| File No | 180976 | Committee Item No | 1 |
|---------|--------|-------------------|---|
|         |        | Board Item No.    |   |

# **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

|             | AGENDAT AGRET GONTE                                                                                                                                                                                                                                                                                                                            | INTO LIGI  |                                       |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|
| Committee:  | Rules Committee                                                                                                                                                                                                                                                                                                                                | Date _     | October 24, 2018                      |
| Board of Su | pervisors Meeting                                                                                                                                                                                                                                                                                                                              | Date _     | · · · · · · · · · · · · · · · · · · · |
| Cmte Boa    |                                                                                                                                                                                                                                                                                                                                                |            | A                                     |
|             | Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst R Youth Commission Report Introduction Form Department/Agency Cover Letter Memorandum of Understanding ( Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 - Ethics Commission Award Letter Application Form 700 Vacancy Notice | and/or Rep | oort                                  |
|             | Information Sheet Public Correspondence                                                                                                                                                                                                                                                                                                        |            |                                       |
| OTHER       | (Use back side if additional space                                                                                                                                                                                                                                                                                                             |            |                                       |
|             | DOSW Gender Report & Executive                                                                                                                                                                                                                                                                                                                 | re Summa   | ins,                                  |
|             | by:Alisa Somera<br>by:                                                                                                                                                                                                                                                                                                                         |            | October 19, 2018                      |

[Appointment, Board of Appeals - Rachael Tanner]

Motion approving/rejecting the President of the Board of Supervisors Malia Cohen's nomination of Rachael Tanner for appointment to the Board of Appeals, for a term ending July 1, 2022.

WHEREAS, Pursuant to Charter, Section 4.106, the President of the Board of Supervisors Malia Cohen has submitted a letter notifying the Clerk of the Board of Supervisors of the nomination of Rachael Tanner to the Board of Appeals, received by the Clerk of the Board on October 5, 2018; and

WHEREAS, The Board of Supervisors, by Motion No. M02-80, established a process to review the President's nomination to the Board of Appeals; now, therefore, be it

MOVED, That the Board of Supervisors hereby approves/rejects the President's reappointment of Rachael Tanner to the Board of Appeals, for the unexpired portion of a four-year term ending July 1, 2022.

# President, Board of Supervisors District 10



City and County of San Francisco

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MALIA COHEN                                                                            | <u> </u>      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notice of Appointm                                                                     | nent          |
| TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Alisa Somera, Legislative Deputy Direc                                                 | etor 11 A     |
| FROM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Aliya Chisti, Office of President Malia C                                              | Cohen         |
| DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | October 5, 2018                                                                        | ,             |
| SUBJECT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Board of Appeals Appointment by President Malia Coher                                  | 1             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |               |
| the second secon | vised that President Malia Cohen has sel<br>the Board of Appeals, for a four-year term |               |
| This appointn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nent will fill seat #2.                                                                |               |
| Rachael A. Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | anner's address:                                                                       |               |
| San Francisc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | o, CA 94124                                                                            |               |
| Attachment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Application                                                                            |               |
| For Clerk's of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fice use only:                                                                         |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |               |
| Seat No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Term Expiration Date:                                                                  | Seat Vacated: |



# 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:                                                                                                                                                                                                                                                                                                                                                                                 |
| Seat # or Category (If applicable): District:                                                                                                                                                                                                                                                                                                                                                                                        |
| Rachael A. Tanner Name:                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name:3rd Street, Unit                                                                                                                                                                                                                                                                                                                                                                                                                |
| Home Phone Occupation:                                                                                                                                                                                                                                                                                                                                                                                                               |
| Work Phone:  650-329-2167  Employer:  650 Hamilton Avenue, Palo Alto, CA  Pusinger Address:  94301                                                                                                                                                                                                                                                                                                                                   |
| 650 Hamilton Avenue, Palo Alto, CA 94301 Business Address: Zip:                                                                                                                                                                                                                                                                                                                                                                      |
| Business E-Mail: Rachael.Tanner@CityofPaloAlto.org Home E-Mail:@gmail.com                                                                                                                                                                                                                                                                                                                                                            |
| Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.  Check All That Apply:                                                                                                                                       |
| Registered voter in San Francisco: Yes No  If No, where registered:                                                                                                                                                                                                                                                                                                                                                                  |
| Resident of San Francisco  Yes  No If No, place of residence:                                                                                                                                                                                                                                                                                                                                                                        |
| Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:    Trepresent key demographics that are currently missing from the Board of Appeals. I am a bi- |
| racial, African-American woman. Currently, there is only 1 other woman serving on the 5-member Board of Appeals and no African American men or women.                                                                                                                                                                                                                                                                                |
| In addition, as a person under the age of 40, I am proud to be a member of the millenial generationthe largest generation in America today. As such, I represent a key perspective often absent on public bodies, whether they be boards or commissions. Lastly, I am also a relative new-comer to San Franciso, having moved here just 2 years ago.                                                                                 |
| I hope, through my service, to encourage more young men and women of color to serve their community.                                                                                                                                                                                                                                                                                                                                 |

| Business and/or pro                                                                                                                                                       | fessional experience:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thave considerable of<br>California. I have ser<br>the City of Palo Alto.<br>created neighborhoo<br>Francisco), and enga<br>Francisco Planning I<br>Planning, Building, a | experience working for muved the City of Long Bead<br>I have managed multi-miled plans (San Francisco), raged extensively in community of the com | th, the City a<br>lion dollar ca<br>reviewed and<br>unity outread<br>rledge of the<br>g processes | ernments throughout the state of and County of San Francisco, and apital projects (Long Beach), dapproved planning permits (San ch. As a senior planner in the San e Planning Code as well as the . My professional knowledge and e Board of Appeals from day one. |
| Civic Activities:                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                                                                                                    |
| Until recently, she liv high housing costs for                                                                                                                            | ed in the Twin Peaks neig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | hborhood of                                                                                       | -year old middle-school student.<br>San Francisco. Unfortunately,<br>re to Vallejo. So, each week I                                                                                                                                                                |
|                                                                                                                                                                           | ember of Glide Memorial (<br>paigns in neighboring con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | JR, and I volunteer regularly for districts.                                                                                                                                                                                                                       |
| Have you attended any m                                                                                                                                                   | eetings of the Board/Commissi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on to which yo                                                                                    | u wish appointment? Yes No                                                                                                                                                                                                                                         |
| I attended a meeting on Wednesda                                                                                                                                          | ay, September 26, 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                                                                                                                    |
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|                                                                                                                                                                           | ny appointment can be ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | before the RULES COMMITTEE is a ations must be received 10 days                                                                                                                                                                                                    |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                                                                                                    |
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| *                                                                                                                                                                         | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                                                                                                                                                    |
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| 10.1.2018<br>Date:                                                                                                                                                        | Applicant's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (required)                                                                                        | Rachael Ann Tanner                                                                                                                                                                                                                                                 |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   | (Manually sign or type your complete name.<br>NOTE: By typing your complete name, you are<br>hereby consenting to use of electronic signature.)                                                                                                                    |
|                                                                                                                                                                           | oplication will be retained f<br>chments, become public re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   | Once Completed, this form, including                                                                                                                                                                                                                               |
| FOR OFFICE USE ONLY                                                                                                                                                       | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                                                                                                                                                    |
| Appointed to Seat #:                                                                                                                                                      | Term Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                                              | e Seat was Vacated:                                                                                                                                                                                                                                                |

01/20/12

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

| Plea      | se type or print in ink.                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| NAME      | OF FILER (LAST)                                                                                                                                                                                                                                                | (FIRST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | (MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Tar       | nner                                                                                                                                                                                                                                                           | Rachael                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Ann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 1. C      | Office, Agency, or Court                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| A         | Igency Name (Do not use acronyms)                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ***       | Board of Appeals for the City and County                                                                                                                                                                                                                       | of San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 0         | Division, Board, Department, District, if applicable                                                                                                                                                                                                           | Your Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| _         | Board of Appeals                                                                                                                                                                                                                                               | Board Memi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ber                                 | TO SELECTION OF THE PARTY OF TH |  |
| )         | If filing for multiple positions, list below or on an at                                                                                                                                                                                                       | tachment. (Do not use acronyms)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ,         | Agency:                                                                                                                                                                                                                                                        | Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | igonoy.                                                                                                                                                                                                                                                        | 1 Colucti.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2. 、      | Jurisdiction of Office (Check at least one b                                                                                                                                                                                                                   | nox)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| [         | State                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t Commissioner (Stat                | ewide Jurisdiction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|           | Multi-County                                                                                                                                                                                                                                                   | ✓ County of Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n Francisco                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | ⊠ City of San Francisco                                                                                                                                                                                                                                        | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| _         |                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 3.        | Type of Statement (Check at least one box)                                                                                                                                                                                                                     | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | Annual: The period covered is January 1, 2017, December 31, 2017.                                                                                                                                                                                              | through Leaving Offic (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ce: Date Left                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | •Or•                                                                                                                                                                                                                                                           | 2 ° '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d covered is lanuary                | 1, 2017, through the date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|           | The period covered is                                                                                                                                                                                                                                          | leaving off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                                   | 1, 2017, unough the date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|           | Assuming Office: Date assumed/_                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d covered is/_<br>f leaving office. | , through                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Б         | Candidate: Date of Election                                                                                                                                                                                                                                    | and office sought, if different than Part 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Board of Appea                      | als                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Section 1 |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | Schedule Summary (must complete) Schedules attached                                                                                                                                                                                                            | ► Total number of pages including                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | g this cover pag                    | e:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|           | Schedule A-1 - Investments - schedule attach                                                                                                                                                                                                                   | ned Schedule C - Income.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Loans, & Business                   | Positions - schedule attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|           | Schedule A-2 - Investments - schedule attach                                                                                                                                                                                                                   | The second secon |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | Schedule B - Real Property - schedule attach                                                                                                                                                                                                                   | ned Schedule E - Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | – Gifts – Travel Payı               | ments - schedule attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| -01       | <b>(•</b> )                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | ☐ None - No reportable interests on any second contracts.                                                                                                                                                                                                      | schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 5. V      | /erification                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | AAILING ADDRESS STREET<br>Business or Agency Address Recommended - Public Document)                                                                                                                                                                            | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE                               | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|           | PO Box 420970                                                                                                                                                                                                                                                  | San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CA                                  | 94142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| ]         | DAYTIME TELEPHONE NUMBER                                                                                                                                                                                                                                       | E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mail.com                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1         | certify under penalty of perjury under the laws o                                                                                                                                                                                                              | f the State of California that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s true and correct.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|           | Date Signed 10/2/2018                                                                                                                                                                                                                                          | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| _         | (month, day, year)                                                                                                                                                                                                                                             | (File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the originally signed statemen      | nt with your filing official.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

