisco Health Authority, pursuant to the provisions in the California Welfare and Institutions Code, Section 14087.36, and the San Francisco Administrative Code, Sections 69.1 et seq., for the terms specified:

Jian Qing Zhang, seat 2, succeeding Brenda Yee, resigned, must be employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California, for the unexpired portion of a three-year term ending January 15, 2020.

Emily Webb, seat 4, succeeding herself, term expired, must be employed in the senior management of St. Luke's Hospital (San Francisco), for a three-year term ending January 15, 2021.

Sabra Matovsky, seat 5, succeeding John Gressman, resigned, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term ending January 15, 2021.

Lawrence Cheung, seat 7, succeeding himself, term expired, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

Steven Fugaro, seat 8, succeeding himself, term expired, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

Steve Fields, seat 12, succeeding himself, term expired, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term ending January 15, 2021.

Joseph David Woods, seat 14, succeeding himself, term expired, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term ending January 15, 2021.

Save Form



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: San Francisco Health Authority
Seat # or Category (If applicable): District:
Name: Jian Qing Zhang
Home Address: 22p: 94010
Home Phone: Occupation: Healthcare Executive
Work Phone: 4156772477 Employer: Chinese Hospital
Home Phone: Occupation: Healthcare Executive Work Phone: 4156772477 Employer: Chinese Hospital Business Address: 845 Jackson St, San Francisco, CA Zip: 94133
Business E-Mail: jianz@chasf.org Home E-Mail:
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.
Check All That Apply:
Registered voter in San Francisco: Yes No III No, where registered: San Mateo
Resident of San Francisco Yes No If No, place of residence Burlingame
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:
Innovative healthcare executive with 20+ years of hand-on experience in business development, operation, marketing, growth/expansion, innovation, strategic planning and clinical practice. Expertise includes but not limited to team building, leadership development, performance improvement, multi- specialty clinic development, managed care, population health, healthcare delivery system design, payment model design, grant writing, etc.
I have served as a family nurse practitioner/clinic administrator for over 20 years in community clinics seeing mainly Medicare and Medical patients, many were San Francisco Health Plan members. I have been involved with many SFHP quality and access initiatives. I am confident I can bring to the board more patients' perspectives, especially Asian patients'.

2013-04/2015 Chief Outpatient&Innovation Officer 1996-2013 Clinic manager, clinic director, clinic administrator, family nurse practitioner ivic Activities: N/A ave you attended any meetings of the Board/Commission to which you wish appointment? Yes _No _ or appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is acquirement before any appointment can be made. (Applications must be received 10 days	Divic Activities: N/A Eave you attended any meetings of the Board/Commission to which you with a specific control of the Board of Supervisors, appearance be	sh appointmen	?? Yes _No	
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CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD OF THE SAN FRANCISCO HEALTH AUTHORITY

January 2018

I, Dr. Jian Zhang, as a representative of the San Francisco Chinese Hospital, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.

(SIGNATURE)		
 	1/20/2014	
(DATE)	1 - 3 / 00 / 8	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

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Zhang	<u> Jlan</u>			Qing
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Francisco Health Authority				
Division, Board, Department, District, if applicable		Your Position		······································
		Board member		
➤ If filing for multiple positions, list below or on a	n attachment. (Do not use a	acronyms)		
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Agency:		Position:		
2. Jurisdiction of Office (Check at least of	ne box)	reconnected Copposition of the control of the contr		
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Multi-County		County of	•	
⊠ City of San Francisco		Other-		••
City or				
3. Type of Statement (Check at least one b	ox)	A=1144		
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December 31, 2017. -or-		(Check one)	•	
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Assuming Office: Date assumed/_		The period covere the date of leaving	d is	through
Candidate: Date of Election	and office polyable if			
4. Schedule Summary (must complete	e) ► Total number o	f pages including this	cover page:	
Schedules attached				
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Schedule A-2 - Investments - schedule at		schedule D - Income – Gifts -		
Schedule B - Real Property - schedule at	tached S	ichedule E - Income – Gifts -	- Travel Payments –	schedule attached
-Or-	27 L. L. L. L.	•		
None - No reportable interests on ar	y scheaule			
5. Verification	·			
MAILING ADDRESS STREET	CITY	, s	ATE	IP CODE
845 Jackson st	san franc		ga (94133
DAYTIME TELEPHONE NUMBER (415) 677-2477	1""	MAIL ADDRESS anz@chasf.org	•	
I have used all reasonable diligence in preparing th			t of my knowledge t	ne information contained
herein and in any attached schedules is true and of			it of hij thiothodge t	to profitation domained
I certify under penalty of perjury under the law	s of the State of California	that the foregoing is true ar	id correct.	
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Date Signed Vantuary 25, 2018	Sign	ature(File line poglacily	Amely C	ling official.)
(month, day, year)		in the title proppingly		Form 700 (2017/2018)
				ili advice@fppc.ca.gov
•		FPPC Toll-Free	Helpline: 866/275-	3772 www.fppc.ca.gov



Excellence Through Leadership & Collaboration

January 26, 2018

John F. Grgurina, Jr. Chief Executive Officer San Francisco Health Authority 50 Beale Street, 12th Floor San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(K)(1)(B) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Hospital Council of Northern and Central California hereby designates Dr. Jian Zhang, CEO of Chinese Hospital, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Serrano Sewell

Regional Vice President

cc: Dr. Jian Zhang



Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

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Business Experience: 1. Director, Community Health Programs, 2/2012- present California Pacific Medical Center/Sutter Health, San Francisco CA	
2. Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012 California Pacific Medical Center/Sutter Health, Sen Francisco CA	
3. Provider Relations Coordinator and Specialist, 10/2007-5/2011 San Francisco Health Plan and Healthy San Francisco Program, San Francisco CA	
Reimbursement Counselor, 2/2006-6/2007 Lash Group Healthcare Consultants, San Bruno CA	
Education/Professional Qualifications: 1. Master of Public Health, Health Policy and Management, 8/2010-5/2012 University of California Berkeley, School of Public Health, Berkeley CA	
Bachelor of Science in Economics and Communication, 9/2001-12/2005 University of California, Davis, Davis CA	
Civic Activities:	
Member, Governing Board and Finance Committee, 2015-present San Francisco Health Authority/San Francisco Health Plan, San Francisco CA	
Member, Board of Directors and Chair, Finance, 2014-present Portola and Excelsior Family Connections, San Francisco CA	
Member, Board of Directors, 2013-present Center for Youth Wellness, San Francisco CA	
4. Graduate, Class of 2013-2014 Leadership San Francisco, San Francisco Chamber of Commerce	
5. Participant, 2013-2017 Leukemia and Lymphoma Society, Team in Training, Greater Bay Area	
6. Vice President, Public Health, 2011-2012 Haas Healthcare Association, University of California, Berkeley	
Have you attended any meetings of the Board/Commissi	on to which you wish appointment? Yes ■ No □
	visors require an appearance before the Rules the Rules Committee Clerk will contact you when oplication 10 days before the scheduled hearing.)
	•
	9
	Emil a. Will
Date: 11/9/2017Applicant's Signature:	(required) Emily Ann Webb
Date: 11/9/2017 _Applicant's Signature:	Emily Ann Wohh
	(required) Emily Ann Webb (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) for one year. Once completed, this form, including
<i>Please Note</i> : Your application will be retained t	(required) Emily Ann Webb (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) for one year. Once completed, this form, including
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

Ple	ase type or print in ink.	•		•
NA	ME OF FILER (LAST)	(FIRST)	•	(MIDDLE)
W	ebb	Emily		Ann ·
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	San Francisco Health Authority	•	•	·
	Division, Board, Department, District, if applicable		Your Position	,
	San Francisco Health Authority		Member, Governing Board	
	▶ If filing for multiple positions, list below or on an attachment	ent. (Do not use a	cronyms)	
	Agency; N/A	· ·	Position: N/A	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
	Multi-County		○ County of San Francisco	
	☑ City 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.	jh	Leaving Office: Date Left (Check one)	
	The period covered is/		 The period covered is Janua leaving office. 	ry 1, 2016, through the date of
	Assuming Office: Date assumed 01 , 15 , 20	018	 The period covered is the date of leaving office. 	, through
	Candidate: Election year and	office sought, if diff	ferent than Part 1:	
4.	Schedule Summary (must complete) ▶ 7	otal number o	f pages including this cover pa	age;2
	Schedules attached			
	Schedule A-1 - Investments - schedule attached	[조] S	Schedule C - Income. Loans & Busines	s Positions - schedule attached
	Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached		•	
	Schedule B - Real Property - schedule attached		ichedule E - Income - Gifts - Travel P	
-(or-			
	☐ None - No reportable interests on any sched	lule		
5.	Verification			·.
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
		San Franc		94123
•	DAYTIME TELEPHONE NUMBER	i	MAIL ADDRESS vebbe@sutterhealth.org	
•	I have used all reasonable diligence in preparing this statementerein and in any attached schedules is true and complete.	ent. I have reviewe	d this statement and to the best of my k	nowledge the information contained
	I certify under penalty of perjury under the laws of the			t.
			740 D 1111	<i>I</i>
	Date Signed11/09/2017	Sigr	nature Muly G. Web	V min min min
	(month, day, year)		(Fige the originally signed state.	ment with your tiling official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA	FORM 700
FAIR POLITICAL PR	ACTICES COMMISSION
	ly Webb

