

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 05

Janetta Johnson

[Redacted] San Francisco Zip Code: 94103
Occupation: CEO

Work Phone: 415-316-5217 Employer: TGIJP

Business Address: 1349 Mission Street Zip Code: 94103

Business Email: janetta@tgijp.org Home Email [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I'm a formerly incarcerated, I've experienced unhouselessness myself personally in the city and county of San Francisco I'm very passionate and understanding how hard it is to find housing in San Francisco and I love and care for the most marginalized community members in the Bay Area also been vaccinated Moderna 2 shots and 4 months ago had a booster and Monkey Pox and all other vaccines that my doctors require flu shot shingles

Business and/or Professional Experience:

Live and work in the City and County of San Francisco for all most 27years starting with (TARC) Tenderloin AIDS Resource

Glide Goodlett , Glide Memorial Church
As a HIV and AIDS Prevention case-manager

Waldenden House aka Health Right 360
As the Trangender Services Specialist

Tenderloin Health
HIV Testing Out Reach Specialist community organizer peer leader and educator

Transgender GenderVariant Intersexed Justice Project some time at being a housing manager and advocate for unhoused people.

Civic Activities:

National Organizer with The Movement 4 Black lives sit at the Policy table an Reperations with M4BL.

Wrote and Advocated for SB: 310
SB: 32 at the California Legislature Level

Reentry Council of the city and county of San Francisco California

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 02/22/2023 Applicant's Signature (required): Janetta Louise Johnson
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnson Janetta Louise

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Houslessness Oversight Commission

Division, Board, Department, District, if applicable Your Position
City and County of San Francisco Commissioner

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 2023 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[Redacted Address] 3

Information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/26/2023
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
TGI Justice Project

ADDRESS (Business Address Acceptable)
1349 Mission St, San Francisco 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Service and Policy Advocacy

YOUR BUSINESS POSITION
CEO

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other No Profit 501C3 Org Employment Income

(Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

Street address

_____ *City*

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
10504 North 19th St Tampa Fla, 33612

CITY
Tampa

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

 _____/_____/22 ____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3222 West Palmetto Tampa Fla, 33607

CITY
Tampa

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

 _____/_____/22 ____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 1,2,5,6

Full Name: Joaquin Whit Guerrero



Zip Code: 94110

Occupation: Consultant, Mediator

Work Phone: Employer: The San Francisco Bar Association

Business Address: 201 Mission Street, Suite 400. San Francisco, California Zip Code: 94105

Business Email: consultwhitguerrero@gmail.com Home Email:

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [checked] No [] If No, place of residence:
18 Years of Age or Older: Yes [checked] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [checked] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a person of a very diverse background, as a transgender male, mixed race, Mexican / Canadian, Bilingual in Spanish and English person in my 30's. I have been an immigrant twice in my life first having immigrated from Mexico to Canada at age 8, then from Canada to California at age 24. I have experienced various forms of housing instability including homelessness. I have a mental health diagnosis of Bipolar 1 that is recognized as a disability in California. I have also accessed various health care and social services in California as an unhoused person. I have acted as a leader and provider of culturally competent social services to the various marginalized unhoused identities such as, BIPOC, formerly incarcerated, transgender and gender non conforming, sex worker populations of San Francisco with a focus on harm reduction and crisis intervention.

Business and/or Professional Experience:

I began my path in social services and working with the unhoused population with a focus on holistic health and drop in centers in Vancouver British Columbia in 2011. Having worked for the British Columbia Compassion Club Society, North Americas first ever Cannabis Dispensary and Wellness Center. At the BCCCS we centered our services around the needs of the unhoused population serving up to 50 participants per day. There I built my foundation on harm reduction, client centered care, mental and behavioral health as well as collaborative and innovative program design as the city of Vancouvers historical Downtown East Side has advocated for many supportive avenues to serving the unhoused community.