# **SCHEDULE A-2**

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

| CALIFORNIA FORM FAIR POLITICAL PRACTICES C | 700 OMMISSION |
|--------------------------------------------|---------------|
| Name                                       |               |
| Rachael A. Tanner                          |               |

| ► 1. BUSINESS ENTITY OR TRUST                                                                                                | ► 1. BUSINESS ENTITY OR TRUST                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Officially Hitched                                                                                                           |                                                                                                                           |
| Name                                                                                                                         | Name                                                                                                                      |
| PO Box 420970 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 ☐ Business Entity, complete the box, then go to 2                                                        |
| GENERAL DESCRIPTION OF THIS BUSINESS                                                                                         | GENERAL DESCRIPTION OF THIS BUSINESS .                                                                                    |
| Provides wedding officiating services                                                                                        |                                                                                                                           |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE:                                                                                  | FAIR MARKET VALUE IF APPLICABLE, LIST DATE:                                                                               |
| \$0 - \$1,999                                                                                                                | \$0 - \$1,999                                                                                                             |
| \$2,000 - \$10,000                                                                                                           | \$2,000 - \$10,000                                                                                                        |
| \$10,001 - \$100,000 ACQUIRED DISPOSED                                                                                       | \$10,001 - \$100,000 ACQUIRED DISPOSED                                                                                    |
| Over \$1,000,000                                                                                                             | Over \$1,000,000                                                                                                          |
| NATURE OF INVESTMENT                                                                                                         | NATURE OF INVESTMENT                                                                                                      |
| Partnership X Sole Proprietorship                                                                                            | Partnership Sole Proprietorship Other                                                                                     |
| VOLID BUSINESS POSITION Founder, Owner, Operator                                                                             | Other                                                                                                                     |
| YOUR BUSINESS POSITION TOUTIGET, OWNER, OPERALO                                                                              | 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)             |
| □ \$0 - \$499 × \$10,001 - \$100,000                                                                                         | □ \$0 - \$499 □ \$10,001 - \$100,000                                                                                      |
| S500 - \$1,000 OVER \$100,000                                                                                                | S500 - \$1,000 OVER \$100,000                                                                                             |
| \$1,001 - \$10,000                                                                                                           | \$1,001 - \$10,000                                                                                                        |
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF<br>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                                                                                                                    | ☐ None or ☐ Names listed below                                                                                            |
|                                                                                                                              | 17                                                                                                                        |
|                                                                                                                              |                                                                                                                           |
| *                                                                                                                            |                                                                                                                           |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST                        | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST                            |
| Check one box:                                                                                                               | Check one box:                                                                                                            |
| ☐ INVESTMENT ☐ REAL PROPERTY                                                                                                 | ☐ INVESTMENT ☐ REAL PROPERTY                                                                                              |
| Name of Rusiness Entity if Investment or                                                                                     | Name of Business Entity if Investment or                                                                                  |
| Name of Business Entity, if Investment, <u>or</u><br>Assessor's Parcel Number or Street Address of Real Property             | Name of Business Entity, if Investment, <u>or</u><br>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                                                                           |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE:                                                                                  | FAIR MARKET VALUE IF APPLICABLE, LIST DATE:                                                                               |
| \$2,000 - \$10,000<br>\$10,001 - \$100,000<br>\$10,001 - \$100,000                                                           | \$2,000 - \$10,000<br>\$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 are attached                                        | Check box if additional schedules reporting investments or real property are attached                                     |
|                                                                                                                              |                                                                                                                           |

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

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |  |
|---------------------------------------------------------|--|
| Name                                                    |  |
| Rachael A. Tanner                                       |  |

|     | y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| > I | ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Þ    | ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|     | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | П    | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     | San Francisco, CA 94124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | FAIR MARKET VALUE   S2,000 - \$10,000   910,001 - \$100,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000,000   1,000, |      | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | NATURE OF INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ш    | NATURE OF INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | ✓ Ownership/Deed of Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Ownership/Deed of Trust Easement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | Leasehold Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | Leasehold Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | IF RENTAL PROPERTY, GROSS INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ш    | IF RENTAL PROPERTY, GROSS INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | П    | \$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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     | A room was rented in 2017 and 2018 for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     | approximately \$27,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | The state of the s |
| *   | You are not required to report loans from commercial le<br>business on terms available to members of the public v<br>loans received not in a lender's regular course of busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | with | out regard to your official status. Personal loans and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|     | NAME OF LENDER*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | NAME OF LENDER*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | ADDRESS (Business Address Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | ADDRESS (Business Address Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | BUSINESS ACTIVITY, IF ANY, OF LENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | INTEREST RATE TERM (Months/Years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | INTEREST RATE TERM (Months/Years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | % None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|     | HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | HIGHEST BALANCE DURING REPORTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     | S1,001 - \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | \$500 - \$1,000 \$1,001 - \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | ☐ \$10,001 - \$100,000 ☐ OVER \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | S10,001 - \$100,000 OVER \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | Guarantor, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | Guarantor, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Co  | omments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

# San Francisco **BOARD OF SUPERVISORS**

Date Printed: August 4, 2017

Date Established:

July 1, 2002

Active

## **BOARD OF APPEALS**

#### Contact and Address:

Cynthia Goldstein Executive Director 1650 Mission Street #304 San Francisco, CA 94103

Phone: (415) 575-6880 Fax: (415) 575-6885

Email: cynthia.goldstein@sfgov.org

## Authority:

Charter, Section 4.106 (Prop D. Election March 5, 2002); and Motion No. 02-80.

## **Board Qualifications:**

The Board of Appeals consists of five (5) members, two (2) nominated by the President of the Board of Supervisors, and three (3) members nominated by the Mayor. Each nomination of the Mayor and the President of the Board of Supervisors is subject to approval by the Board of Supervisors. If the Board fails to act on the nomination within 60 days from the date the nomination is transmitted to the Clerk of the Board of Supervisors, the nominee shall be deemed approved.

In order to stagger the terms, the Clerk of the Board of Supervisors shall determine by lot which two (2) of the three (3) Mayoral appointees shall serve an initial two-year term, and which one of the two (2) appointees of the President of the Board of Supervisors shall serve an initial-two year term. The remaining appointees shall serve four-year terms. All subsequent terms shall be four years.

The appointees of both the Mayor and the President of the Board of Supervisors shall take office at 12:00 noon on the first day of July 2002.

The Board of Appeals, a quasi-judicial panel, decides appeals of permits, variances, zoning determinations and other department actions at public hearings.

Reports: None referenced

Sunset Date: None

#### **BOARD of SUPERVISORS**



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

# VACANCY NOTICE BOARD OF APPEALS

## **Replaces All Previous Notices**

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

Seat 1, succeeding Richard Swig, term expiring July 1, 2020, must be a nominee of the President of the Board of Supervisors and approved by the Board of Supervisors, for a four-year term.

**Seat 2**, succeeding Bobbie Wilson, term expiring July 1, 2018, must be a nominee of the President of the Board of Supervisors and approved by the Board of Supervisors, for a four-year term ending July 1, 2022.

Reports: None

Sunset Date: None

Additional information relating to the Board of Appeals may be obtained by reviewing Charter, Section 4.106, at <a href="http://www.sfbos.org/sfmunicodes">http://www.sfbos.org/sfmunicodes</a> or by visiting their website at <a href="http://sfgov.org/bdappeal/">http://sfgov.org/bdappeal/</a>.

Pursuant to Board of Supervisors Rules of Order 2.19, all applicants applying for this Board must complete and submit with their application, a copy (not original) of a Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the Form 700 is not submitted. The Form 700, Statement of Economic Interests, may be obtained at http://www.fppc.ca.gov/Form700.html.

Interested persons may obtain an application from the Board of Supervisors website at <a href="http://www.sfbos.org/vacancy\_application">http://www.sfbos.org/vacancy\_application</a> or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. <a href="https://www.sfbos.org/vacancy\_application">All applicants must be residents of San Francisco</a>, unless otherwise stated.

<u>Next Steps:</u> Applicants who meet minimum qualifications will be considered for nomination by the President of the Board of Supervisors. The individual(s) nominated by the President of the Board of Supervisors will be sent to the Rules Committee for consideration and forwarded to the Board of Supervisors for final approval. During the

Rules Committee hearing, the nominated individual(s) will be considered and nominee(s) may be asked to state their qualifications.

Please Note: Depending upon the posting date, vacancies may have already been filled. To determine if a vacancy for this Board 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.

Angela Calvillo
Clerk of the Board

DATED/POSTED: May 2, 2018



# City and County of San Francisco

# **Department on the Status of Women**



City and County of San Francisco

Emily M. Murase, PhD Director

# 2017 Gender Analysis of Commissions and Boards: Executive Summary

#### Overview

A 2008 City Charter Amendment passed by the voters of San Francisco enacted a city policy that membership of Commissions and Boards reflect the diversity of the population. As part of this measure, the Department on the Status of Women is required to conduct a biennial gender analysis of Commissions and Boards. Data was collected from 57 policy bodies with a total of 540 members primarily appointed by the Mayor and Board of Supervisors.