Sutter Health/CPMC ADDRESS (Business Acceptable) Business Activity, IF ANY, OF SOURCE Employer/Salary YOUR BUSINESS POSITION Director, Community Health Programs GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$10,001 -	MANE OF POLICE OF MOONE	
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BUSINESS ACTIVITY, IF ANY, OF SOURCE Employer/Salary VOUR BUSINESS POSITION Director, Community Health Programs GROSS INCOME RECEIVED	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Employer/Salary YOUR BUSINESS POSITION Director, Community Health Programs GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,0	633 Folsom Street, 1st Floor, San Francisco CA	
YOUR BUSINESS POSITION Director, Community Health Programs	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Director, Community Health Programs GROSS INCOME RECEIVED	Employer/Salary	
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\$10,001 - \$100,000 OVER \$	GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
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Other	(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Other	Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mon
(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 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) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER Real Property Street address HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000 Guarantor	(Describe)	(Describe)
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FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Emily A. Webb

San Francisco, CA 94123

Education

Master of Public Health, Health Policy and Management, 5/2012

University of California, Berkeley

Bachelor of Arts, Double Major in Economics and Communication, 12/2005

University of California, Davis

Honors: Dean's List Two Quarters, Member Omicron Delta Pi International Economics Honor Society

Americans in Paris, 7/2004-8/2004

University of California, Davis Study Abroad Program, Paris, France

Work Experience Director of Community Health Programs, 2/2012- present

Sutter Health/California Pacific Medical Center, San Francisco, CA

Responsible for developing and executing CPMC's community benefit strategy and programs. The community benefit program invests almost \$165M in to the San Francisco Community annually. The program includes managing two health clinics (an innovative chronic disease management program and a multidisciplinary pediatric primary care practice), an early intervention developmental and behavioral health screening and treatment program at a community clinic, a breast health program and partnerships with more than 70 community based organizations. Additionally, responsible for CPMC's Medi-Cal and Charity services, including a risk based partnership with North East Medical Services that coordinates care for more than 32,000 Medi-Cal managed care beneficiaries. Finally, execute the healthcare commitments in CPMC's Development Agreement with the City and County of San Francisco—a \$1.1B community investment package.

Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012 Sutter Health/California Pacific Medical Center, San Francisco, CA

Project manager for medical home pilot project that focused on integrating chronic disease management and adult primary care at St. Luke's Hospital. Managed facility build-out planning using lean design principles and initiated plans for electronic medical records and clinical workflow re-design. Conducted assessment of safety-net pediatric primary care clinic and made recommendations to management during time of transition and restructuring. Performed data analysis and conducted research around Charity Care and Medi-Cal to better inform CPMC's discussions with the City and County of San Francisco around increasing Medi-Cal volume.

Provider Relations Specialist, 9/2009-5/2011

San Francisco Health Plan and Healthy San Francisco Program, San Francisco, CA

Provider Relations departmental lead on key cross-functional strategic initiatives including Medicaid 1115 Waiver implementation, California Department of Managed Healthcare Timely Access Regulations implementation, network expansion, process improvement and managed care system implementation. Increased responsibilities to include focus on developing, leading and presenting provider training commitments at contracted hospitals, clinics and provider sites. Assumed responsibility for health plan credentialing activities, management of provider network and oversight of delegated medical groups. Provider representative for data quality and information technology projects, quality improvement programs and marketing efforts.

Provider Relations Coordinator, 10/2007-9/2009

San Francisco Health Plan and Healthy San Francisco Program, San Francisco CA

Gained valuable insight into how state and local policy changes impact public health programs, while working as provider liaison for the health plan to more than 400 primary care and 2000 specialists within the safety net of San Francisco. Worked with departments across the organization to implement policy and program changes. Developed a broad knowledge of the structure and operations of San Francisco's safety-net providers, public insurance programs and the challenges of caring for underserved populations. Managed or played key roles in health plan strategic initiatives around network development, metrics development and state contract requirements. Effectively answered, researched and escalated complex provider questions and concerns related to the health plan insurance lines of business (managed Medi-Cal, Healthy Families, Healthy Kids and Healthy Worker programs) as well as San Francisco's health access program, Healthy San Francisco.

Reimbursement Counselor, 2/2006-6/2007

Lash Group Healthcare Consultants, San Bruno, CA

Answered reimbursement and coding questions with an emphasis on superior customer service and accuracy. Processed applications and maintained a database with relevant healthcare trends and updates. Consistently ranked in top five in productivity and accuracy within the department, three times ranked in the top two. Demonstrated excellent time management skills and ability to learn quickly.

Volunteer Experience Member, Governing Board and Finance Committee, 3/2015-present San Francisco Health Plan

Member, Board of Directors, 9/2014-present Portola and Excelsior Family Connections

Member, Board of Directors, 9/2013-present Center for Youth Wellness

Graduate, Class of 2013-2014 Leadership San Francisco, San Francisco Chamber of Commerce

Participant, 2013-present Leukemia and Lymphoma Society, Team in Training, Greater Bay Area Team

Vice President, Public Health, 2011-2012 Haas Healthcare Association, University of California at Berkeley

SAN FRANCISCO CONHEALTH PLAN

Here for you

P.O. Box 194247 San Francisco, CA 94119 1(415):547-7800 1(415):547-7821 FAX www.sfhp.org

November 15, 2017

Angela Calvillo Clerk of the Board Board of Supervisor Office 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Dear Ms. Calvillo:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that Emily Webb, MPH, Director of Community Health Programs for the California Pacific Medical Center/St, Luke's Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code 14087.36 (k)(1)(c) which permits the appointment of a "person employed in the senior management of St. Luke's Hospital" and (B) the San Francisco Administrative Code Sections 69.1 et esq.

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

John F. Grgurina, Jr. Chief Executive Officer



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: San Francisco Health Authority Board
Seat # or Category (If applicable): Seat #5 District:
Name: Sabra Matovsky
94541
Home Phone: CEO and President
Work Phone: 415-355-2220 Employer: San Francisco Community Clinic Consortium
Home Phone: Home Phone: CEO and President CEO and President Work Phone: San Francisco Community Clinic Consortium Employer: Business Address: 2ip: 2ip:
Business E-Mail: smatovsky@sfccc.org Home E-Mail:
Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.
Check All That Apply: Hayward, CA
Registered voter in San Francisco: Yes No If No, where registered: Hayward, CA Resident of San Francisco Yes No If No, place of residence: Hayward, CA
Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:
As the CEO of the San Francisco Community Clinic Consortium, I represent our 11 health center members who provide more than 570,000 annual visits to San Francisco residents across the city/county. Our ethnically and culturally sensitive services are offered in neighborhoods throughout San Francisco, regardless of the patients' ability to pay.

Business and/or professional experience:	 i
Please see the attached CV. I have extensive experience working with community health centers, Medi-Cal health plans, and other indigent care programs.	
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Civic Activities:	
I am new to the Bay Area, but have been involved in the following activities in San Diego: Healthy San Diego Consumer and Professional Advisory Board, Cal Medi-Connect Advisory Board, Consumer Center for Health Education and Advocacy Advisory Board, Healthcare Financial Management Association (HFMA), Incarnation Lutheran Church Council and Personnel Committee, San Diego Bicycle Club.	
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is equirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)	s a
\cdot	
Date: 10/27/17 Applicant's Signature: (required) Sabra Matovsky	
(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, included all attachments, become public record.	Jin
OR OFFICE USE ONLY:	
ppointed to Seat #: Term Expires: Date Seat was Vacated:	_
1/20/12	



www.sfccc.org

2720 Taylor Street, Suite 430 | San Francisco, CA 94133 | P: 415.355.2222 ; F: 415.355-2277

Date: October 27, 2017

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street. 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(k),(1),(D) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Sabra Matovsky to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Knego, MSW Board Chair, SFCCC

API Wellness | BAART Community HealthCare | Curry Senior Center | HealthRIGHT 360 | Mission Neighborhood Health Center Native American Health Center | North East Medical Services | Planned Parenthood Northern California Saint Anthony Medical Clinic | San Francisco Free Clinic | South of Market Health Center | Women's Community Clinic



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2720 Taylor Street, Suite 430 | San Francisco, CA 94133 | P: 415.355.2222 | F: 415.355-2277

CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD OF THE SAN FRANCISCO HEALTH AUTHORITY

November 2017

I, Sabra Matovsky, as a representative of the San Francisco Community Clinic Consortium, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.

DA AR	(SIGNATURE
10/30/17	(DATE)

EXPERIENCE:

Chief Executive Officer and President, San Francisco Community Clinic Consortium: 10/17 to present. With the SFCCC Board, responsible for setting the strategic direction and managing the daily operations of SFCCC. Represent SFCCC's 11 health centers in local, state and national issues related to health center operations and the patients we serve.

Executive Vice President, Integrated Health Partners: 12/15 to 9/17. Launched a clinically integrated network of 11 Federally Qualified Health Centers in San Diego, Riverside and San Bernadino Counties. Year one operating budget of \$18 million is currently exceeding budgeted surplus by 300%. Year one HEDIS results were the highest marks in the state for our primary health plan. Successfully implemented credentialing, access audits, patient satisfaction surveys and numerous quality improvement initiatives in concert with our managed services organization. IHP is now developing its information technology roadmap. Additional responsibilities include: sharing best practices and lessons learned through CPCA and NACHC forums, developing strategic partnerships with health plans, other funders, hospitals and community stakeholders.