In 2020 I became Chair of the Board of Directors of St James Infirmary, and in 2021 I became the Director of Housing for Our Trans Home SF. During my time as Director, I developed, oversaw and led a peer based housing program with a three pronged approach to bulding a ladder out of homelessness, a stunning Victorian in the Mission District with 15 rooms and an 18 month long stay a subsidy program that subsidizes almost 200 Trans and Gender Non

Civic Activities:

I hold seat 5 on the Shelter Monitoring Committee, but would be happy to step down from the SMC if it became a conflict of interest.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: Feb 22, 2023 Applicant's Signature (required): Joaquin Whit Guerrero
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Guerrero Whit

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Homelessness Oversight Commission

Division, Board, Department, District, if applicable Your Position
Department of Homelessness and Supportive Housing Prospective Commissioner

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

Agency: Position:

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of San Francisco
- City of San Francisco Other

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election ____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

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

-or- None - No reportable interests on any schedule


5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed February 24, 2023
(month, day, year)

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

Instructions Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission) you may be required to file separate and distinct statements with each agency. To simplify your filing obligations, in some cases you may instead complete a single expanded statement and file it with each agency.
 - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

Example:

Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.

- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the “other” box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

1. Office, Agency, or Court	
Agency Name: <i>(Do not use acronyms)</i>	
Feather River Irrigation District	
Division, Board, Department, District, if applicable	Your Position
N/A	Board Member
▶ If filing for multiple positions, list below or on an attachment. <i>(Do not use acronyms)</i>	
Agency: N/A	Position:
2. Jurisdiction of Office <i>(Check at least one box)</i>	
<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County Yuba & Sutter Counties	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2022 annual statement, **do not** change the pre-printed dates to reflect 2023. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2023, through December 31, 2023, will be disclosed on your statement filed in 2024. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; **or** if you have nothing to disclose on any schedule, check the “No reportable interests” box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original “wet” signature unless filed with a secure electronic signature. (See page 3 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When you sign your statement, you are stating, under penalty of perjury, that it is true and correct. Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Whit Guerrero
--

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22

ACQUIRED DISPOSED

Comments: _____

Instructions – Schedules A-1 and A-2 Investments

“Investment” means a financial interest in any business entity (including a consulting business or other independent contracting business) that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency’s jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more at any time during the reporting period. (See Reference Pamphlet, page 13.)

Reportable investments include:

- Stocks, bonds, warrants, and options, including those held in margin or brokerage accounts and managed investment funds (See Reference Pamphlet, page 13.)
- Sole proprietorships
- Your own business or your spouse’s or registered domestic partner’s business (See Reference Pamphlet, page 8, for the definition of “business entity.”)
- Your spouse’s or registered domestic partner’s investments even if they are legally separate property
- Partnerships (e.g., a law firm or family farm)
- Investments in reportable business entities held in a retirement account (See Reference Pamphlet, page 15.)
- If you, your spouse or registered domestic partner, and dependent children together had a 10% or greater ownership interest in a business entity or trust (including a living trust), you must disclose investments held by the business entity or trust. (See Reference Pamphlet, page 16, for more information on disclosing trusts.)
- Business trusts

You are not required to disclose:

- Government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. (See Reference Pamphlet, page 13.) (Regulation 18237)
- Bank accounts, savings accounts, money market accounts and certificates of deposits
- Cryptocurrency
- Insurance policies
- Annuities
- Commodities
- Shares in a credit union
- Government bonds (including municipal bonds)

Reminders

- Do you know your agency’s jurisdiction?
- Did you hold investments at any time during the period covered by this statement?
- Code filers – your disclosure categories may only require disclosure of specific investments.

- Retirement accounts invested in non-reportable interests (e.g., insurance policies, mutual funds, or government bonds) (See Reference Pamphlet, page 15.)
- Government defined-benefit pension plans (such as CalPERS and CalSTRS plans)
- Certain interests held in a blind trust (See Reference Pamphlet, page 16.)

Use Schedule A-1 to report ownership of less than 10% (e.g., stock). Schedule C (Income) may also be required if the investment is not a stock or corporate bond. (See second example below.)