## **Gender Analysis Findings**

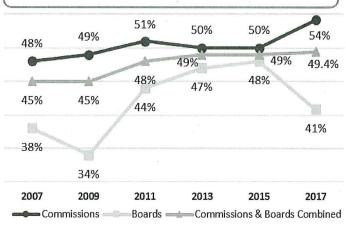
#### Gender

- Women's representation on Commissions and Boards in 2017 is 49%, equal to the female population in San Francisco.
- Since 2007 there has been an overall increase of women on Commissions with women comprising 54% of Commissioners in 2017.
- Women's representation on Boards has declined to 41% this year following a period of steady increases over the past 3 reports.

#### Race and Ethnicity

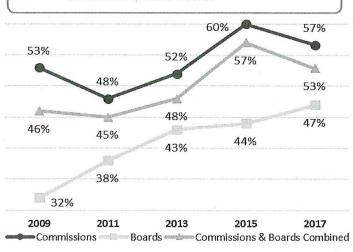
- While 60% of San Franciscans are people of color, 53% of appointees are racial and ethnic minorities.
- ➤ Minority representation on Commissions decreased from 60% in 2015 to 57% in 2017.
- Despite a steady increase of people of color on Boards since 2009, minority representation on Boards, at 47%, remains below parity with the population.
- Asian, Latinx/Hispanic, and multiracial individuals are underrepresented on Commissions and Boards.
- ➤ There is a higher representation of White and Black/African American members on policy bodies than in the San Francisco population.

Figure 1: 10-Year Comparison of Women's Representation on Commissions and Boards



Sources: Department Survey, Mayor's Office, 311.

Figure 2: 8-Year Comparison of Minority Representation on Commissions and Boards



## Race and Ethnicity by Gender

- In San Francisco, 31% of the population are women of color. Although representation of women of color on Commissions reaches parity with the population, only 19% of Board members are women of color.
- Men of color comprise 26% of both Commissioners and Board members compared to 29% of the San Francisco population.
- The representation of White men on policy bodies is 28%, exceeding the 22% of the San Francisco population, while White women are at parity with the population at 19%.
- Underrepresentation of Asian and Latinx/Hispanic individuals is seen among both men and women.
  - One-tenth of Commissioners and Board members are Asian men and 12% are Asian women compared to 16% and 18% of the population, respectively.
  - Latinos are 6% of Commissioners and Board members and Latinas are 4% of Commissioners and Board members compared to 8% and 7% of San Franciscans, respectively.

## **Additional Demographics**

- > Among Commissioners and Board members, 17% identify as lesbian, gay, bisexual, or transgender (LGBT).
- Individuals with a disability comprise 11% of appointees on policy bodies, just below the 12% of the adult population with a disability in San Francisco.
- ➤ Representation of veterans on Commissions and Boards is 13%, exceeding the 4% of San Franciscans that have served in the military.

#### **Budget**

- > Women and women of color, in particular, are underrepresented on the policy bodies with the largest budgets while exceeding or nearing parity on policy bodies with the smallest budgets.
- Minority representation on policy bodies with both the largest and smallest budgets is at least 60%, equal to the population.

Table 1: Demographics of Appointees to San Francisco Commissions and Boards, 2017

| *                               | Women | Minority | Women<br>of Color | LGBT  | Disabilities | Veterans |
|---------------------------------|-------|----------|-------------------|-------|--------------|----------|
| San Francisco Population        | 49%   | 60%      | 31%               | 5%-7% | 12%          | 4%       |
| Commissions and Boards Combined | 49%   | 53%      | 27%               | 17%   | 11%          | 13%      |
| Commissions                     | 54%   | 57%      | 31%               | 18%   | 10%          | 15%      |
| Boards                          | 41%   | 47%      | 19%               | 17%   | 14%          | 10%      |
| 10 Largest Budgeted Bodies      | 35%   | 60%      | 18%               |       |              |          |
| 10 Smallest Budgeted Bodies     | 58%   | 66%      | 30%               |       |              |          |

Sources: 2015 American Community Survey 5-Year Estimates, Department Survey, Mayor's Office, 311, FY17-18 Annual Appropriation Ordinance, FY17-18 Mayor's Budget Book.

The full report is available at the San Francisco Department on the Status of Women website, http://sfgov.org/dosw/.

# Gender Analysis of San Francisco Commissions and Boards

December 2017

## Acknowledgements

This report is dedicated in memory of the late Mayor Edwin M. Lee, who made an inclusive San Francisco a priority, including through the appointment of numerous women to public policy bodies throughout the City.

The San Francisco Department on the Status of Women would like to thank the various commission secretaries and department staff who graciously assisted in collecting and providing information about their respective commissions and boards. We also want to thank Francis Tsang, Deputy Chief of Staff for the Office of Mayor Edwin M. Lee, as well as the 311 Information Directory Department ("311") for providing much of the data necessary for the completion of this report.

The data collection and analysis for this report was conducted by Public Policy Fellow Nami Yokogi with support from Workplace Policy and Legislative Director Elizabeth Newman, Associate Director Carol Sacco, and Director Emily Murase, PhD, at the San Francisco Department on the Status of Women.

This document was presented to and adopted by the San Francisco Commission on the Status of Women in December 2017.

#### San Francisco Commission on the Status of Women

President Debbie Mesloh Vice President Breanna Zwart Commissioner Marjan Philhour Commissioner Olga Ryerson Commissioner Carrie Schwab-Pomerantz Commissioner Andrea Shorter Commissioner Julie D. Soo

The full report is available at the San Francisco Department on the Status of Women website, <a href="http://sfgov.org/dosw/">http://sfgov.org/dosw/</a>.

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# **Executive Summary**

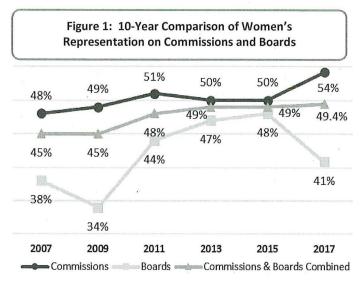
#### Overview

A 2008 City Charter Amendment passed by the voters of San Francisco enacted a city policy that membership of Commissions and Boards reflect the diversity of the population. As part of this measure, the Department on the Status of Women is required to conduct a biennial gender analysis of Commissions and Boards. Data was collected from 57 policy bodies with a total of 540 members primarily appointed by the Mayor and Board of Supervisors.

## **Key Findings**

#### Gender

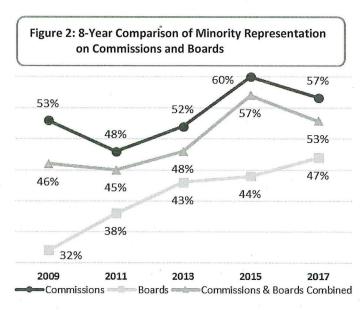
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Sources: Department Survey, Mayor's Office, 311.

## Race and Ethnicity

- While 60% of San Franciscans are people of color, 53% of appointees are racial and ethnic minorities.
- ➤ Minority representation on Commissions decreased from 60% in 2015 to 57% in 2017.
- Despite a steady increase of people of color on Boards since 2009, minority representation on Boards, at 47%, remains below parity with the population.
- Asian, Latinx/Hispanic, and multiracial individuals are underrepresented on Commissions and Boards.
- ➤ There is a higher representation of White and Black or African American members on policy bodies than in the San Francisco population.



#### Race and Ethnicity by Gender

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- The representation of White men on policy bodies is 28%, exceeding the 22% of the San Francisco population, while White women are at parity with the population at 19%.
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  - One-tenth of Commissioners and Board members are Asian men and 12% are Asian women compared to 16% and 18% of the population, respectively.
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#### Representation on Policy Bodies by Budget

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Sources: 2015 American Community Survey 5-Year Estimates, Department Survey, Mayor's Office, 311, FY17-18 Annual Appropriation Ordinance, FY17-18 Mayor's Budget Book.

## I. Introduction

The central question of this report is whether appointments to public policy bodies of the City and County of San Francisco are reflective of the population at large.

In 1998, San Francisco became the first city in the world to pass a local ordinance reflecting the principles of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), also known as the "Women's Human Rights Treaty." The Ordinance requires City government to take proactive steps to ensure gender equality and specifies "gender analysis" as a preventive tool to identify and address discrimination. Since 1998, the Department on the Status of Women (Department) has used this tool to analyze operations of 11 City departments.

In 2007, the Department used gender analysis to analyze the number of women appointed to City Commissions, Boards, and Task Forces.<sup>3</sup> Based on these findings, a City Charter Amendment was developed by the Board of Supervisors for the June 2008 election. The Amendment, which voters approved overwhelmingly, made it City policy that:

- 1. Membership of Commissions and Boards reflect the diversity of the San Francisco population;
- 2. Appointing officials be urged to support the nomination, appointment, and confirmation of these candidates; and
- 3. The San Francisco Department on the Status of Women is required to conduct a gender analysis of Commissions and Boards to be published every 2 years.<sup>4</sup>

This 2017 gender analysis assesses the representation of women; racial and ethnic minorities; lesbian, gay, bisexual, and transgender (LGBT) individuals; people with disabilities; and veterans on San Francisco Commissions and Boards appointed by the Mayor and the Board of Supervisors.<sup>5</sup>

<sup>&</sup>lt;sup>1</sup> While 188 of the 193 member states of the United Nations, including all other industrialized countries, have ratified the Women's Human Rights Treaty, the U.S. has not. President Jimmy Carter signed the treaty in 1980, but it has been languishing in the Senate ever since, due to jurisdictional concerns and other issues. For further information, see the United Nations website, available at www.ohchr.org/english/bodies/cedaw/index.htm.

<sup>&</sup>lt;sup>2</sup> The gender analysis guidelines are available at the San Francisco Department on the Status of Women website, under Women's Human Rights, at www.sfgov.org/dosw.