Associate Vice President –Market Leader from Director of Contracting, Molina Health Plan: 9/09 to 12/15-Managed the second largest Medi-Cal health plan in San Diego (200,000 lives). Developed new contract models to promote strategic partnerships with Federally Qualified Health Centers (FQHCs) and small office primary care providers. Successfully navigated plan activities for a Fortune 300 company's largest single county market in the United States. Built qualifying networks for Cal Medi-Connect and Covered California. Communicated key strategic and quality initiatives to provider community. Identified more than \$1,000,000 in provider overpayments in calendar year 2012 and developed plan to recoup funds. Assisted in Molina's Medi-Cal and Medicare expansion into Imperial County. Developed and strengthened key county and stakeholder relationships.

Administrator, GMC Programs, Care1st Health Plan: 10/07 to 8/09 – Responsible for the general operations of Care1st Health Plan for San Diego County, including provider contracting, proofing directories, resolving claims and customer service issues, directing marketing staff, and managing community relationships. Developed new provider orientation materials and audited claims systems to correct payment errors. Managed health plan activities through period of substantial growth including increasing Medi-Cal lives from 4,000 to 9,100, while adding Healthy Families and both a Medicare Advantage and a Medi-Medi product, ultimately tripling total membership by August 2009.

Director of Contracting and Health Informatics, Council of Community Clinics: 5/97 to 3/07 - Worked with clinic CEOs, CFOs and Medical Directors to negotiate all aspects and types of managed care contracts. Agreements included quality incentive programs, primary care capitation, full professional risk, dental and PPO agreements. Also responsible for troubleshooting credentialing, financial settlements, claims payment, and any other service issues regarding contracts. Transitioned to providing business development support for the Community Clinics Health Network, including developing and evaluating RFPs, vendor negotiations, ROI analyses, pricing models, and subcontracts for the provision of services to health center members. Represented San Diego clinic interests in county and state meetings, the media, and to local officials regarding Medi-Cal and Healthy Families, county indigent programs, and coverage initiatives including the Children's Health Initiative and indigent adult initiatives.

Sabra Matovsky

EXPERIENCE: (Continued)

Provider Relations Manager II from Senior Contracts Manager Community Care Network: 12/95 to 5/97- Initial position was to negotiate and renegotiate PPO hospital contracts for central and northern California. Resolved workers' compensation and group health claims disputes with providers. Moved to Value HealthPlan HMO start-up team. Negotiated HMO hospital and medical group contracts in San Diego, Los Angeles, Riverside and Orange Counties. Assumed responsibility for HMO provider relations and network strategy for all Los Angeles and Ventura County provider groups and hospitals.

Contract Specialist, HealthCare Partners Medical Group: 7/92 to 12/93- Negotiated contracts with specialists, ancillary providers, and hospitals using a variety of models including Medicare Allowables, McGraw-Hill units, and CRVS units. Negotiated individual services on ad hoc basis.

Financial Analyst, HealthCare Partners Medical Group: 10/90 to 7/92- Prepared monthly financial statements. Monitored, analyzed, and reported on five health maintenance organizations to guarantee proper execution of contracts. Determined accurate accrual rates, shared risk returns, and validity of IBNR reserves.

Market Analyst, Petersen Publishing Company: 10/89 to 10/90- Responsible for annual subscription sales budgets for twenty-five publications, weekly upkeep of the computer model, profitability analyses of direct mail campaigns, and new business sources.

EDUCATION:

San Diego State University, CA 1998 - Masters in Business Administration, EMBA Program

Oberlin College, OH 1989 - Bachelor's Degree, Double Major in Economics and Psychology.

SPEAKING ENGAGEMENTS AND AWARDS:

CPCA 2017 Alternative Payment Methodology Statewide Training. September 2017. Contracting for Payment Reform.

CPCA Joint Billing and CFO Conference. April 2017 Conference General Session Alternate Payment Methodologies: Prepare Now!

CPCA 2017 CFO Conference. April 2017. Tips and Tricks for Negotiating Managed Care Contracts.

San Diego State Graduate School of Public Health, December 2016 – Guest Lecturer, PH742B Health Insurance and Reimbursement.

NACHC 2016 Primary Care Association and Health Center Controlled Network Conference. November 2016 – Building Relationships with Payers.

CPCA 2016 Annual Conference October 2016- Business Innovation, Business Development with Heart: Using Non-Traditional Business Strategies to Drive Your Mission.

ADVISORY BOARD PARTICIPATION:

Advisory Board, Consumer Center for Health Education and Advocacy -7/009 to 9/17 Healthy San Diego Advisory Board—October 2000 to September 2017 Coordinated Care Initiative Advisory Board—May 2012 to September 2017 Healthcare Financial Management Association—Member 2015-2016 San Diegans for Healthcare Coverage Advisory Board—2011 to 2016 Lutheran Church of the Incarnation Church Council 2010 to 2013

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.	·	·
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MATOVSKY	SABR	4 VOLTMER
1. Office, Agency, or Court	•	
Agency Name (Do not use acronyms)		()
SAN ERANGELD		CLIPIC CONSULTOWN CEO
Division, Board, Department, District, if ap	_ 11	Your Position
2720 TAYLOR	<u>21. 470</u>	SAN FRANCISCO (A 94133
 If filing for multiple positions, list below 	or on an attachment, (Do not	use acronyms)
Agency:	•	Posițion:
2. Jurisdiction of Office (Check at	l least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	•	RI County of SAN GRANGEO
Scity of SAN FRANCE	SCO	Other
A City of	23.07	Outer
3. Type of Statement (Check at lease	st one box)	
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December 31, 2016.	•	(Check one)
The period covered is December 31, 2016,		 The period covered is January 1, 2016, through the date of leaving office.
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Assuming Office: Date assumed		the date of leaving office.
Candidate: Election year	and office sought,	if different than Part 1:
4. Schedule Summary (must co	mplete) ► Total numbe	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - sch	nedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sch		Schedule D - Income - Giffs - schedule attached
Schedule B - Real Property - sch	ledule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
☐ None - No reportable interests	s on any schedule	
5. Verification	•	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER *		E-MAIL ADDRESS
Library used all responsible diligence in pro-	paring this statement. I have row	iewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is tr		
I certify under penalty of perjury under	the laws of the State of Califo	rnia that the foregoing is true and correct.
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Date Signed 11 16 20	17	Signature
(monih, day, year)		true are ordinarit signed statement was John hind dritter?

FPPC Form 700 (2016/2017)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	Sasra Miatovsky

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MOLINA HEALTH CARE	U.S. SAVINGE BONDS.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
403 B- III MULTI-FUND	ROTH IRA-1006 BANNIED FUND
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000	☐ \$2,000 - \$10,000
∑ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT 403 B	NATURE OF INVESTMENT THE ACCOUNT
Stock Other 703 13	Stock Other 100-1100-1100-1100-1100-1100-1100-1100
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O illoottie Medelded of 2000 of More Medelling of	O Modifie Received of 4000 of More Inspect of Supplied by
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	
ACQUIRED DISPOSED .	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
•	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Pagestha)	Stock . Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 16 / / 16	/ / 16 / / 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Modelines Dial Open	TO TO THE PROPERTY OF THE PROP
•	

FPPC Form 700 (2016/2017) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-2 Investments, Income, and Assets

of Business Entities/Trusts (Ownership Interest is 10% or Greater)

	ORNIA FORM	
FAIR POL	ITICAL PRACTICES CO	MMISSION
Name	SABIRA	
*	UNZINTAN	

	▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
ARENT!	SHOUSE, HELD IN TRUST BY MEY 2 SISTER	
	2506 ATLANTIC VIEW M. ISANGI, FL. Address (Business Address Acceptable)	Name Address (Business Address Acceptable)
	Check one S CACH Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 . \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 16
	NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
•	\$10,001 - \$100,000 \$500 - \$1,000	☐ \$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 or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
	N/A	
•		
	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
	☐ INVESTMENT 🔀 REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property 2806 ATWILL, VIEW (X	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	Description of Business Activity <u>or</u> 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 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 16 10,001 - \$100,000 16 10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
	NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
	Leasehold Other	Leasehold Yrs. remaining Other
	Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real properly are attached
•	Comments: TRUST DISSOLVED 10/17 AND	PARENTS FPPC Form 700 (2016/2017) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov
	SAD THE LIMIC	EDBC Toll-Free Helpline: RSG/275-2777 www.fonc.co.go.

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name SABRA
MATOUSKY

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11217 TIMBERGATE CIRCLE	
CITY	CITY
SAN DIEGO CA 92128	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 ~ \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 // 16 // 16	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs, remaining Other	Yrs, remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more:	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	None
	•
<u>'</u>	
	to the state of th
* Voy and not required to report leave from commercial in	
fou are not required to report loans from commercial is	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
NAME OF LENDER' WAS WASHINGTON ?	NAME OF LENDER*
CHASE (MUTUAL LOAN SOLD)	**
	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) ACQUIRED	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
2 . v. n.	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
3.75% None 30 YR FIXED	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
_	· ·
Guarantor, if applicable	Guarantor, if applicable
Comments:	

FPPC Form 700 (2016/2017) Sch. B FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name SASKA
MATOVSKY

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME .
INTEGRATED HEALTH PARTNERS	
ADDRESS (Business Address Acceptable) HENTH CENTER	ADDRESS (Business Address Acceptable)
7535 METROPOLITAN DRIVE PARTICES	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NOW PROPIT HEALTH LAKE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
EXEC. VP	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	DD 1811 Berlin was a second of the second of
	nding institutions, or any indebtedness created as part of a
	lender's regular course of business on terms available to
members of the public without regard to your official state regular course of business must be disclosed as follows	
regular course of backmost made be districted as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	PERIODE AND LOSS
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	T Marie T 1 closural testiceline
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	diest addess
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	
	EDDC Form 700 (2016 (2017) c.l.

