

File No. 180349

Committee Item No. 10

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date April 11, 2018

Board of Supervisors Meeting

Date _____

Cmte Board

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

OTHER

(Use back side if additional space is needed)

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

Completed by: Alisa Somera Date April 6, 2018

Completed by: _____ Date _____

1 [Mayoral Appointment, Port Commission - Gail Gilman]

2

3 **Motion confirming/rejecting the Mayor's nomination for appointment of Gail Gilman to**
4 **the Port Commission, for a term ending May 1, 2022.**

5

6 MOVED, That the Board of Supervisors of the City and County of San Francisco does
7 hereby confirms/rejects the nomination for appointment by Mayor Mark Farrell of the following
8 designated person to serve as a member of the San Francisco Port Commission, pursuant to
9 Charter, Section 4.114, for the term specified:

10 Gail Gilman, seat 5, succeeding Leslie Katz, must be appointed by the Mayor and
11 confirmed by the Board of Supervisors, for a four-year term ending May 1, 2022.

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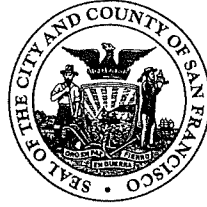
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OFFICE OF THE MAYOR
SAN FRANCISCO



MARK E. FARRELL
MAYOR

2018 APR -5 AM 11:41
AK
BOARD OF SUPERVISORS
SECRETARIAT

April 3, 2018

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

Dear Ms. Calvillo,

Pursuant to Charter Section 4.114, I hereby make the following nominations:

William Adams, to the San Francisco Port Commission, for a term ending May 1, 2022

Victor Makras, to the San Francisco Port Commission, for a term ending May 1, 2020, assuming the seat formerly held by Eleni Kounalakis

Doreen Woo Ho, to the San Francisco Port Commission, for a term ending May 1, 2022

Gail Gilman, to the San Francisco Port Commission, for a term ending May 1, 2022, assuming the seat formerly held by Leslie Katz

I am confident that Mr. Adams, Mr. Makras, Ms. Ho and Ms. Gilman – all electors of the City and County – will serve our community well. Attached are their qualifications, which demonstrate how these appointments and reappointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

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

Sincerely,

A handwritten signature in black ink that reads "Mark E. Farrell".

Mark E. Farrell
Mayor

Gail Gilman

Chief Executive Officer, Community Housing Partnership

With over 25 years of non-profit experience, Gail Gilman joined Community Housing Partnership in 2002 and became the CEO in 2010. She has extensive experience in real estate development of residential housing, land-use policy, activation of commercial spaces in supportive housing, social enterprise, economic development, homelessness, social services, public policy, and community organizing.

Gail is spearheading the local and national conversation on shifting success measurements and outcomes in supportive housing, in addition to creating a housing ladder, thus moving towards a housing equity framework.

Gail has been extensively involved in regional and national public policy efforts, including most recently as Co-Chair of numerous ballot initiatives from a housing bond to revenue measures for homelessness.

Gail has served on numerous housing and homeless taskforces, and presently serves on California's Homeless Coordinating and Financing Council (appointed by the Governor) and is a City & County of San Francisco Commissioner, Department of Building Inspection.

Gail holds a Master of Non-Profit Administration from University of San Francisco. She lives in the North Beach neighborhood along the waterfront.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 E-Filed
 02/14/2018
 14:51:27

 Filing ID:
 168764429

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Gilman, Gail
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

Building Inspection Commission

Commissioner

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

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2017, through December 31, 2017
 -or-
 The period covered is ____/____/____, through December 31, 2017
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
 (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2**Schedules attached**

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

-or-

-
- None - No reportable interests on any schedule**

5. Verification

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

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

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

 Date Signed 02/14/2018
 (month, day, year)

 Signature Gail Gilman
 (File the originally signed statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Gilman, Gail

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME Community Housing Partnership</p> <p>ADDRESS (Business Address Acceptable) San Francisco, Ca 94102</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION Executive Director</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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