<sup>&</sup>lt;sup>3</sup> The 2007 Gender Analysis of Commissions, Boards, and Task Forces is available online at the Department website, under Women's Human Rights, at www.sfgov.org/dosw.

<sup>&</sup>lt;sup>4</sup> The full text of the charter amendment is available at https://sfpl.org/pdf/main/gic/elections/June3 2008.pdf.

<sup>&</sup>lt;sup>5</sup> Appointees in some policy bodies are elected or appointed by other entities.

# II. Methodology and Limitations

This report focuses on City and County of San Francisco Commissions and Boards whose jurisdiction is limited to the City, that have a majority of members appointed by the Mayor and Board of Supervisors, and that are permanent policy bodies. Generally, *Commission* appointments are made by the Mayor and *Board* appointments are made by members of the Board of Supervisors. For some policy bodies, however, the appointments are divided between the Mayor, the Board of Supervisors, and other agencies. *Commissions* tend to be permanent policy bodies that are part of the City Charter and oversee a department or agency. *Boards* are typically policy bodies created legislatively to address specific issues.

The gender analysis in this report reflects data from the Commissions and Boards that provided information to the Department through survey, the Mayor's Office, and the Information Directory Department (311), which collects and disseminates information about City appointments to policy bodies. Based on the list of Commissions and Boards that are reported by 311, data was compiled from 57 policy bodies with a total of 540 appointees. A Commissioner or Board member's gender identity, race/ethnicity, sexual orientation, disability status, and veteran status were among data elements collected on a voluntary basis. In many cases, identities are vastly underreported due to concerns about social stigma and discrimination. Thus, data on lesbian, gay, bisexual, transgender (LGBT) identity, disability, and veteran status of appointees were limited, incomplete, and/or unavailable for many appointees, but included to the extent possible. As the fundamental objective of this report is to surface patterns of underrepresentation, every attempt has been made to reflect accurate and complete information in this report.

For the purposes of comparison in this report, data from the *U.S. Census 2011-2015 American Community Survey 5-Year Estimates* is used to reflect the current San Francisco population. Charts 1 and 2 in the Appendix show these population estimates by race/ethnicity and gender.

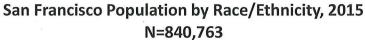
<sup>&</sup>lt;sup>6</sup> It is important to note that San Francisco is the only jurisdiction in the State of California that is both a city and a county. Therefore, while in other jurisdictions, the Human Services Commission is typically a county commission that governs services across multiple cities and is composed of members appointed by those cities, the San Francisco case is much simpler. All members of Commissioner and Boards are appointed either by the San Francisco Mayor or the San Francisco County Board of Supervisors which functions as a city council..

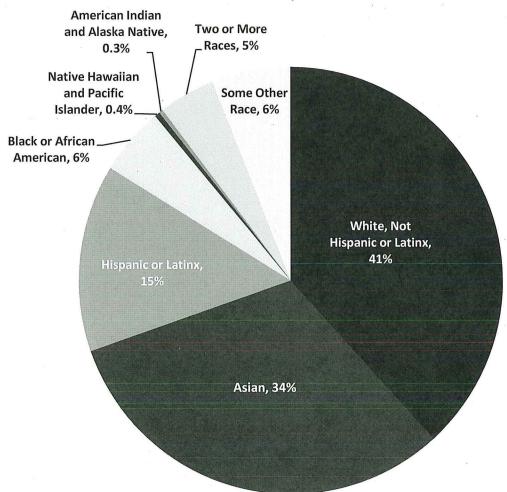
# III. San Francisco Population Demographics

An estimated 49% of the population in San Francisco are women and approximately 60% of residents identify as a race or ethnicity other than White. Four in ten San Franciscans are White, one-third are Asian, 15% are Hispanic or Latinx, and 6% are Black or African American.

The racial and ethnic breakdown of San Francisco's population is shown in the chart below. Note that the percentages do not add up to 100% since individuals may be counted more than once.

Figure 1: San Francisco Population by Race/Ethnicity

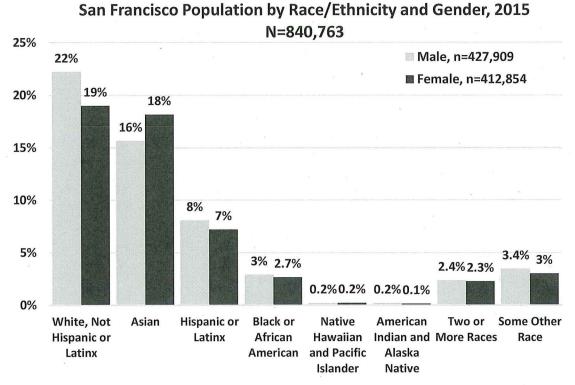




Source: 2011-2015 American Community Survey 5-Year Estimates.

A more nuanced view of San Francisco's population can be seen in the chart below, which shows race and ethnicity by gender. Most racial and ethnic groups have a similar representation of men and women in San Francisco, though there are about 15% more White men than women (22% vs. 19%) and 12% more Asian women than men (18% vs. 16%). Overall, 29% of San Franciscans are men of color and 31% are women of color.

Figure 2: San Francisco Population by Race/Ethnicity and Gender

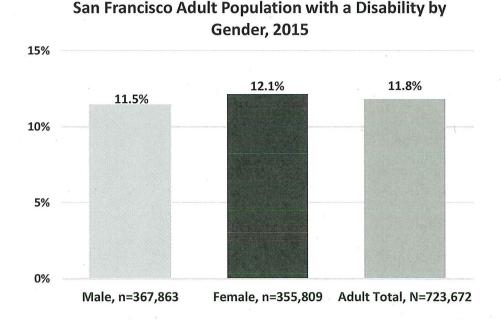


Source: 2011-2015 American Community Survey 5-Year Estimates.

The U.S. Census and American Community Survey do not count the number of individuals who identify as lesbian, gay, bisexual, or transgender (LGBT). However, there are several reputable data sources that estimate San Francisco has one of the highest concentrations of LGBT individuals in the nation. A 2015 Gallup poll found that among employed adults in the San Francisco Metropolitan Area, which includes San Francisco, Alameda, Contra Costa, Marin, and San Mateo counties, 6.2% identify as LGBT, the largest percentage of any populous area in the U.S. The 2010 U.S. Census reported 34,000 same-sex couples in the Bay Area, with an estimated 7,600 male same-sex couples and 2,700 female same-sex couples in the City of San Francisco, approximately 7% of all households. In addition, the Williams Institute at the University of California Los Angeles estimates that 4.6% of Californians identify as LGBT, which is similar across gender (4.6% of males vs. 4.5% of females). The Williams Institute also reported that roughly 92,000 adults ages 18-70 in California, or 0.35% of the population, are transgender. These sources suggest between 5-7% of the San Francisco adult population, or approximately 36,000-50,000 San Franciscans, identify as LGBT.

Women are slightly more likely than men to have one or more disabilities. For women 18 years and older, 12.1% have at least one disability, compared to 11.5% of adult men. Overall, about 12% of adults in San Francisco live with a disability.

Figure 3: San Francisco Adults with a Disability by Gender

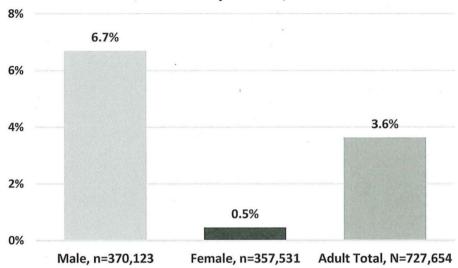


Source: 2011-2015 American Community Survey 5-Year Estimates:

In terms of veterans, according to the U.S. Census, 3.6% of the adult population in San Francisco has served in the military. There is a drastic difference by gender. More than 12 times as many men are veterans, at nearly 7% of adult males, than women, with less than 1%.

Figure 4: Veterans in San Francisco by Gender

# San Francisco Adult Population with Military Service by Gender, 2015



Source: 2011-2015 American Community Survey 5-Year Estimates.

# IV. Gender Analysis Findings

On the whole, appointees to Commissions and Boards reflect many aspects of the diversity of San Francisco. Among Commissioners and Board members, nearly half are women, more than 50% are people of color, 17% are LGBT, 11% have a disability, and 13% are veterans. However, Board appointees are less diverse than Commission appointees. Below is a summary of key indicators, comparing them between Commissions and Boards. Refer to Appendix II for a complete table of demographics by Commissions and Boards.

Figure 5: Summary Data Comparing Representation on Commissions and Boards, 2017

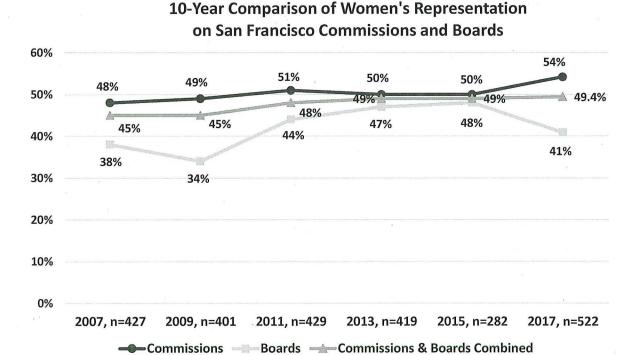
| yrige to the control of the state of the sta | Commissions         | Boards               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Number of Policy Bodies Included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . 40                | 17                   |
| Filled Seats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 350/373 (6% vacant) | 190/213 (11% vacant) |
| Female Appointees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 54%                 | 41%                  |
| Racial/Ethnic Minority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 57%                 | 47%                  |
| LGBT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17.5%               | 17%                  |
| With Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10%                 | 14%                  |
| Veterans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15%                 | 10%                  |

The next sections will present detailed data, compared to previous years, along the key variables of gender, ethnicity, race/ethnicity by gender, sexual orientation, disability, veterans, and policy bodies by budget size.