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

5.7	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	SABRA
	MATOVSKY

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
 or the "Speech" box if you made a speech or participated in a panel. These payments are not
 subject to the gift limit, but may result in a disqualifying conflict of interest.

· For gifts of travel, provide the travel destination.

· 1 of girlo of tratory province min trator appearance	
PRIMARY CARE ASSOCIATION	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 73	ADDRESS (Business Address Acceptable)
CITY AND STATE SHORAMENTO (A	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 10,27,16,10,28,16 AMT: \$ 500	DATE(S):/
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel 1 D&1 CONFERENCE	Made a Speech/Participated in a Panel
O Other - Provide Description	Other - Provide Description
▶ if Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):/ / AMT: \$
➤ MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	
·	

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Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces
Name of Board, Commission, Committee, or Task Force: Sun Francisco Health Authorite
Seat # or Category (If applicable): District:
Name: Lawrence Cheuno
Home Address: Zip: 94102 9412
Home Phone: Physician .
Work Phone: 415-286-2312 Employer: Lawrence OC Cheery, 4D, 7
Business Address: 595 Buckingham Way 4220 Zip: 94132
Business E-Ma
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:
Resident of San Francisco: Yes 🗸 No 🗆 If No, place of residence:
Registered Voter in San Francisco: Yes ☑ No □ If No, where registered:
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 live and work in SF. I am a physician who has practiced medicine in my community for the past liquous. As a native Chinese speaker I have had the privilege to serve not only may local community but the Chinese community as a whole

Business and/or professional experience:		
I have served as the presid	ent do	Su Fancisa
Medical Society and I rep	versent 6	oth the
California Medical Association	x and Ai	nevican
medical Association to as	hocate:	Gov.
sound and duta driven ju	blic hea	the rolling.
Civic Activities:	,	
I volunteer at the st. Mor Clinic where I help three	y Medi	al Center
Clinic where I had the	t the s	efety-net
patient population.		,
I was also the termer devi	into louge	director
Long and the contraction of the	17	
of Asian Health Services Coakla	ud)	
the same than th		
Have you attended any meetings of the Board/Commission to which you	ı wish appointment	? Yes ■ No 🗆
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coahearing is scheduled. (Please submit your application 10	e an appearanc	e before the Rules will contact you when
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Co	e an appearanc	e before the Rules will contact you when
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Co	e an appearanc	e before the Rules will contact you when
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Co	e an appearanc	e before the Rules will contact you when
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coa hearing is scheduled. (Please submit your application 10	e an appearance ommittee Clerk days before the	e before the Rules will contact you when
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coa hearing is scheduled. (Please submit your application 10	e an appearance ommittee Clerk days before the Manually sign of Manually s	e before the Rules will contact you when scheduled hearing.) Devous complete name, but complete name, you are use of electronic signature.)
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coa hearing is scheduled. (Please submit your application 10) Date: 1/2 2/17 Applicant's Signature: (required) Please Note: Your application will be retained for one year.	e an appearance ommittee Clerk days before the Manually sign of Manually s	e before the Rules will contact you when scheduled hearing.) Devous complete name, but complete name, you are use of electronic signature.)
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coa hearing is scheduled. (Please submit your application 10) Date: (/ x 2 / 1 7 Applicant's Signature: (required) Please Note: Your application will be retained for one year. all attachments, become public record.	e an appearance ommittee Clerk days before the Manually sign of Manually s	e before the Rules will contact you when scheduled hearing.) Devous complete name, but complete name, you are use of electronic signature.)
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coa hearing is scheduled. (Please submit your application 10) Date: 1/2/17 Applicant's Signature: (required) Please Note: Your application will be retained for one year. all attachments, become public record.	e an appearance ommittee Clerk days before the Manually sign of Manually s	e before the Rules will contact you when scheduled hearing.) Devous complete name, our complete name, you are use of electronic signature.) ed, this form, including

Lawrence C. C. Cheung, MD, FAAD, FASDS

San Francisco, CA 94132

CLINICAL EXPERIENCE

Synergy Dermatology, San Francisco, CA

Principal Dermatologist and Principal Investigator. The scope of practice includes adult / pediatric medical dermatology, dermatologic surgery, and cosmetic dermatology. The clinic specializes in the treatment of eczema and psoriasis with the Bay Area's most comprehensive light based treatment options (UVB phototherapy and laser treatment). 2005 - present

Asian Health Services, Oakland, CA

Chief of Dermatology. Established teledermatology program in 2012 to ease demand for physical clinic patient access. Created teledermatology consult protocol and photography protocol. 2005 – 2015.

PUBLIC HEALTH EXPERIENCE

San Francisco Health Authority, San Francisco, CA

Commissioner. Appointed by San Francisco Mayor Ed Lee to serve on the Board of Governors. SF Health Authority is charged with operating the Medi-Cal program for the county of San Francisco. 2015 - present

HEALTHCARE INDUSTRY EXPERIENCE

Spruce Health, San Francisco, CA

Technical advisor / Staff Dermatologist. Assist with the company's proprietary telehealth technology platform. Providing direct teledermatology care to patients. 2015 – present

Cellscope, San Francisco, CA

Technical advisor. Assist with the design of a prototype medical device (dermatoscope) for use in patient based teledermatology consultations. Currently leading a pilot project to determine end user experience. 2015 - present

Teikoku Pharma USA, San Jose, CA

Medical Director. In charge of new product and business development with experience in product design, clinical trial design, FDA approval, and final product marketing. 2005-2008

EDUCATION

Washington University School of Medicine - Division of Dermatology

Chief Resident in Dermatology, 2005

Dermatology residency, 2002 - 2005

Psoriasis Clinical Research Fellowship, University of California, San Francisco

Clinical investigator for numerous trials. Submitted proposals, recruited subjects, and conducted patient encounters. Clinical responsibilities included Goeckerman therapy rounds, supervision of PUVA and UVB units, and patient consultations. 2000 - 2002

University of California, San Francisco - Department of Internal Medicine

Internal Medicine residency, 1998 - 2000

Columbia University College of Physicians & Surgeons

MD, 1998

Honors:

Alan and Ruth Borenstein Scholarship, 1997 (for academic achievements and community service) Chinese American Medical Society Scholarship, 1996 (for leadership and community service)

Harvard University

AB in Biochemical Sciences, magna cum laude, 1994

Honors:

John Harvard Scholar, 1992, 1993 Ford Research Grant, 1992

PROFESSIONAL AFFILIATIONS

Assistant Clinical Professor of Dermatology, University of California San Francisco Staff attending physician, Saint Mary's Medical Center, San Francisco, CA Staff attending physician, Chinese Hospital, San Francisco, CA Diplomate, American Board of L....iatology (Board Certification valid until 2025)
Fellow, American Academy of Dermatology (FAAD)
Fellow, American Society for Dermatologic Surgery (FASDS)
President 2014, San Francisco Medical Society
Member and San Francisco Delegate to House of Delegates, California Medical Association
Member and California Delegate to House of Delegates, American Medical Association

RESEARCH EXPERIENCE

Amgen 20040210. Observational Post-Marketing Safety Surveillance Registry of Enbrel (etanercept) for the Treatment of Psoriasis. 2006 – 2010

Novartis CASM 981 US03: A 6 Month, Randomized, Multicenter, Parallel-Group, Double-Blind, Vehicle-Controlled Study to Evaluate the Efficacy and Safety of ASM 981 (Pimecrolimus) Cream 1% BID vs. Standard of Care in the Management of Mild to Severe Atopic Dermatitis in Adults. 2002.

Novartis CASM981C2406: A 26-Week Study with a 6-Week, Randomized, Multi-Center, Investigator-Blinded, Exploratory Comparative Trial of the Tolerability, Safety and Efficacy of Elidel® (Pimecrolimus, SDZ ASM981) Cream 1% with Tacrolimus Ointment 0.03% in the Treatment of Pediatric Subjects with Moderate Atopic Dermatitis, Followed by a 20-Week Open-Label Phase to Study the Safety of Elidel® (Pimecroimus, SDZ ASM981) Cream 1%. 2002.

A Phase IV, Open Label, Proof of Concept, Dose Ranging Study Evaluating the Safety and Efficacy of Oral Tacrolimus (Prograf®) followed by Topical Tacrolimus (Protopic®) for the Treatment of Severe Atopic Dermatitis. 2002.

Allergan 190168-049P: A Multi-Center, Double-Blind, Randomized, Placebo-Controlled Study of the Safety and Efficacy of 12-Weeks Treatment with Tazarotene 4.5 mg Capsules Once Daily Followed by a 12-Week Post-Treatment Follow-up Period in Patients with Moderate to Very Severe Plaque Psoriasis. 2002.