Use Schedule A-2 to report ownership of 10% or greater (e.g., a sole proprietorship).

To Complete Schedule A-1:

Do not attach brokerage or financial statements.

- Disclose the name of the business entity. Do not use acronyms for the name of the business entity.
- Provide a general description of the business activity of the entity (e.g., pharmaceuticals, computers, automobile manufacturing, or communications).
- Check the box indicating the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively. (See page 20 for more information.)
- Identify the nature of your investment (e.g., stocks, warrants, options, or bonds).
- An acquired or disposed of date is only required if you initially acquired or entirely disposed of the investment interest during the reporting period. The date of a stock dividend reinvestment or partial disposal is not required. Generally, these dates will not apply if you are filing a candidate or an assuming office statement.

Examples:

Frank Byrd holds a state agency position. Frank’s conflict of interest code requires full disclosure of investments. Frank must disclose stock holdings of \$2,000 or more in any company that is located in or does business in California, as well as those stocks held by Frank’s spouse or registered domestic partner and dependent children.

Alice Lance is a city council member. Alice has a 4% interest, worth \$5,000, in a limited partnership located in the city. Alice must disclose the partnership on Schedule A-1 and income of \$500 or more received from the partnership on Schedule C.

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Whit Guerrero

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 DISPOSED </td> </tr> </table>	<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED
<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 DISPOSED </td> </tr> </table>	<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED
<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
---	--

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
---	--

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 DISPOSED </td> </tr> </table>	<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED
<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ____/____/22 DISPOSED </td> </tr> </table>	<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED
<input type="checkbox"/> ____/____/22 ACQUIRED	<input type="checkbox"/> ____/____/22 DISPOSED		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Instructions – Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

Use Schedule A-2 to report investments in a business entity (including a consulting business or other independent contracting business) or trust (including a living trust) in which you, your spouse or registered domestic partner, and your dependent children, together or separately, had a 10% or greater interest, totaling \$2,000 or more, during the reporting period and which is located in, doing business in, planning to do business in, or which has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. Do not report a trust that contains non-reportable interests. For example, a trust containing only your personal residence not used in whole or in part as a business, your savings account, and some municipal bonds, is not reportable.

Also report on Schedule A-2 investments and real property held by that entity or trust if your pro rata share of the investment or real property interest was \$2,000 or more during the reporting period.

To Complete Schedule A-2:

Part 1. Disclose the name and address of the business entity or trust. If you are reporting an interest in a business entity, check "Business Entity" and complete the box as follows:

- Provide a general description of the business activity of the entity.
- Check the box indicating the highest fair market value of your investment during the reporting period.
- If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.
- Identify the nature of your investment.
- Disclose the job title or business position you held with the entity, if any (i.e., if you were a director, officer, partner, trustee, employee, or held any position of management). A business position held by your spouse is not reportable.

Part 2. Check the box indicating **your pro rata** share of the **gross** income received **by** the business entity or trust. This amount includes your pro rata share of the **gross** income **from** the business entity or trust, as well as your community property interest in your spouse's or registered domestic partner's share. Gross income is the total amount of income before deducting expenses, losses, or taxes.

Part 3. Disclose the name of each source of income that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction, as follows:

- Disclose each source of income and outstanding loan **to the business entity or trust** identified in Part 1 if your pro rata share of the **gross** income (including your community property interest in your spouse's or registered domestic partner's share) to the business entity or trust from that source was \$10,000 or more during the reporting period. (See Reference Pamphlet, page 11, for examples.) Income from governmental sources may be reportable if not considered salary. See Regulation 18232. Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.
- Disclose each individual or entity that was a source of commission income of \$10,000 or more during the reporting period through the business entity identified in Part 1. (See Reference Pamphlet, page 8.)

You may be required to disclose sources of income located outside your jurisdiction. For example, you may have a client who resides outside your jurisdiction who does business on a regular basis with you. Such a client, if a reportable source of \$10,000 or more, must be disclosed.