#### A. Gender

Overall, the percentage of female appointees to City Commissions and Boards is 49%, equal to the female percentage of the San Francisco population. A 10-year comparison of the gender diversity on Commissions and Boards shows that the percentage of female Commissioners has increased over the 10 years since the first gender analysis of Commissions and Boards in 2007. At 54%, the representation of women on Commissions currently exceeds the percentage of women in San Francisco (49%). The percentage of female Board appointees declined 15% from the last gender analysis in 2015. Women make up 41% of Board appointees in 2017, whereas women were 48% of Board members in 2015. A greater number of Boards were included this year than in 2015, which may contribute to the stark difference from the previous report. This dip represents a departure from the previous trend of increasing women's representation on Boards.

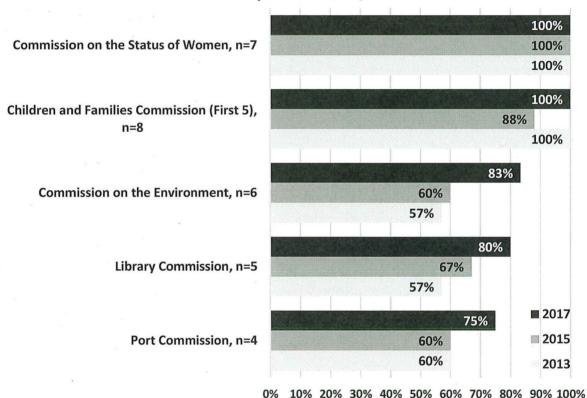
Figure 6: 10-Year Comparison of Women's Representation on Commissions and Boards



The next two charts illustrate the Commissions and Boards with the highest and lowest percentage of female appointees in 2017. Data from the two previous gender analyses for these Commissions and Boards is also included for comparison purposes. Of 54 policy bodies with data on gender, roughly one-third (20 Commissions and Boards) have more than 50% representation of women. The greatest women's representation is found on the Commission on the Status of Women and the Children and Families Commission (First 5) at 100%. The Long Term Care Coordinating Council and the Mayor's Disability Council also have some of the highest percentages of women, at 78% and 75%, respectively. However, the latter two policy bodies are not included in the chart due to lack of prior data.

Figure 7: Commissions and Boards with Most Women

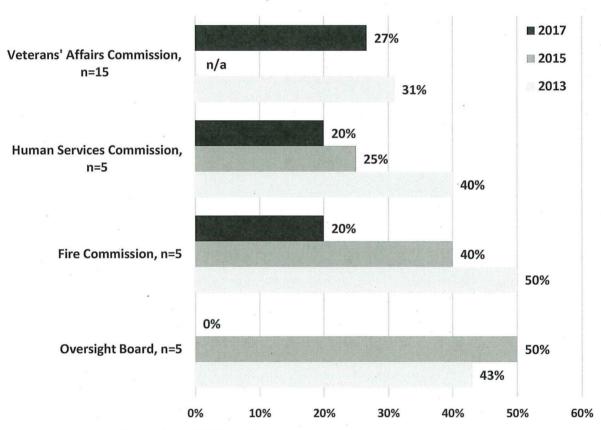
# Commissions and Boards with Highest Percentage of Women, 2017 Compared to 2015, 2013



There are 14 Commissions and Boards that have 30% or less women. The lowest percentage is found on the Oversight Board of the Office of Community Investment & Infrastructure where currently none of the five appointees are women. The Urban Forestry Council and the Workforce Investment Board also have some of the lowest percentages of women members at 20% and 26%, respectively, but are not included in the chart below due to lack of prior data.

Figure 8: Commissions and Boards with Least Women

# Commissions and Boards with Lowest Percentage of Women, 2017 Compared to 2015, 2013

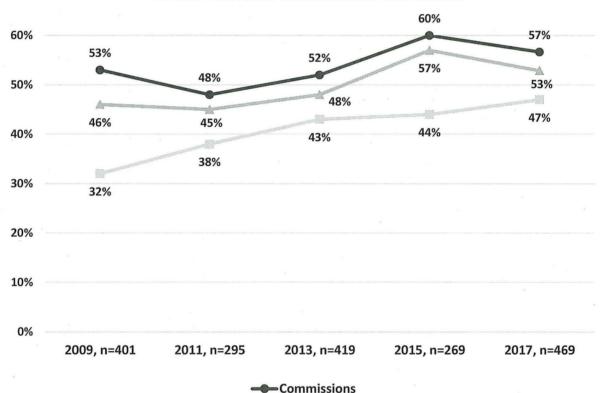


## **B. Ethnicity**

Data on racial and ethnic background were available for 286 Commissioners and 183 Board members. More than half of these appointees identify as people of color. However, representation of people of color on Commissions and Boards falls short of parity with the approximately 60% minority population in San Francisco. In total, 53% of appointees identify as racial and ethnic minorities. The percentage of minority Commissioners decreased from 2015, while the percentage of minority Board members has been steadily increasing since 2009. Yet, communities of color are represented in greater numbers on Commissions, at 57%, than Boards, at 47%, of appointees. Below is the 8-year comparison of minority representation on Commissions and Boards. Data on race and ethnicity were not collected in 2007.

Figure 9: 8-Year Comparison of Minority Representation on Commissions and Boards

# 8-Year Comparison of Minority Representation on San Francisco Commissions and Boards

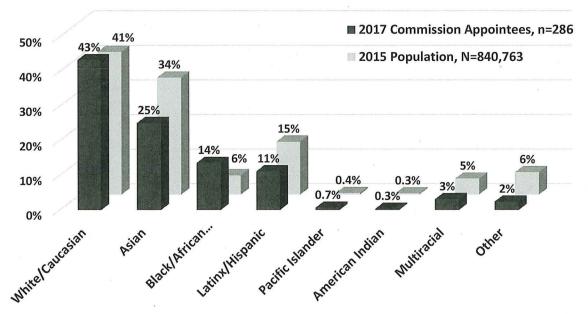


The racial and ethnic breakdown of Commissioners and Board members as compared to the San Francisco population is presented in the next two charts. There is a greater number of White and Black/African American Commissioners in comparison to the general population, in contrast to individuals identifying as Asian, Latinx/Hispanic, multiracial, and other races who are underrepresented on Commissions. One-quarter of Commissioners are Asian compared to more than one-third of the population. Similarly, 11% of Commissioners are Latinx compared to 15% of the population.

Figure 10: Race/Ethnicity of Commissioners Compared to San Francisco Population

Race/Ethnicity of Commissioners Compared to

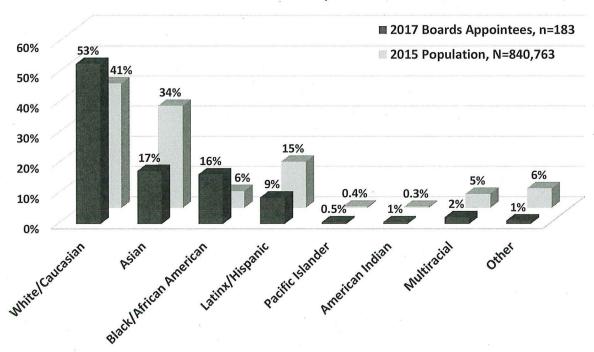
# Race/Ethnicity of Commissioners Compared to San Francisco Population, 2017



A similar pattern emerges for Board appointees. In general, racial and ethnic minorities are underrepresented on Boards, except for the Black/African American population with 16% of Board appointees compared to 6% of the population. White appointees far exceed the White population with more than half of appointees identifying as White compared to about 40% of the population. Meanwhile, there are considerably fewer Board members who identify as Asian, Latinx/Hispanic, multiracial, and other races than in the population. Particularly striking is the underrepresentation of Asians, where 17% of Board members identified as Asian compared to 34% of the population. Additionally, 9% of Board appointees are Latinx compared to 15% of the population.

Figure 11: Race/Ethnicity of Board Members Compared to San Francisco Population

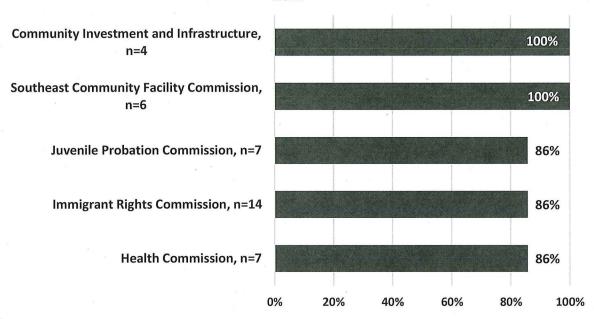
# Race/Ethnicity of Board Members Compared to San Francisco Population, 2017



Of the 37 Commissions with information on ethnicity, more than two-thirds (26 Commissions) have at least 50% of appointees identifying as persons of color and more than half (19 Commissions) reach or exceed parity with the nearly 60% minority population. The Commissions with the highest percentage of minority appointees are shown in the chart below. The Commission on Community Investment and Infrastructure and the Southeast Community Facility Commission both are comprised entirely of people of color. Meanwhile, 86% of Commissioners are minorities on the Juvenile Probation Commission, Immigrant Rights Commission, and Health Commission.

Figure 12: Commissions with Most Minority Appointees

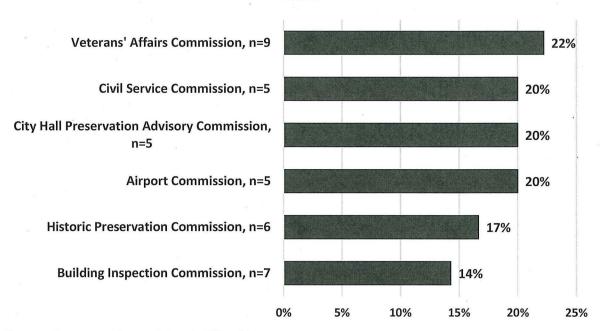
# Commissions with Highest Percentage of Minority Appointees, 2017



Seven Commissions have fewer than 30% minority appointees, with the lowest percentage of minority appointees being found on the Building Inspection Commission at 14% and the Historic Preservation Commission at 17%. The Commissions with the lowest percentage of minority appointees are shown in the chart below.