Allergan 190168-043C: A Multi-Center, Epidemiology Study To Evaluate the Potential for Adverse Health Effects in Fetuses and Live-Born infants Following a Woman's Inadvertent Exposure to Tazarotene Cream or Gel (0.1% or 0.05%) for Psoriasis During Pregnancy, Compared with a Similar Group of Psoriatic Women Not Exposed to Tazarotene and Compared with Background Levels in the General Population. 2002.

Genetech ACD2243g: An Open-Label, Randomized, Multicenter Study to Evaluate the Safety, Tolerability, and Efficacy of Subcutaneously Administered Anti-CD11a Used in Combination with Topical Psoriasis Therapies for Prolonged Maintenance Treatment. 2001-2002.

Titan Pharmaceuticals: Expression of Disialogangliosides GD2 in Psoriasis. 2001-2002.

Allergan T015: A Multi-Center Randomized, Double-Blind, Parallel Group Comparison of Tazorac (tazarotene) 0.1% Gel and Calcipotriol 0.005% Ointment in the Maintenance of Treatment Success in Subjects with Plaque Psoriasis. 2000-2002.

Fujisawa 99-0-054: An Open-Label Safety Study to Evaluate the Safety of Topically Applied Tacrolimus Ointment for the Treatment of Atopic Dermatitis. 2000-2001.

Genetech ACD2059g: A Phase III, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Multicenter, Multiple-Dose Study to Evaluate the Efficacy and Safety of Subcutaneously Administered Anti-CD11a in Adults with Moderate to Severe Plaque Psoriasis Who are Candidates for Systemic Therapy. 2000-2001.

Genetech ACD2062g: An Open-Label, Multi-Dose, Multicenter Study to Evaluate the Safety and Tolerability of Subcutaneously Administered Anti-CD11a in Adults with Plaque Psoriasis Previously Treated with Anti-CD11a or Placebo. 2000-2001.

PUBLICATIONS

Koo B, Hong J, Colaco S, and Cheung LCC. Hydrogel Patch: A New Occlusive Device For the Treatment of Psoriasis. Psoriasis Forum 2007;13(2): 27 – 30.

Koo J, Cheung L, Lee C. Contemporary Guide to Dermatology. Newtown, Pennsylvania: Handbooks in Health Care Company, 2007.

Koo J, Cheung L, Lee C. Contemporary Diagnosis and Management in Primary Care Dermatology. Newtown, Pennsylvania: Handbooks in Health Care Company, 2001.

Koo JYM and Cheung LCC. Neurotic Excoriations. In: Lebwohl M, Heymann W, Berth-Jones J, Coulson I, eds. Treatment of Skin Disease. New York, Mosby, 2002: 420 – 421.

PERSONAL

Languages: Native fluency in English and Cantonese Chinese, fluency in Mandarin Chinese.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

1128535	•	:
Please type or print in ink.		
NAME OF FILER (LAST)	(म्मद्रा)	(W(DDLE)
Cheung, Lawrence		
1. Office, Agency, or Court		
Agency Name (Do nol use acconyms)		
City and County of San Francisco	·	•
Division, Board, Department, Distriol, If applicable	Your Position	, i .
Health Authority,	Commissioner	
► If filing for multiple positions, flat below or on an attachment. (Do not	use acronyms)	
Agency:	Position;	
2. Jurisdiction of Office (Check at least one box)		
☐ State	Judge or Court Commissione	r (Statewide Jurisdiction)
☐ Multi-County	County of San Francisc	
☐ City of		
	- U Villel	
3. Type of Statement (Check at least one box)	į	
X Annual: The period covered is January 1, 2016, through Decamber 31, 2016	Leaving Office: Date Left (Check one)	
The period covered is, through December 31, 2016	O The period covered is leaving office.	January 1, 2016, through the date of
Assuming Office: Date assumed	O The period covered is of leaving office.	, through the date
Candidate: Election Year and office sought,	if different than Part 1:	
4. Schedule Summary (must complete) > Total number	r of pages including this cover	1000 S
Schedules attached	or bailes moraduid que coser l	yaye.;
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & E	iusiness Positions – schedule attached
X Schedule A-2 - Invesiments - schedule attached	Schedule D - Income - Gifts - sc	•
X Schedula B - Real Property - schedule attached	-	avel Payments - schedule attached
-or-	:	x 4
■ None - No reportable interests on any schedule		
5. Verification		
MALING ADDRESS STREET CITY	STATE	2ip code
(Businasa or Agency Addresa Recommended - Public Document)	1.	
DAYTIME TELEPHONE NUMBER	Francisco CA	94132
out time acceptional noward	Elime veolucia	
I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled	viewed this statement and to the best of m	y knowledge the Information contained
i certify under penalty of perjury under the laws of the State of Calif	- · · · · · · · · · · · · · · · · · · ·	rrant.
A minute had not beather? we may also bears on other Aldre of Aurill	Attitut mine ting taledaus in Hind dilp onl	IUDIO
Date Signed 03/23/2017	Signature Lawrence Cheung	
(stopille, day, yost)	(File the originally signed a	statement with your fling official)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline; 866/275-3772 www.fppc.ca.gov

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

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cheung,	Lawrence
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Address (Business Address Acceptable) Check Englishes Englishe	Lawrence C C Cheung, MD PC	
Comments: Comments: Comme	Name 2645 Ocean Ave Suite 103 San Francisco, CA 94132	Name
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Check one box! Check one box: INVESTMENT	United Healthcare Insurance Company	
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Comments: FPPC Advice Email: advice@fppc.ca.gov	Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
	Comments:	

Additional Single Sources of Income of \$10,000 or more for Lawrence C C Cheung, MD PC

California Physicians Service (Blue Shield of California) Asian American Medical Group Chinese Community Health Care Association Hill Physicians Medical Group Retna Life Insurance



SCHEDULE B

Interests in Real Property (Including Rental Income)

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155 25th Ave	
CITY	CITY
San Francisco	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE; \$2,000 - \$10,000 08 / 01 / 13 / /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Dead of Trust
Leasehold Other	Lessehold Other
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
310,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 : OVER \$100,000
- - 1	
FOURCES OF RENTAL INCOME: If you own a 10% or greater niterest, list the name of each tenant that is a single source of necessity of the neces	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	None
You are not required to report loans from commercial	landing institutions made in the lander's regular source
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Received Time Nov. 29. 2017 12:42PM No. 4314

060600029-NEH-0029

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

	RNIA FORM 700 TAL PRACTICES COMMISSION
Name :	
Cheung,	rantence

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1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
The Permanenta Medical Group	
ADDRESS (Business Address Acceptable)	AODRESS (Business Address Acceptable)
2238 Geary Blvd	
SAN Francisco, CA 94115 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
•	
Providing health care	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION	TOUR BUSINESS POOLITON
Physician	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
☐ \$500 ~ \$1,000 ☐ \$1,001 ~ \$10,000	\$1,001 - \$10,000
☐ \$10,001 - \$100,000 图 OVER \$100,000	\$10,001 - \$100,000 DOVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic pariner's income (For self-employed use Schedule A-2.)
Pertnerahip (Less than 10% ownership, For 10% or greater use	Perineranip (Less than 10% ownership. For 10% or greater use
Schedute A-2.) Sale of	Schedula A-2.)
(Real property, car, boat, etc.)	(Real property, Car, book etc.)
Loan repayment	Loan repayment .
Commission or Rantel Income, list each source of \$10,000 or more	Commission or Rental Income, iss each source of \$10,000 or more
Collingator of T serife tirraine, to the some of profes of their	Colin in Solon of Method in Collic, lest each going or 310,000 or more
(Describs)	(Одестве)
Other	☐ Other
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FPFC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



February 26, 2018

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

Re: Lawrence Cheung, MD

To the SF Board of Supervisors Rules Committee Members:

It is with pleasure that we are nominating Dr. Lawrence Cheung for a second term in the San Francisco Health Authority. Dr. Cheung was first nominated for this position in 2015 as a representative of the San Francisco Medical Society, now the San Francisco Marin Medical Society. Dr. Cheung has been an active member and a leader of the Society for many years. Aside from serving as the Society's President in 2014, Dr. Cheung currently represents the Society on a state-wide and national-wide basis.

We hope that Dr. Cheung can continue to serve the City and County of San Francisco in the capacity of SF Health Authority.

Sincerely,

John Maa, MD

SFMMS President

Mary Lou Licwinko, JD, MHSA SFMMS Executive Director/CEO

Mayber franke

Personal Statement from Lawrence C C Cheung, MD FAAD FASDS

I am a board certified dermatologist specializing in medical dermatology with a special interest in photoresponsive disease such as atopic dermatitis and psoriasis. I started my solo private practice in 2005 in the Lakeside area when I graduated from my residency training and my practice has since grown with the addition of an associate. As a native Cantonese speaker, I am proud to serve not only my local community but also the greater Chinese community.

While my day job involves taking care of my patients one at a time, I feel that advocating for sound public health policy is equally important and can have a greater impact on the health of our community. To that end, I have worked actively with San Francisco Marin Medical Society (SFMIMS) on a number of public health issues. In 2014, when I served as the president of the SFMMS, I worked closely with Supervisors Scott Wiener and Eric Mar on the sugar sweetened beverage tax. In subsequent years, I have worked on flavored tobacco bans at the county level, increasing the sales tax on cigarettes and ecigarettes at the state level, and sensible gun safety laws at a national level.