Mark "None" if you do not have any reportable \$10,000 sources of income to disclose. Phrases such as "various clients" or "not disclosing sources pursuant to attorney-client privilege" are not adequate disclosure. (See Reference Pamphlet, page 14, for information on procedures to request an exemption from disclosing privileged information.)

Part 4. Report any investments or interests in real property held or leased **by the entity or trust** identified in Part 1 if your pro rata share of the interest held was \$2,000 or more during the reporting period. Attach additional schedules or use FPPC's Form 700 Excel spreadsheet if needed.

- Check the applicable box identifying the interest held as real property or an investment.
- If investment, provide the name and description of the business entity.
- If real property, report the precise location (e.g., an assessor's parcel number or address).
- Check the box indicating the highest fair market value of your interest in the real property or investment during the reporting period. (Report the fair market value of the portion of your residence claimed as a tax deduction if you are utilizing your residence for business purposes.)
- Identify the nature of your interest.
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property or investment during the reporting period.

Instructions – Schedule B Interests in Real Property

Report interests in real property located in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more any time during the reporting period. Real property is also considered to be "within the jurisdiction" of a local government agency if the property or any part of it is located within two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the local government agency. (See Reference Pamphlet, page 13.)

Interests in real property include:

- An ownership interest (including a beneficial ownership interest)
- A deed of trust, easement, or option to acquire property
- A leasehold interest (See Reference Pamphlet, page 14.)
- A mining lease
- An interest in real property held in a retirement account (See Reference Pamphlet, page 15.)
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater ownership interest (Report on Schedule A-2.)
- Your spouse's or registered domestic partner's interests in real property that are legally held separately by him or her

You are not required to report:

- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Some interests in real property held through a blind trust (See Reference Pamphlet, page 16.)
 - **Please note:** A non-reportable property can still be grounds for a conflict of interest and may be disqualifying.

To Complete Schedule B:

- Report the precise location (e.g., an assessor's parcel number or address) of the real property.
- Check the box indicating the fair market value of your interest in the property (regardless of what you owe on the property).
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property during the reporting period.
- Identify the nature of your interest. If it is a leasehold,

Reminders

- Income and loans already reported on Schedule B are not also required to be reported on Schedule C.
- Real property already reported on Schedule A-2, Part 4 is not also required to be reported on Schedule B.
- Code filers – do your disclosure categories require disclosure of real property?

disclose the number of years remaining on the lease.

- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your pro rata share of the gross income from any single tenant was \$10,000 or more during the reporting period. If you received a total of \$10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total \$500 or more and are secured by real property may be reportable. **Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.**

When reporting a loan:

- Provide the name and address of the lender.
- Describe the lender's business activity.
- Disclose the interest rate and term of the loan. For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period. The term of a loan is the total number of months or years given for repayment of the loan at the time the loan was established.
- Check the box indicating the highest balance of the loan during the reporting period.
- Identify a guarantor, if applicable.

If you have more than one reportable loan on a single piece of real property, report the additional loan(s) on Schedule C.

Example:

Allison Gande is a city planning commissioner. During the reporting period, Allison received rental income of \$12,000, from a single tenant who rented property owned in the city's jurisdiction. If Allison received \$6,000 each from two tenants, the tenants' names would not be required because no single tenant paid her \$10,000 or more. A married couple is considered a single tenant.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 4600 24th Street	
CITY Sacramento	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> / / XX / / XX
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> ACQUIRED <input type="checkbox"/> DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Ownership/Deed of Trust	<input type="checkbox"/> Easement
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> 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.	
<input type="checkbox"/> None	
Henry Wells	
NAME OF LENDER*	
Sophia Petrollo	
ADDRESS (Business Address Acceptable)	
2121 Blue Sky Parkway, Sacramento	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
Restaurant Owner	
INTEREST RATE	TERM (Months/Years)
8 % <input type="checkbox"/> None	15 Years
HIGHEST BALANCE DURING REPORTING PERIOD	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	
Comments:	

Instructions – Schedule C

Income, Loans, & Business Positions

(Income Other Than Gifts and Travel Payments)

Reporting Income:

Report the source and amount of gross income of \$500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was \$500 or more during the reporting period.