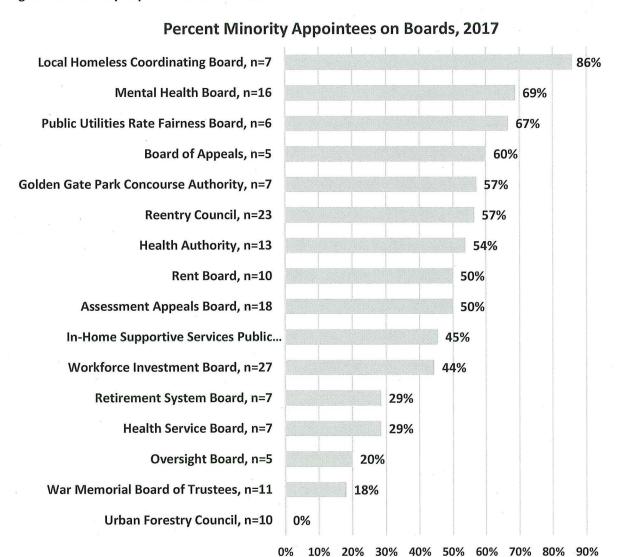
Figure 13: Commissions with Least Minority Appointees

# Commissions with Lowest Percentage of Minority Appointees, 2017



For the 16 Boards with information on race and ethnicity, nine have at least 50% minority appointees. The Local Homeless Coordinating Board has the greatest percentage of members of color with 86%. The Mental Health Board and the Public Utilities Rate Fairness Board also have a large representation of people of color at 69% and 67%, respectively. Meanwhile, seven Boards have a majority of White members, with the lowest representation of people of color on the Oversight Board at 20% minority members, the War Memorial Board of Trustees at 18% minority members, and the Urban Forestry Council with no members of color.

Figure 14: Minority Representation on Boards

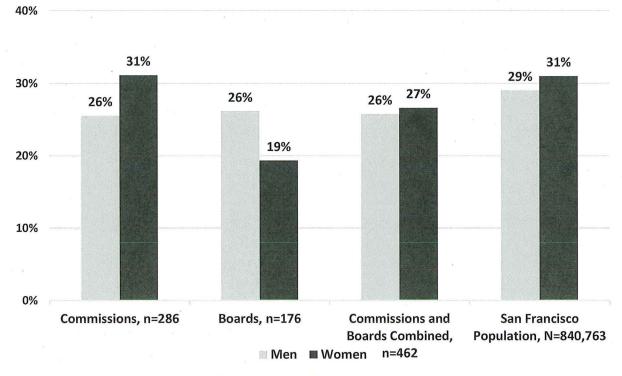


## C. Race/Ethnicity by Gender

Minorities comprise 57% of Commission appointees and 47% of Board appointees. The total percentage of minority appointees on Commissions and Boards in 2017 is 53% compared to about 60% of the population. There are slightly more women of color on Commissions and Boards at 27% than men of color at 26%. Women of color appointees to Commissions reach parity with the population at 31%, while women of color are 19% of Board members, far from parity with the population. Men of color are 26% of appointees to both Commissions and Boards, below the 29% men of color in the San Francisco population.

Figure 15: Women and Men of Color on Commissions and Boards

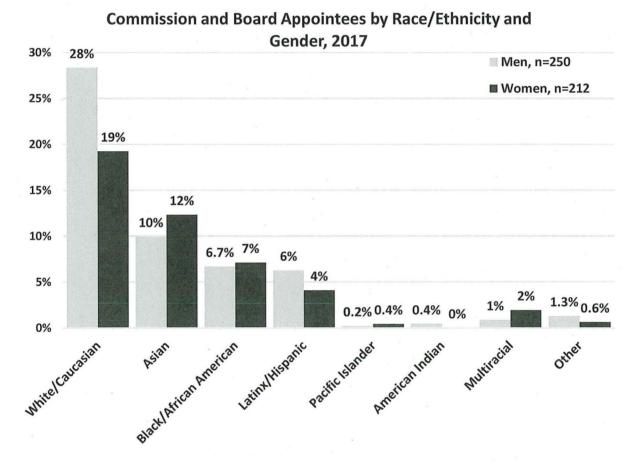
# Percent Women and Men of Color Appointees to Commissions and Boards, 2017



Sources: Department Survey, Mayor's Office, 311, 2011-2015 American Community Survey 5-Year Estimates.

The next chart illustrates appointees' race and ethnicity by gender. The gender distribution in most racial and ethnic groups on policy bodies is similar to the representation of men and women in minority groups in San Francisco except for the White population. White men represent 22% of San Francisco population, yet 28% of Commission and Board appointees are White men. Meanwhile, White women are at parity with the population at 19%. Women and men of color are underrepresented across all racial and ethnic groups, except for Black/African American appointees. Asian women are 12% of appointees, but 18% of the population. Asian men are 10% of appointees compared to 16% of the population. Latina women are 4% of Commissioners and Board members, yet 7% of the population, while 6% of appointees are Latino men compared to 8% of San Franciscans.

Figure 16: Commission and Board Appointees by Race/Ethnicity and Gender

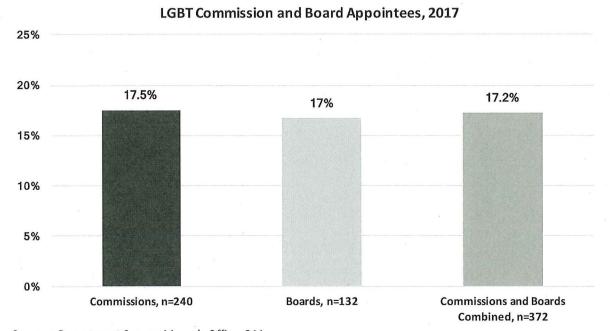


Sources: Department Survey, Mayor's Office, 311.

## **D. Sexual Orientation**

While it is challenging to find accurate counts of the number of lesbian, gay, bisexual, and transgender (LGBT) individuals, a combination of sources, noted in the demographics section, suggests between 4.6% and 7% of the San Francisco population is LGBT. Data on sexual orientation and gender identity was available for 240 Commission appointees and 132 Board appointees. Overall, about 17% of appointees to Commissions and Boards are LGBT. There is a large LGBT representation across both Commissioners and Board members. Three Commissioners identified as transgender.

Figure 17: LGBT Commission and Board Appointees

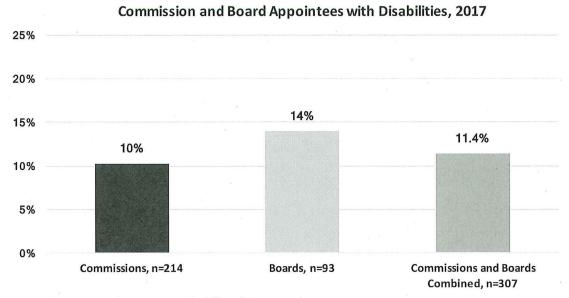


Sources: Department Survey, Mayor's Office, 311.

## E. Disability

An estimated 12% of San Franciscans have a disability. Data on disability was available for 214 Commission appointees and 93 Board appointees. The percentage of Commission and Board appointees with a disability is 11.4% and almost reaches parity with the 11.8% of the adult population in San Francisco that has a disability. There is a much greater representation of people with a disability on Boards at 14% than on Commissions at 10%.

Figure 18: Commission and Board Appointees with Disabilities



Sources: Department Survey, Mayor's Office, 311.

**Commissions and Boards** 

Combined, n=257

### F. Veterans

Veterans are 3.6% of the adult population in San Francisco. Data on military service was available for 176 Commission appointees and 81 Board appointees. Overall, veterans are well represented on Commissions and Boards with 13% of appointees having served in the military. However, there is a large difference in the representation of veterans on Commissions at 15% compared to Boards at 10%. This is likely due to the 17 members of Veterans Affairs Commission of which all members must be veterans.

Figure 19: Commission and Board Appointees with Military Service

# 25% 20% 15% 10% 10% 10%

Boards, n=81

Sources: Department Survey, Mayor's Office, 311.

Commissions, n=176

## G. Policy Bodies by Budget Size

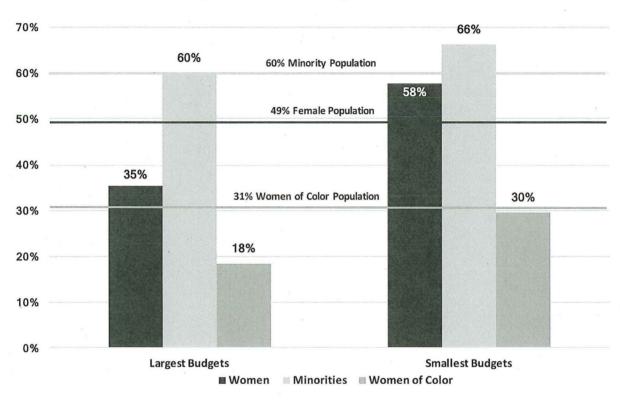
In addition to data on the appointment of women and minorities to Commissions and Boards, this report examines whether the demographic make-up of policy bodies with the largest budget (which is often proportional to the amount of influence in the City) are representative of the community. On the following page, Figure 19 shows the representation of women, people of color, and women of color on the policy bodies with the largest and smallest budgets.

Though the overall representation of female appointees (49%) is equal to the City's population, Commissions and Boards with the highest female representation have fairly low influence as measured by budget size. Although women's representation on the ten policy bodies with the largest budgets increased from 30% in 2015 to 35% this year, it is still far below parity with the population. The percentage of women on the ten bodies with the smallest budgets grew from 45% in 2015 to 58% in 2017.