I currently serve in various capacities in different medical organizations, including as the Chair of the SFMMS delegation to the California Medical Association (CMA), a member of the Council on Science and Public Health at the CMA, and an at-large delegate of the CMA to the American Medical Association House of Delegates. I take my responsibilities in these organizations very seriously and I have always advocated for the safety and improved overall health of our communities.

I have served as the Chief of Dermatology at Asian Health Services (AHS) for 10 years. AHS is a federally qualified health center based in Oakland Chinatown that serves the local financially disadvantaged Asian population. As Chief, I created a teledermatology platform to improve patient access in two concrete ways. I was able to reduce patient wait times from 6 months to 2 weeks and I was able to initiate treatment with a virtual visit that saved the patients an additional visit to me, thereby reducing my patients the lost opportunity cost of being away from work. I believe that while new technology may not be inherently better but when leveraged correctly, technology can improve health outcomes and patient satisfaction. In the case of AHS and teledermatology, I was able to provide more care using less resources.

I was appointed as a commissioner to the San Francisco Health Authority in 2015. Serving on the Board of Directors of this organization has been an invaluable experience for me. The Health Authority runs the San Francisco Health Plan, which is the county's managed Medi-Cal plan. Under CEO John Grgurina's leadership, I have seen the plan grown in size in the past three years to support the Medi-Cal expansion made possible by the Affordable Care Act. The plan serves some of the county's most vulnerable patient populations and it gives me great pleasure to see the plan thriving and providing outstanding care during a time when some federal authorities are turning a blind eye to the basic health needs of our people. I am deeply concerned that ongoing federal policies will severely limit the resources of this plan and I believe that strong leadership will be needed to navigate these difficult times.

On a personal level, I have been a resident of San Francisco for the past 13 years. I am married to a wonderful and understanding wife, who is also a physician that practices pediatrics in the city. I have twin boy and girl who are 9 years old and are enrolled in a public school in the city. I have my full family's support to continue my work in the SF Health Authority. It will be an honor and a privilege to continue to serve the city in this capacity.



Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Com	-	•	
Name of Board, Commission, Committee	San Francisc , or Task Force:	co Health Pla	n
Chairn Seat # or Category (If applicable): Steven Fugaro, MD Name:	nan of the Board	District: _	
Home Address:		Z	94941 Lip:
Home Phone:	Physician Occupation:		
415-694-7500 Work Phone:	MD2 - San Franc Employer:	isco	
2001 Union St., Suite Business Address:	• •	Zip:	1123
fugaro@md2.com Business E-Mail:	Home E-Mail:		
Pursuant to Charter, Section 4.101(the Charter must consist of electors San Francisco. For certain other be residency requirement.	s (registered voters) of the	City and Cou	nty of
Check All That Apply:		Mill Valley, C	Δ
Resident of San Francisco: Yes □ No	If No, place of residence:		· · · · · · · · · · · · · · · · · · ·
Registered Voter in San Francisco: Yes	s 🗆 No 🗏 If No, where regis	tered:	lley, CA
Pursuant to Charter, Section 4.101(represent the communities of intere ethnicity, race, age, sex, sexual orie and any other relevant demographi Francisco:	est, neighborhoods, and the entation, gender identity, ty	diversity in pes of disabi	ilities,
I was an Associate Professor of Meditreating patients of all races, ages, San Francisco from 2007 until now President of the SF Medical Society Society for 10 years. I have also been years.	sex and gender. I am still i treating a wide variety of I in 2008 and on the Board	n private pr patients. I h I of the Mec	actice in ave been lical
			3

Business and/or professional experience:	
I was an Associate Professor of Medicine at UCSF b	etween 1985 and 2014,
treating patients of all races, ages, sex and gender.	I am still in private practice in
San Francisco from 2007 until now treating a wide v	
President of the SF Medical Society in 2008 and on	
Society for 10 years. I have also been on the Board	
years.	
youre.	
Civic Activities:	
On the SF Med Society Board, Chair of the Med Society	ciety PAC, on the SF Health
Plan Board for 7 years (Chairman for one year).	·
,	
Have you attended any meetings of the Board/Commission to which you	u wish appointment? Yes ■ No □
Appointments confirmed by the Board of Supervisors require Committee. Once your application is received, the Rules Coa hearing is scheduled. (Please submit your application 10	ommittee Clerk will contact you when
•	
11/30/2017 Date: Applicant's Signature: (required)	Steven Hugh Fugaro, MD
	(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
<u>Please Note</u> : Your application will be retained for one year. all attachments, become public record.	Once completed, this form, including
	<u>.</u>
FOR OFFICE USE ONLY:	
Appointed to Seat #: Date	Seat was Vacated:

Please type or print in ink.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

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Filing ID: 163423828

NAM	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Fı	ugaro, Steven		
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	
	Health Authority	Governing Board Me	ember
	\blacktriangleright If filing for multiple positions, list below or on an attachment. (E	Do not use acronyms)	
	Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS	Position:	
2.	Jurisdiction of Office (Check at least one box)		
	☐ State	☐ Judge or Court Commiss	ioner (Statewide Jurisdiction)
	Multi-County	X County of San France	risco
	X City 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 (Check one)	Left/
	The period covered is/, throug December 31, 2016	h O The period covere leaving office.	d is January 1, 2016, through the date of
	Assuming Office: Date assumed	The period covered of leaving office.	is, through the date
	Candidate: Election Year and office so	•	
4.	Schedule Summary (must complete) ► Total nu	ımber of pages including this cov	ror bago: 5
	Schedules attached	imber of pages morating this cor	in page.
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans	& Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts	- schedule attached
	Schedule B - Real Property - schedule attached	☐ Schedule E - Income - Giffs	- Travel Payments - schedule attached
-0	r-	•	
	□ None - No reportable interests on any schedule	·	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STA	ATE ZIP CODE
	DAYTIME TELEPHONE NUMBER	San Francisco C	A 94123
	DAT TIME TELEPHONE NUMBER	E-MAIL ADDRESS	•
	I have used all reasonable diligence in preparing this statement. I I herein and in any attached schedules is true and complete. I ack		t of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of	,	d correct.
	Date Signed _02/21/2017	Signature Steven Fugaro	
	(month, day, year)	(File the originally	signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM	
Name	-
Ghanna Thana	

This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Health Authority	Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2016 - 12/31/2016

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
Fugaro, Steven

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Computer	Tesla Automobiles
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computers / Software	Car manufacturer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (Describe)	X Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Google	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Internet / software	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
,	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DEGUNETION OF THIS BOOKEDO	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000\$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe) Partnership (Income Received of \$0 - \$499)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, ,	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
, in all the delay	, logon tab
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name .	*
Fugaro, Steven	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MD2 - San Francisco	Fugaro MD Med-Legal Consulting
Name	Name
San Francisco, CA 94123	San Francisco, CA 94123
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 . ☒ Business Entity, complete the box, then go to 2	☐ Trust, go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Physician Practice	Medical-Legal Consulting
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000//	\$2,000 - \$1,999 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
X Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT X Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership X Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION Owner/Partner	YOUR BUSINESS POSITION Owner/Partner
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
Ú \$0 - \$499 ☐ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
☐ \$500 - \$1,000	\$500 - \$1,000 X OVER \$100,000
L_J \$1,001 - \$10,000	\$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.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	X None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Check one box: INVESTMENT REAL PROPERTY	CiteCk Offe BOX:
LI INVESTIMENT LI REAL PROPERTY	I INVESTIGENT
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
EARD MARKET VALUE IE ARRI (CARLE LIST DATE)	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\[\] \\$2,000 - \\$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	FPPC Form 700 (2016/2017) Sch. A-2
Comments:	FPPC Advice Email: advice@fppc.ca.gov
	FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CON	
Name	
Fugaro, Steven	· ·

	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
MD2 - San Francisco	Medical Legal Consulting
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, CA 94123	San Francisco, CA 94123
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physician Practice	Legal consulting
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Owner/ Physician	Owner/ Physician
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000 .
310,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) X Partnership (Less than 10% ownership. For 10% or greater use	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership, For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of (Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	X Other Sole Proprietor / owner
	I I IAI Olliei
(Describe)	(Describe)
(Describe) - 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from commercial leads to retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a le lender's regular course of business on terms available to latus. Personal loans and loans received not in a lender's
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow	ending institutions, or any indebtedness created as part of a le lender's regular course of business on terms available to latus. Personal loans and loans received not in a lender's
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's as: INTEREST RATE TERM (Months/Years)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER*	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs:
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER*	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's as: INTEREST RATE TERM (Months/Years)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) RIOD ending institutions, or any indebtedness created as part of a selender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs: INTEREST RATE TERM (Months/Years) None
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE When In None SECURITY FOR LOAN None Personal residence
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's as: INTEREST RATE None SECURITY FOR LOAN
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	interest RATE None Real Property Personal residence Real Property Personal residence Real Property Personal residence Real Property Personal residence Person
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	interest RATE None Real Property Personal residence Real Property Personal residence Real Property Personal residence Real Property Personal residence Person
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow 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	(Describe) RIOD Pending institutions, or any indebtedness created as part of a selender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's se: INTEREST RATE None SECURITY FOR LOAN None Real Property Street address
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial leader retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow 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	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: INTEREST RATE TERM (Months/Years)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follow 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	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs: INTEREST RATE TERM (Months/Years)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from commercial leader retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow 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	ending institutions, or any indebtedness created as part of a celender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from commercial leader retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow 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	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs: INTEREST RATE TERM (Months/Years)