The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency's conflict of interest code.

Reporting Business Positions:

You must report your job title with each reportable business entity even if you received no income during the reporting period. Use the comments section to indicate that no income was received.

Commonly reportable income and loans include:

- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse's or registered domestic partner's income - **report the employer's name and all other required information**
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10.)
- Incentive compensation (See Reference Pamphlet, page 12.)

Reminders

- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

You are not required to report:

- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- Income from a PERS retirement account.

(See Reference Pamphlet, page 12.)

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure

- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of \$10,000 or more. (See Reference Pamphlet, page 8.) **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

Part 2. Loans Received or Outstanding During the Reporting Period

- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
 - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
 - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

SCHEDULE D Income – Gifts

Name
Whit Guerrero

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Instructions – Schedule D

Income – Gifts

A gift is anything of value for which you have not provided equal or greater consideration to the donor. A gift is reportable if its fair market value is \$50 or more. In addition, multiple gifts totaling \$50 or more received during the reporting period from a single source must be reported.

It is the acceptance of a gift, not the ultimate use to which it is put, that imposes your reporting obligation. Except as noted below, you must report a gift even if you never used it or if you gave it away to another person.

If the exact amount of a gift is unknown, you must make a good faith estimate of the item's fair market value. Listing the value of a gift as "over \$50" or "value unknown" is not adequate disclosure. In addition, if you received a gift through an intermediary, you must disclose the name, address, and business activity of both the donor and the intermediary. You may indicate an intermediary either in the "source" field after the name or in the "comments" section at the bottom of Schedule D.

Commonly reportable gifts include:

- Tickets/passes to sporting or entertainment events
- Tickets/passes to amusement parks
- Parking passes not used for official agency business
- Food, beverages, and accommodations, including those provided in direct connection with your attendance at a convention, conference, meeting, social event, meal, or like gathering
- Rebates/discounts not made in the regular course of business to members of the public without regard to official status
- Wedding gifts (See Reference Pamphlet, page 16)
- An honorarium received prior to assuming office (You may report an honorarium as income on Schedule C, rather than as a gift on Schedule D, if you provided services of equal or greater value than the payment received. See Reference Pamphlet, page 10.)
- Transportation and lodging (See Schedule E.)
- Forgiveness of a loan received by you

Reminders

- Gifts from a single source are subject to a \$520 limit in 2022. (See Reference Pamphlet, page 10.)
- Code filers – you only need to report gifts from reportable sources.

Gift Tracking Mobile Application

- FPPC has created a gift tracking app for mobile devices that helps filers track gifts and provides a quick and easy way to upload the information to the Form 700. Visit FPPC's website to download the app.

You are not required to disclose:

- Gifts that were not used and that, within 30 days after receipt, were returned to the donor or delivered to a charitable organization or government agency without being claimed by you as a charitable contribution for tax purposes
- Gifts from your spouse or registered domestic partner, child, parent, grandparent, grandchild, brother, sister, and certain other family members (See Regulation 18942 for a complete list.). The exception does not apply if the donor was acting as an agent or intermediary for a reportable source who was the true donor.
- Gifts of similar value exchanged between you and an individual, other than a lobbyist registered to lobby your state agency, on holidays, birthdays, or similar occasions
- Gifts of informational material provided to assist you in the performance of your official duties (e.g., books, pamphlets, reports, calendars, periodicals, or educational seminars)
- A monetary bequest or inheritance (However, inherited investments or real property may be reportable on other schedules.)
- Personalized plaques or trophies with an individual value of less than \$250
- Campaign contributions
- Up to two tickets, for your own use, to attend a fundraiser for a campaign committee or candidate, or to a fundraiser for an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. The ticket must be received from the organization or committee holding the fundraiser.
- Gifts given to members of your immediate family if the source has an established relationship with the family member and there is no evidence to suggest the donor had a purpose to influence you. (See Regulation 18943.)
- Free admission, food, and nominal items (such as a pen, pencil, mouse pad, note pad or similar item) available to all attendees, at the event at which the official makes a speech (as defined in Regulation 18950(b)(2)), so long as the admission is provided by the person who organizes the event.
- Any other payment not identified above, that would otherwise meet the definition of gift, where the payment is made by an individual who is not a lobbyist registered to lobby the official's state agency, where it is clear that the gift was made because of an existing personal or business relationship unrelated to the official's position and there is no evidence whatsoever at the time the gift is made to suggest the donor had a purpose to influence you.

