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PAGE 81



## Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO

2012 APR 27 AM 10: 07

AK

	Application for	Boards, Co	immissions and Co	ommittees		
	Application for Appointment to: Sunshine		sk Force Commission, Committee, or	Task Force		
,	eat # or Category (If applicable): Seat 9			District: 8		
15	Name: Todd David  Home Address: — Eureká St.			a tag	Zip: 941	14
	Home Phone: 415 Occupation: Investor		upation: Investor	*		
	Work Phone: N/A	Employer:	Self			
	Business Address: N/A	And the Control of th		Zip	: N/A	
	Business E-Mail: N/A		Home E-Mail:	@gmail	.com	
	Check All That Apply:					
	A citizen of the United States. At least 18 years old on or before Election Day.					
	Not in prison or on parole for a felony conviction					
	A resident of San Francisco					
	Please state your qualifications (attach supplemental sheet if necessary)					
1: -	4.4.4					
	Education: BA Philosophy Stanfor	d Unive	ersity 1993			
e est.	Business and/or professional experience					
	Civic Activities:  President Friends of Noc  For Noe Valley Town Squar  Ethnicity: (optional)	Vally,	Founder edl	Yalch, f	res ident	Residents
	Ethnicity: (optional)	Sex	: (optional) M	F		
lade.	Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No					
	For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.  (Applications must be received 10 days before the scheduled hearing.)  (Please Note: Once Completed, this form, including all attachments, become public recomb  Leave. Applicant's Signature: (required)  Please Note: Your application will be retained for one year.					
	FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires:	Date Seat	was Vacated:			