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



December 5, 2017

John F. Grgurina, Jr. Chief Executive Officer San Francisco Health Authority 201 Third Street, 7th Floor San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(k)(l)(E) of the California Welfare and Institutions Code and Section 69.4(i) of the San Francisco Administrative Code, the San Francisco Marin Medical Society hereby designates Dr. Steven Fugaro of MD Squared to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Mary Lou Licwinko, JD, MHSA

Mayba dube

Executive Director/CEO, San Francisco Marin Medical Society (SFMMS)

ML:mv



Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces		
Name of Board, Commission, Committee, or Task Force: Health Authority		
Seat # or Category (If applicable): Board Member District:		
Name: Steve Fields		
Home Address: Zip: 94707		
Home Phone: Occupation: Executive Director		
Work Phone: 415-861-0828 Employer: Progress Foundation		
Business Address: 368 Fell Street San Francisco, Ca. Zip: 94102		
Business E-Mail: sfields@progressfoundation.org Home E-Mail:		
Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.		
Check All That Apply:		
Resident of San Francisco: Yes □ No ■ If No, place of residence: Berkeley, Ca.		
Registered Voter in San Francisco: Yes No If No, where registered: Berkeley, Ca.		
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 was originally recruited to join the Health Authority Board because of my 34 years of experience providing mental health and substance use disorder services to public health clients in San Francisco as director of a non-profit agency. The health services provided by the "Two Plan" model for Medicaid services in SF specifically "carved out" behavioral health services. The original board members of the authority thought it was critical to have board representation that could bring the behavioral health perspective to board deliberations. In my time as an original member of the board, I have also fulfilled the role of a board member who does not have any contract or financial relationship to the authority. Because the majority of board members represent institutions and agencies that have a formal financial relationship to the authority, I have been able to provide the perspective of a health provider who is not a provider to member participants of the SF Health Plan.		

Business and/or professional experience:	
Executive Director of Progress Foundation, a behavioral hor the SF Department of Public Health since 1969.	ealth non-profit provider to clients
Over 40 years of experience providing services that integral individuals with their mental health and substance use trea	
	·
Civic Activities:	
I have been active in the San Francisco non-profit commun Services Network which endeavors to bring the experience needs of the clients served in those agencies, to public dis service priorities and emerging health care needs.	of the non-profit sector, and the
I have served on numerous official committees/task forces mental health issues, including the Mayor's Task Force to Work Group to Re-Envision the Jail Replacement Project,	end homelessness and the recent
Have you attended any meetings of the Board/Commission to which yo	u wish appointment? Yes ■ No □
Appointments confirmed by the Board of Supervisors required Committee. Once your application is received, the Rules Can hearing is scheduled. (Please submit your application 10	ommittee Clerk will contact you when
Date: 11/16/17Applicant's Signature: (required)	Steve Fields
	(Manually sign or type your complete name, NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
Please Note: Your application will be retained for one year all attachments, become public record.	. Once completed, this form, including
FOR OFFICE USE ONLY: Appointed to Seat #: Date	Seat was Vacated:

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date initial Filing Received Official Use Only

> E-Filed 03/28/2017 14:15:45

Filing ID: 164333291

Please type or print in ink.				164333291
NAME OF FILER (LAST)		(FIRST)		. (MIDDLE)
Fields, Steven		·		
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		•
Health Authority		Governing	Board Member	
\blacktriangleright If filling for multiple positions, list below or on an attachment.	(Do not use a	cronyms)		
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS	3	Position:	•	·
2. Jurisdiction of Office (Check at least one box)				
☐ State		☐ Judge or Co	ourt Commissioner (Stat	tewide Jurisdiction)
Multi-County		County of	San Francisco	<u> </u>
City of	•	Other		•
			•	· · · · · · · · · · · · · · · · · · ·
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2016, throug December 31, 2016	jh ·	(Check one	•	,
The period covered is/, thro December 31, 2016	ough	O The pe leaving		ary 1, 2016, through the date of
Assuming Office: Date assumed			riod covered is ng office.	/, through the date
Candidate: Election Year and office	e sought, if diffe	erent than Part 1:		•
4. Schedule Summary (must complete) ➤ Total Schedules attached □ Schedule A-1 - Investments - schedule attached □ Schedule A-2 - Investments - schedule attached □ Schedule B - Real Property - schedule attached -or- □ None - No reportable interests on any schedule		Schedule C - Inc	come, Loans, & Busine come – Gifts – schedul	ss Positions – schedule attached
5. Verification	<u> </u>			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	· ZIP CODE
padilioco o i igalio, nativo i toosiizilanaa ii asiio podalioliy	San Fra	ancisco	Ca	94102
DAYTIME TELEPHONE NUMBER ()		E-MAIL ADDRESS	and the second s	
I have used all reasonable diligence in preparing this statement, herein and in any attached schedules is true and complete. I a				owledge the information contained
I certify under penalty of perjury under the laws of the State	e of California	a that the foregoing	g is true and correct.	
Date Signed 03/28/2017 (month, day, year)	Sig	nature <u>Steven</u>	Fields The the originally signed statement	ent with your filing official.)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE Expanded Statement Attachment**

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Steven Fields

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Health Authority	Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2016 - 12/31/2016

SCHEDULE A-1 **Investments**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	700 OMMISSIÓN
Name	• .
Fields, Steven	

Mescric and Co. Zinc. SES	► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS PETLYCLEUM PARK MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001	•	
Petroleum		
FAIR MARKET VALUE		
\$10,000 \$10		•
\$100,001 - \$1,000,000 Over \$1,000,000 S10,000 Over \$1,000,000 S10,000 Over \$1,000,000 S10,000 S10,00	<u> </u>	·
NATURE OF INVESTMENT		
Stock	[] \$100,001 - \$1,000,000	T \$100,001 - \$1,000,000 T Over \$1,000,000
Partnership	,	1 1
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED NAME OF BUSINESS ENTITY Verizon GENERAL DESCRIPTION OF THIS BUSINESS Telecommunications FAIR MARKET VALUE IS 2000 - \$10,000	(Describe)	(Describe)
ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY Verizon GENERAL DESCRIPTION OF THIS BUSINESS Telecommunications FAIR MARKET VALUE \$\$2,000 - \$10,000	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY Verizon GENERAL DESCRIPTION OF THIS BUSINESS Telecommunications Telecommunications Home and Security Services FAIR MARKET VALUE \$\$2,000 - \$10,000 \$\$10,001 - \$100,000 \$\$100,001 - \$1,000,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 NATURE OF INVESTMENT \$\$100k \$\$100k \$\$100k Partnership O Income Received of \$\$0 - \$499 \$\$100k \$\$100k IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000 \$\$10,001 - \$100,000 \$\$100,001 - \$100,000 \$\$10,001 - \$100,000		
Verizon	ACQUIRED DISPOSED	ACQUIRED DISPOSED
GENERAL DESCRIPTION OF THIS BUSINESS Telecommunications FAIR MARKET VALUE Security Services FAIR MARKET VALUE Security	► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Telecommunications FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$1,0	Verizon	
FAIR MARKET VALUE	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000	Telecommunications	Home and Security Services
\$100,001 - \$1,000,000		FAIR MARKET VALUE
NATURE OF INVESTMENT Stock		
Stock	S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
Partnership O Income Received of \$0 - \$499 O Income Received of \$5.0 or More (Report on Schedule C) Partnership O Income Received of \$5.00 or More (Report on Schedule C) Partnership O Income Received of \$5.00 or More (Report on Schedule C)		<u> </u>
O 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 \$10,000	(Describe)	(Describe)
IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		
ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		
NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000	ACQUIRED DISPOSED	ACQUIRED DISPOSED
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		
FAIR MARKET VALUE \$2,000 - \$10,000	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
FAIR MARKET VALUE \$2,000 - \$10,000	CENTERAL DESCRIPTION OF THE BURNINGS	OFNERN PROGRAMMENT
\$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$10,000,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED		
Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED	NATION OF INVESTMENT	NATION OF THE PROPERTY.
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED (Describe) (Descr		
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED	(Describe)	(Describe)
IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED		
ACQUIRED DISPOSED		
ACQUIRED DISPOSED ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Commentar	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	Comments	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Fields, Steven

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Progress Foundation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, CA 94102	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION .
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,000 \$1,000	\(\begin{align*} \text{Stool} & Notice Notice Business Position Oliver Stool Stoo
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.) Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Continuous of the state of the	Continued of Contain modified and desired of \$10,000 of mode
(Describe)	(Describe)
	Other
Other (Describe)	(Describe)
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD. LELENCE TO THE LET LE THE LET LET LE THE LET LET LE THE LET L
* You are not required to report loans from commercial is	ending institutions, or any indebtedness created as part of a
	lender's regular course of business on terms available to
	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% · None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
•	·
Comments:	· · · · · · · · · · · · · · · · · · ·

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces			
Name of Board, Commission, Committee, or Task Force: SF Health Authority			
Seat # or Category (If applicable): 14 District:			
Name: Joseph David Woods			
Home Addre Zip: 94903			
Home Phone: Occupation: Pharmacist			
Work Phone: 415-206-2332 Employer: City & County of SF			
Business Address: 1001 Potrero Ave, Pharmacy Room 1P2, San Francisco, CA Zip: 94110			
Business E-Mail: david.woods@sfdph.org Home E-Mail:			
Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement. Check All That Apply: Resident of San Francisco: Yes No If No, place of residence: San Rafael, CA			
Registered Voter in San Francisco: Yes □ No ■ If No, where registered: Marin			
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:			
Responsible for managing pharmaceutical services for the San Francisco Health Network (SFHN) of the SF Department of Public Health. The SFHN is the largest provider of care for the SF Health Plan.			