To Complete Schedule D:

- Disclose the full name (not an acronym), address, and, if a business entity, the business activity of the source.
- Provide the date (month, day, and year) of receipt, and disclose the fair market value and description of the gift.

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

Name
 Whit Guerrero

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homeless Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 5 and/or 6

Full Name: Robert Paul McCloskey

[Redacted] San Francisco, CA. Zip Code: 94129

[Redacted] Occupation: AOD/SUD Counselor

Work Phone: Same Employer: Self/Private Practice

Business Address: Same Zip Code: Same

Business Email: Vertor000001@gmail.com Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [checked] No [] If No, place of residence:
18 Years of Age or Older: Yes [checked] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [checked] No []

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:

My status as an AOD/SUD Counselor and my time being homeless in San Francisco has afforded me the pause to notice and appreciate the time I spent helping to feed the homeless and needy at St. Anthony's Diner while attending Their Father Alfred Center treatment progeram. And at Glide's soup kitchen. It has given me gratitude for my time spent helping every demographic possibly considered in the Bay Area as a counselor at BAART Methadone Clinics and Ohlhoff Recovery Services, Henry Ohlhoff House/Skip Byron Treatment Centers. My qualifications represent San Francisco's diversity because I've been broke, I've been rich. I've lied and been lied to. I've been honest and I've been deceitful. I've been taken advantage of and returned the favor. I've abandoned those in need and now committed myself to my fellow man and the greater good. I've been cheated on and been faithful to the core. I've been full bellied and been starving. My demons beat me down mercilessly and dragged my name through the mud multiple times. And each time, I picked it up, washed it off and will always continue to push it forward. I may not be the best person applying but I guarantee you won't regret appointing me if you do. And my mom says to tell you she loves me (Huge, believe me)

Business and/or Professional Experience:

AOD/SUD Counselor, BAART Methodone Program, Menlo Park
AOD/SUD Counselor, Henry Ohlhoff House/Skip Byron Treatment center

Civic Activities:

Volunteer St. Anthony's Diner
Volunteer Glide Memorial
Spoke at State Capitol 2x for the Homeless Coalition through St. Anthony's

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 12/22/2022 Applicant's Signature (required): Robert Paul McCloskey
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McCloskey Robert Paul

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Homeless Oversight Commission

Division, Board, Department, District, if applicable Your Position
Board of Supervisors Candidate for seats 5 & 6

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ Total number of pages including this cover page: 2

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

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

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

Date Signed 02/27/2023
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Paul McCloskey

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

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

BOARD of SUPERVISORS



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Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 1,2,3,4,5,6, & 7

Full Name: Ennis Scott Samuel Johnson

[Redacted] Zip Code: 94107
Occupation: Substance Use Disorder Counselor

Work Phone: (415) 492-4444 Employer: Center Point, Inc.

Business Address: 135 Paul Dr. San Rafael, CA Zip Code: 94903

Business Email: N/A Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [] No [] If No, place of residence:
18 Years of Age or Older: Yes [] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a Veteran, an African American male. I have lived experience (stays in Next Door, MSC South, and Sanctuary) shelters and other shelters throughout the Bay Area. I have eaten at Glide and St. Anthony. I have work experience. As an 1823 Senior Administrative Analyst, I work with the most vulnerable in San Francisco. I have worked at shelters and treatment programs. I was a Community Program Supervisor for two years in the Mission District. I have been a director of two SROs in San Francisco, combined with my educational experience that is long and explicit to the benefit of those most vulnerable in the Bay Area. My Ph.D. dissertation culminates my lived experience and work experience through evidence-based research, where I developed individualized care for the homeless and those who use substances in San Francisco. My experiences are what is needed to make a difference. I do not have a car and walk the streets of San Francisco, where I have used my 311 App often to address challenges on our sidewalks. I touch many boxes that will help me succeed in this position.