With respect to minority representation, the bodies with both the largest and smallest budgets exceed parity with the population. On the ten Commissions and Boards with the largest budgets, 60% of appointees identify as a racial or ethnic minority; meanwhile 66% of appointees identify as a racial or ethnic minority on the ten Commissions and Boards with the smallest budgets. Minority representation on the ten largest budgeted policy bodies was slightly greater in 2015 at 62%, while there was a 21% increase of minority representation on the ten smallest budgeted policy bodies from 52% in 2015.

Percentage of women of color on the policy bodies with the smallest budgets is 30% and almost reaches parity with the population in San Francisco. However, women of color are considerably underrepresented on the ten policy bodies with the largest budgets at 18% compared to 31% of the population.

Figure 20: Women, Minorities, and Women of Color on Largest and Smallest Budget Bodies
Percent Women, Minorities and Women of Color on Commissions and
Boards with Largest and Smallest Budgets in Fiscal Year 2017-2018



Sources: Department Survey, Mayor's Office, 311, FY17-18 Annual Appropriation Ordinance, FY17-18 Mayor's Budget Book.

The following two tables present the demographics of the Commissions and Boards overseeing some of the City's largest and smallest budgets.

Of the ten Commissions and Boards that oversee the largest budgets, women make up 35% and women of color are 18% of the appointees. The Commission on Community Investment and Infrastructure is the most diverse with people of color in all appointed seats and women comprising half of the members. The Municipal Transportation Agency (MTA) Board of Directors and Parking Authority Commission has the next largest representation of women with 43%. Four of the ten bodies have less than 30% female appointees. Women of color are near parity on the Police Commission at 29% compared to 31% of the population. Meanwhile, the Public Utilities Commission and Human Services Commission have no women of color.

Overall, the representation of minorities on policy bodies with the largest budgets is equal to that of the minority population in San Francisco at 60% and four of the ten largest budgeted bodies have greater minority representation. Following the Commission on Community Investment and Infrastructure with 100% minority appointees, the Health Commission at 86% minority appointees, the Aging and Adult Services Commission at 80% minority appointees, and the Police Commission with 71% minority appointees have the next highest minority representation. In contrast, the Airport Commission has the lowest minority representation at 20%.

Table 1: Demographics of Commissions and Boards with Largest Budgets

| Body                                                          | FY17-18 Budget   | Total<br>Seats | Filled<br>Seats | %<br>Women | %<br>Minority | %<br>Women<br>of Color |
|---------------------------------------------------------------|------------------|----------------|-----------------|------------|---------------|------------------------|
| Health Commission                                             | \$ 2,198,181,178 | 7              | 7               | 29%        | 86%           | 14%                    |
| MTA Board of Directors and<br>Parking Authority<br>Commission | \$ 1,183,468,406 | 7              | 7               | 43%        | 57%           | 14%                    |
| Public Utilities Commission                                   | \$ 1,052,841,388 | 5              | 5               | 40%        | 40%           | 0%                     |
| Airport Commission                                            | \$ 987,785,877   | 5              | 5               | 40%        | 20%           | 20%                    |
| Human Services Commission                                     | \$ 913,783,257   | 5              | 5               | 20%        | 60%           | 0%                     |
| Health Authority (SF Health<br>Plan Governing Board)          | \$ 637,000,000   | 19             | 15              | 40%        | 54%           | 23%                    |
| Police Commission                                             | \$ 588,276,484   | 7              | 7               | 29%        | 71%           | 29%                    |
| Commission on Community Investment and Infrastructure         | \$ 536,796,000   | 5              | 4               | 50%        | 100%          | 50%                    |
| Fire Commission                                               | \$ 381,557,710   | 5              | 5               | 20%        | 60%           | 20%                    |
| Aging and Adult Services<br>Commission                        | \$ 285,000,000   | 7              | 5               | 40%        | 80%           | 14%                    |
| Total                                                         | \$ 8,764,690,300 | 72             | 65              | 35%        | 60%           | 18%                    |

Sources: Department Survey, Mayor's Office, 311, FY17-18 Annual Appropriation Ordinance, FY17-18 Mayor's Budget Book.

Commissions and Boards with the smallest budgets exceed parity with the population for women's and minority representation with 58% women and 66% minority appointees and are near parity with 30% women of color appointees compared to 31% of the population. The Long Term Care Coordinating Council has the greatest representation of women at 78%, followed by the Youth Commission at 64%, and the City Hall Preservation Advisory Commission at 60%. Five of the ten smallest budgeted bodies have less than 50% women appointees. The Southeast Community Facility Commission, the Youth Commission, the Housing Authority Commission, and the Public Utilities Rate Fairness Board have more than 30% women of color members.

Of the eight smallest budgeted policy bodies with data on race and ethnicity, more than half have greater representation of racial and ethnic minority and women of color than the population. The Southeast Community Facility Commission has 100% members of color, followed by the Housing Authority Commission at 83%, the Sentencing Commission at 73%, and the Public Utilities Rate Fairness Board at 67% minority appointees. Only the Historic Preservation Commission with 17% minority members, the City Hall Preservation Advisory Commission at 20% minority members, and the Reentry Council with 57% minority members fall below parity with the population.

Table 2: Demographics of Commissions and Boards with Smallest Budgets

| Body                                          |     | Y17-18<br>Budget | Total<br>Seats | Filled<br>Seats | %<br>Women | % Minority | %<br>Women<br>of Color |
|-----------------------------------------------|-----|------------------|----------------|-----------------|------------|------------|------------------------|
| Historic Preservation<br>Commission           | \$  | 45,000           | 7              | 6               | 33%        | 17%        | 17%                    |
| City Hall Preservation Advisory<br>Commission | \$  | -                | 5              | 5               | 60%        | 20%        | 20%                    |
| Housing Authority Commission                  | \$  | -                | 7              | 6               | 33%        | 83%        | 33%                    |
| Local Homeless Coordinating<br>Board          | \$  | -                | 9              | 7               | 43%        | n/a        | n/a                    |
| Long Term Care Coordinating<br>Council        | \$  | -                | 40             | 40              | 78%        | n/a        | n/a                    |
| Public Utilities Rate Fairness<br>Board       | \$, | -                | 7              | 6               | 33%        | 67%        | 33%                    |
| Reentry Council                               | \$  | -                | 24             | 23              | 52%        | 57%        | 22%                    |
| Sentencing Commission                         | \$  | -                | 12             | 12              | 42%        | 73%        | 18%                    |
| Southeast Community Facility<br>Commission    | \$  |                  | 7              | 6               | 50%        | 100%       | 50%                    |
| Youth Commission                              | \$  | -                | 17             | 16              | 64%        | 64%        | 43%                    |
| Totals                                        | \$  | 45,000           | 135            | 127             | 58%        | 66%        | 30%                    |

Sources: Department Survey, Mayor's Office, 311, FY17-18 Annual Appropriation Ordinance, FY17-18 Mayor's Budget Book.

# V. Conclusion

Per the 2008 Charter Amendment, the Mayor and Board of Supervisors are encouraged to make appointments to Commissions, Boards, and other policy bodies that reflect the diverse population of San Francisco. While state law prohibits public appointments based solely on gender, race and ethnicity, sexual orientation, or disability status, an awareness of these factors is important when appointing individuals to serve on policy bodies, particularly where they may have been historically underrepresented.

Since the first gender analysis of appointees to San Francisco policy bodies in 2007, there has been a steady increase of female appointees. There has also been a greater representation of women on Commissions as compared to Boards. This continued in 2017 with 54% female Commissioners. However, it is concerning that the percentage of female Board members has dropped from 48% in 2015 to 41% in 2017.

People of color represent 60% of the San Francisco population, yet only represent 53% of appointees to San Francisco Commissions and Boards. There is a greater representation of people of color on Commissions than Boards. However, Commissions have fewer appointees identified as ethnic minorities this year, 57%, than the 60% in 2015, while the representation of people of color on Boards increased from 44% in 2015 to 47% in 2017. There is still a disparity between race and ethnicity on public policy bodies and in the population. Especially Asians and Latinx/Hispanic individuals are underrepresented across Commissions and Boards while there is a higher representation of White and Black/African American appointees than in the general population. Women of color are 31% of the population and comprise 31% of Commissioners compared to 19% of Board members. Meanwhile, men of color are 29% of the population and 26% of Commissioners and Board members.

This year there is more data available on sexual orientation, veteran status, and disability than previous gender analyses. The 2017 gender analysis found that there is a relatively high representation of LGBT individuals on the policy bodies for which there was data at 17%. Veterans are also highly represented at 13%, and the representation of people with a disability in policy bodies almost reaches parity with the population with 11.4% compared to 11.8%.

Finally, the policy bodies with larger budgets have a smaller representation of women at 35% while Commissions and Boards with smallest budgets are 58% female appointees. While minority representation exceeds the population on the policy bodies with both the smallest and largest budgets, women of color are considerably underrepresented on the largest budgeted policy bodies at 18% compared to 31% of the population.

This report is intended to inform appointing authorities, including the Mayor and the Board of Supervisors, as they carefully select their designees on key policy bodies of the City & County of San Francisco. In the spirit of the charter amendment that mandated this report, diversity and inclusion should be the hallmark of these important appointments.

# Appendix I. 2015 Population Estimates for San Francisco County

The following 2015 San Francisco population statistics were obtained from the U.S. Census Bureau's 2011-2015 American Community Survey 5-Year Estimates.