Business and/or professional experience:	
Education: University of California, San Francisco: Pharm.D. Residency: Long Beach Memorial Hospital, Long Beach CA	
2010 - Present: Chief Pharmacy Officer for the San Francisco Department of Puat the UCSF School of Pharmacy. With over twenty years of managerial experie effective administrator responsible for clinical care, quality improvement, budget network of pharmacies. In my role as Chief Pharmacy Officer, I support efforts to	nce and numerous awards, have been recognized as an ing, compliance, and overall leadership for a large
Employment: San Francisco Department of Public Health for twenty seven (27) Responsible for operational and clinical pharmacy services for the San Francisc Public Health (SFDPH). This includes pharmacy services at Zuckerberg San Fr Honda Hospital, Jail Health Services, and the SF Health Network's Primary Card	o Health Network (SFHN) of the S.F. Department of ancisco General Hospital and Trauma Center, Laguna
Civic Activities:	
•	
Have you attended any meetings of the Board/Commission to whic	h you wish appointment? Yes ■ No □
Appointments confirmed by the Board of Supervisors re Committee. Once your application is received, the Rule a hearing is scheduled. (Please submit your application	s Committee Clerk will contact you when
444047	Jacob David Woods
Date: 11/13/17Applicant's Signature: (require	Joseph David Woods
	(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 y all attachments, become public record.	ear. Once completed, this form, including
FOR OFFICE USE ONLY:	
	Date Seat was Vacated:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.	
NAME OF FILER (L'AST)	(FIRST) (MIDDLE)
Wöods, Joseph David	
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
Health Authority	Member
► If filing for multiple positions, list below or on an attachment. (Do not to	use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	Judge of Court Commissioner (Statewide Jurisdiction)
Multi-County	Y County of San Francisco
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2016, through December 31, 2016	Check one)
The period covered is 03 / 93 / 2016, through December 31, 2016	O The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed	The period covered is, through the date of leaving office.
Candidate: Election Year and office sought,	if different than Part 1:
4. Schedule Summary (must complete) ► Total number Schedules attached	r of pages including this cover page:3
 ☑ Schedule A-1 - Investments - schedule attached ☐ Schedule A-2 - Investments - schedule attached ☐ Schedule B - Real Property - schedule attached -Or- 	☐ 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	1 Francisco CA 94110
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS.
I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
I certify under penalty of perjury under the laws of the State of Cali	ifornia that the foregoing is true and correct.
Date Signed .03/.05/2.017 (month, day, year)	Signature _ Joseph David Woods (File the brighnelly signed statement with your filing official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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	
Woods, Joseph David	

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Aecna Health	Amgen
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Providers and Services	Biotechnology
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	S2,000 - \$10,000 X 510,001 - \$100,000
S100,001 - \$1,000,000 Ü Över \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other(Describe)
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 ~ \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CVS OSNEDAL DESCRIPTION OF THIS PHEINERS	Gilead Sciences GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Provider and Services	Biotechnology
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 X \$10,001 - \$100,000	☐ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Qver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of 50 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLIGABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED: DISPOSED	ACCUMENT PROPERTY
ÁCQUIRÉO: DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Amerisource Bergen	Cardinal Health
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Providers and Services	Health Care Provider and Services
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	S2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - S1,000,000 Over \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O tricome Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	JF APPLICABLE, LIST DATE:
	A company of the comp
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

FPPC Form 700 (2016/2017) Sch. A-1
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

FAIR POLITICAL PRACTICES COMMISSION	
Name	•
Woods, Joseph David	

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Novartis Pharmaceuticals	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$19,000 X \$10,001 - \$100,000	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100.001 + S1,000,000 Dver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership	Partnership: O Income Received of \$0 - \$499
O'Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
,	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTTY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over 51,000,000
NATURE OF INVESTMENT	NATURE OF BUILDING
Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Dascribe)
Partnership O Income Received of \$0 - \$499	Partnership O income Received of \$6 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	,
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
LIAME OF DIODERON PARTY	A NAME OF THOMSON PROPERTY
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	,
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$160,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$160,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Qver \$1,000,000
	Tatel a l'agginti
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describa)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 or More (Report on Schedule C)
IE ADDITOARIE LIET DATE.	IE ADDUCADIE LION DATE.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DÄTE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1	1
Commenter	
Comments:	

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FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SAN FRANCISCO CON HEALTH PLAN

Here for you

P.O. Box 194247 San Francisco, CA 94119 1(415) 547-7800 1(415) 547-7821 FAX www.sfhp.org

November 15, 2017

Angela Calvillo Clerk of the Board Board of Supervisor Office 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Dear Ms. Calvillo:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that David Woods, Pharm D of San Francisco General Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code Section 14087.36(K)(1)(I) which permits the appointment of a Pharmacist nominated by the San Francisco Pharmacy Leadership Group and (B) the San Francisco Administrative Code California 69.4(j).

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

John B. Grgurina, Jr. Chief Executive Officer

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

SAN FRANCISCO HEALTH AUTHORITY

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations (in **bold**), appointed by the Board of Supervisors:

Vacant Seat 1, succeeding Jeffrey Sterman, resigned, must be a member of the Board of Supervisors or any other person designated by the Board of Supervisors, for an indefinite term.

Vacant Seat 2, succeeding Brenda Yee, resigned, must be employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California, for the unexpired portion of a three-year term ending January 15, 2020.

Seat 3, succeeding Roland Pickens, term expiring January 15, 2018, must be employed in the senior management of San Francisco General Hospital, for a three-year term ending January 15, 2021.

Seat 4, succeeding Emily Webb, term expiring January 15, 2018, must be employed in the senior management of St. Luke's Hospital (San Francisco), for a three-year term ending January 15, 2021.

Vacant Seat 5, succeeding John Gressman, resigned, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term ending January 15, 2021.

Seat 6, Eddie Chan, term expiring January 15, 2019, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term.

Seat 7, succeeding Lawrence Cheung, term expiring January 15, 2018, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

Seat 8, succeeding Steven Fugaro, term expiring January 15, 2018, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

Seat 9, succeeding Dale Butler, term expired, must be nominated by the San Francisco Labor Council, or any successor organization, for a three-year term ending January 15, 2021.

Seat 10, Maria Luz Torre, term expiring January 15, 2019, must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term.

Seat 11, Irene Conway, term expiring January 15, 2018, must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term ending January 15, 2021.

Seat 12, Steve Fields, term expiring January 15, 2018, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term ending January 15, 2021.

Vacant Seat 13, succeeding Kate O'Malley, term expired, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for the unexpired portion of a three-year term ending January 15, 2019.

Seat 14, Joseph David Woods, term expiring January 15, 2018, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term ending January 15, 2021.

Additional Seat Requirements: One of the members in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Reports: None.

Sunset Date: None.

Additional information relating to the San Francisco Health Authority, or other seats on this body that are appointed by another authority, may be obtained by reviewing the California Welfare and Institutions Code, Section 14087.36, available at http://leginfo.legislature.ca.gov/, the San Francisco Administrative Code, Section 69.1, available at http://www.sfbos.org/sfmunicodes, or by visiting the Health Authority website at http://www.sfbp.org/.

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 and should be submitted for 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this subordinate body 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.fppc.ca.gov/Form700.html.

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 appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of individual(s) recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this body is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Further Note: Additional seats on this body may be available through other appointing authorities, including the Mayor's Office and the Department of Public Health.

Angela Calvillo
Clerk of the Board

DATED/POSTED: November 20, 2017

San Francisco BOARD OF SUPERVISORS

Date Printed: September 21, 2017

Date Established:

December 15, 1994

Active

HEALTH AUTHORITY - SAN FRANCISCO

Contact and Address:

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor San Francisco, CA 94103

Phone: (415) 615-4235 Fax: (415) 547-7824 Email: vhuggins@sfhp.org

Authority:

California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

Board Qualifications:

The Health Authority was established as the Local Initiative under the Medi-Cal program to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate; and to ensure preservation of the safety net. The powers and responsibilities of the Health Authority are stated in Administrative Code, Section 69.3.

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

- (A) One (1) member of the board or any other person designated by the Board;
- (B) One (1) shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California;
- (C) One (1) member shall be employed in the senior management of San Francisco General Hospital;
- (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San

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San Francisco BOARD OF SUPERVISORS

Francisco);

- (E) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;
- (F) Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;
- (G) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;
- (H) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;
- (I) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and
- (J) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in "A," "H," or "I" above must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board ("A" above).

The composition of the other five (5) members is as follows:

- > One (1) member appointed by the Mayor;
- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- > One (1) member shall be the Director of Mental Health or his/her designee; and
- > One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

Reports: None.

Sunset Clause: None.

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