Chart 1: 2015 Total Population by Race/Ethnicity

| Race/Ethnicity                       | Tot      | tal     |  |
|--------------------------------------|----------|---------|--|
| race/Etimicity                       | Estimate | Percent |  |
| San Francisco County California      | 840,763  |         |  |
| White, Not Hispanic or Latino        | 346,732  | 41%     |  |
| Asian                                | 284,426  | 34%     |  |
| Hispanic or Latino                   | 128,619  | 15%     |  |
| Some Other Race                      | 54,388   | 6%      |  |
| Black or African American            | 46,825   | 6%      |  |
| Two or More Races                    | 38,940   | 5%      |  |
| Native Hawaiian and Pacific Islander | 3,649    | 0.4%    |  |
| American Indian and Alaska Native    | 2,854    | 0.3%    |  |

Chart 2: 2015 Total Population by Race/Ethnicity and Gender

| Race/Ethnicity                    | Tot      | tal     | Male     |         | Female   |         |  |
|-----------------------------------|----------|---------|----------|---------|----------|---------|--|
| Kace/Ethnicity                    | Estimate | Percent | Estimate | Percent | Estimate | Percent |  |
| San Francisco County California   | 840,763  | -       | 427,909  | 50.9%   | 412,854  | 49.1%   |  |
| White, Not Hispanic or Latino     | 346,732  | 41%     | 186,949  | 22%     | 159,783  | 19%     |  |
| Asian                             | 284,426  | 34%     | 131,641  | 16%     | 152,785  | 18%     |  |
| Hispanic or Latino                | 128,619  | 15%     | 67,978   | 8%      | 60,641   | 7%      |  |
| Some Other Race                   | 54,388   | 6%      | 28,980   | 3.4%    | 25,408   | 3%      |  |
| Black or African American         | 46,825   | 6%      | 24,388   | 3%      | 22,437   | 2.7%    |  |
| Two or More Races                 | 38,940   | 5%      | 19,868   | 2%      | 19,072   | 2%      |  |
| Native Hawaiian and Pacific       |          |         | 1        |         |          |         |  |
| Islander                          | 3,649    | 0.4%    | 1,742    | 0.2%    | 1,907    | 0.2%    |  |
| American Indian and Alaska Native | 2,854    | 0.3%    | 1,666    | 0.2%    | 1,188    | 0.1%    |  |

**Appendix II. Commissions and Boards Demographics** 

| Commission                                                | Total<br>Seats | Filled<br>Seats | FY17-18 Budget  | %<br>Women | %<br>Minority | % Women of Color |
|-----------------------------------------------------------|----------------|-----------------|-----------------|------------|---------------|------------------|
| 1 Aging and Adult Services Commission                     | 7              | 5               | \$285,000,000   |            | 80%           | 40%              |
| 2 Airport Commission                                      | 5              | 5               | \$987,785,877   | 40%        | 20%           | 20%              |
| Animal Control and Welfare Commission                     | 10             | 9               | \$-             |            |               |                  |
| 4 Arts Commission                                         | 15             | 15              | \$17,975,575    | 60%        | 53%           | 27%              |
| 5 Asian Art Commission                                    | 27             | 27              | \$10,962,397    | 63%        | 59%           | 44%              |
| 6 Building Inspection Commission                          | 7              | 7               | \$76,533,699    | 29%        | 14%           | 0%               |
| 7 Children and Families Commission (First 5)              | 9              | 8               | \$31,830,264    | 100%       | 63%           | 63%              |
| 8 City Hall Preservation Advisory Commission              | 5              | 5               | \$-             | 60%        | 20%           | 20%              |
| 9 Civil Service Commission                                | 5              | 5               | \$1,250,582     | 40%        | 20%           | 0%               |
| Commission on Community  10 Investment and Infrastructure | 5              | 4               | \$536,796,000   | 50%        | 100%          | 50%              |
| 11 Commission on the Environment                          | 7              | 6               | \$23,081,438    | 83%        | 67%           | 50%              |
| 12 Commission on the Status of Women                      | 7              | 7               | \$8,048,712     | 100%       | 71%           | 71%              |
| 13 Elections Commission                                   | 7              | 7               | \$14,847,232    | 33%        | 50%           | 33%              |
| 14 Entertainment Commission                               | 7              | 7               | \$987,102       | 29%        | 57%           | 14%              |
| 15 Ethics Commission                                      | 5              | 5               | \$4,787,508     | 33%        | 67%           | 33%              |
| 16 Film Commission                                        | 11             | 11              | \$1,475,000     | 55%        | 36%           | 36%              |
| 17 Fire Commission                                        | 5              | 5               | \$381,557,710   | 20%        | 60%           | 20%              |
| 18 Health Commission                                      | 7              | 7               | \$2,198,181,178 | 29%        | 86%           | 14%              |
| 19 Historic Preservation Commission                       | 7              | 6               | \$45,000        | 33%        | 17%           | 17%              |
| 20 Housing Authority Commission                           | 7              | 6               | \$-             | 33%        | 83%           | 33%              |
| 21 Human Rights Commission                                | 11             | 10              | \$4,299,600     | 60%        | 60%           | 50%              |
| 22 Human Services Commission                              | 5              | 5               | \$913,783,257   | 20%        | 60%           | 0%               |
| 23 Immigrant Rights Commission                            | 15             | 14              | \$5,686,611     | 64%        | 86%           | 50%              |
| 24 Juvenile Probation Commission                          | 7              | 7               | \$41,683,918    | 29%        | 86%           | 29%              |
| 25 Library Commission                                     | 7              | 5               | \$137,850,825   | 80%        | 60%           | 40%              |
| 26 Local Agency Formation Commission                      | 7              | 4               | \$193,168       |            |               |                  |
| 27 Long Term Care Coordinating Council                    | 40             | 40              | \$-             | 78%        |               |                  |
| 28 Mayor's Disability Council                             | 11             | 8               | \$4,136,890     | 75%        | 25%           | 13%              |
| MTA Board of Directors and Parking Authority Commission   | ,7             | 7               | \$1,183,468,406 | 43%        | 57%           | 14%              |
| 30 Planning Commission                                    | 7              | 7               | \$54,501,361    | 43%        | 43%           | 29%              |
| 31 Police Commission                                      | 7              | 7               | \$588,276,484   |            | 71%           | 29%              |
| 32 Port Commission                                        | 5              | 4               | \$133,202,027   | 75%        | 75%           | 50%              |
| 33 Public Utilities Commission                            | 5              | 5               | \$1,052,841,388 | 40%        | 40%           | 0%               |

|     |                                          | Total | Filled |                | %     | %        | % Women  |
|-----|------------------------------------------|-------|--------|----------------|-------|----------|----------|
| Cor | nmission                                 | Seats | Seats  | FY17-18 Budget | Women | Minority | of Color |
| 34  | Recreation and Park Commission           | 7     | 7      | \$221,545,353  | 29%   | 43%      | 14%      |
| 35  | Sentencing Commission                    | 12    | 12     | \$-            | 42%   | 73%      | 18%      |
| 36  | Small Business Commission                | 7     | 7 -    | \$1,548,034    | 43%   | 50%      | 25%      |
| 37  | Southeast Community Facility Commission  | 7     | 6      | \$-            | 50%   | 100%     | 50%      |
| 38  | Treasure Island Development<br>Authority | 7_    | 7      | \$2,079,405    | 43%   | 57%      | 43%      |
| 39  | Veterans' Affairs Commission             | 17    | 15     | \$865,518      | 27%   | 22%      | 0%       |
| 40  | Youth Commission                         | 17    | 16     | \$-            | 64%   | 64%      | 43%      |
| Tot | al                                       | 373   | 350    |                | 54%   | 57%      | 31%      |

| Boa  | rd                                                   | Total<br>Seats | Filled<br>Seats | FY17-18 Budget | %<br>Women | %<br>Minority | % Women of Color |
|------|------------------------------------------------------|----------------|-----------------|----------------|------------|---------------|------------------|
| 1    | Assessment Appeals Board                             | 24             | 18              | \$653,780      | 39%        | 50%           | 22%              |
| 2    | Board of Appeals                                     | 5              | 5               | \$1,038,570    | 40%        | 60%           | 20%              |
| 3    | Golden Gate Park Concourse<br>Authority              | 7              | 7               | \$11,662,000   | 43%        | 57%           | 29%              |
| 4    | Health Authority (SF Health Plan<br>Governing Board) | 19             | 15              | \$637,000,000  | 40%        | 54%           | 23%              |
| 5    | Health Service Board                                 | 7              | 7               | \$11,444,255   | 29%        | 29%           | 0%               |
| 6    | In-Home Supportive Services Public Authority         | 12             | 12              | \$207,835,715  | 58%        | 45%           | 18%              |
| 7    | Local Homeless Coordinating Board                    | 9              | 7               | \$-            | 43%        | 86%           |                  |
| 8    | Mental Health Board                                  | 17             | 16              | \$218,000      | 69%        | 69%           | 50%              |
| 9    | Oversight Board                                      | .7             | 5               | \$152,902      | 0%         | 20%           | 0%               |
| 10   | Public Utilities Rate Fairness Board                 | 7              | 6               | \$-            | 33%        | 67%           | 33%              |
| 11   | Reentry Council                                      | 24             | 23              | .\$-           | 52%        | 57%           | 22%              |
| 13   | Relocation Appeals Board                             | 5              | 0               | \$-            |            |               |                  |
| 12   | Rent Board                                           | 10             | 10              | \$8,074,900    | 30%        | 50%           | 10%              |
| 14   | Retirement System Board                              | 7              | 7               | \$97,622,827   | 43%        | 29%           | 29%              |
| 15   | Urban Forestry Council                               | 15             | 14              | \$92,713       | 20%        | 0%            | 0%               |
| 16   | War Memorial Board of Trustees                       | 11             | 11              | \$26,910,642   | 55%        | 18%           | 18%              |
| 17   | Workforce Investment Board                           | 27             | 27              | \$62,341,959   | 26%        | 44%           | 7%               |
| Tota | al                                                   | 213            | 190             |                | 41%        | 47%           | 19%              |

|                              | Total<br>Seats | Filled<br>Seats | FY17-18 Budget | %<br>Women | %<br>Minority | % Women of Color |
|------------------------------|----------------|-----------------|----------------|------------|---------------|------------------|
| Commissions and Boards Total | 586            | 540             |                | 49.4%      | 53%           | 27%              |