Business and/or Professional Experience:

Peer Mentor Coordinator
Center Point

1823 Senior Administrative Analyst
San Francisco City and County Homelessness and Supportive Housing
10/04/21 to 12/30/2022

I am an 1823 Senior Administration Analyst, and I have had oversight and monitoring responsibility for uniform policies over several Shelter-In-Place Hotels within the City Portfolio during the COVID-19 period.

Health Worker II
San Francisco City and County Department of Public Health
09/21/20 to 10/01/21

Onboarded to Covid Command Center as one of two initial members of Contact Investigation/Contact Tracing for Schools Hub.

Community Program Supervisor
Mission Neighborhood Health Center
01/28/19 to 9/18/20

I developed and administrated complex administrative policy, which I monitored and evaluated for ongoing success that added to my breadth of knowledge working with marginalized communities. I worked with the homeless that come to the resource center on 165 Capp St. The Mission demographic is changing. Still, I worked with the marginalized communities in the neighborhood, which were black, LGBTQ, and non-confirming individuals.

Peer Mentor Supervisor
HealthRIGHT 360, San Francisco, CA
04/16 - 01/19 (19 months)

Supervised Mentors, assisted Mentees with addiction and mental health challenges, and facilitated groups.

As the Mentoring and Peer Support (MAPS) program Supervisor, I have a strong background working with the San Francisco Collaborative Courts, i.e., Behavior Health Court (BHC), Drug Court, Veterans Justice Court, Misdemeanor Behavior Health Court, and Community Justice Court that is heavily rooted within the undocumented community in San Francisco.

Residential Hotel Director
Caritas Management, San Francisco, CA
12/01/2008 - 12/01/2010

My responsibility included assisting formerly homeless residents in a social capacity when there was a vacancy in the case manager position. As the Hotel Director of Caritas of two buildings, my business experiences allowed me to preserve and manage individuals in high-quality, affordable housing and provide and manage support services for residents of low and moderate incomes.

Residential Counselor
The Sequoia Center, Redwood City, CA

Civic Activities:

My Civic Activities are broad and cannot be separated from my work, business, and daily endeavors. My 501(c) 3 is named Licensing Substance Use Disorder (LSUD) Counselors Corp. Substance use and mental challenges are the main factors in homelessness. My Ph.D. dissertation is titled Corporate Social Responsibility for Homeless Individuals with Substance Use Disorder: A Modified Delphi Study, conducted in San Francisco. Because I have lived at Next Door (Site # 10) shelter, Sanctuary shelter, MSC South shelter, and shelters all over the Bay Area, I have engaged in apolitical civic engagement that matches my lived experience of helping the homeless. My life is a wraparound of services for the betterment of my community.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 01/20/2023 Applicant's Signature (required): Ennis Scott Samuel Johnson, Ph.D.
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

To Whom it May Concern:

I am writing to recommend Dr. Ennis Johnson to take a leadership position regarding homelessness and substance use challenges. I was first introduced to Dr. Johnson when he was searching for businesses to conduct his dissertation – Corporate Social Responsibility for Individuals with Substance Use Disorder: A Delphi Study.

I have known Ennis for seven years as a knowledgeable source for those challenged and I nothing but positive things to say. There is no doubt in my mind that Ennis will be an excellent addition.

I have always known Ennis to be of sound character, being and having a great sense of ambition to help others. I have witnessed tremendous growth in Ennis' problem-solving competence for seven years. I am confident these cultivated skills will allow Ennis to excel.

I recommend Ennis because he has worked in the field of substance use and homelessness and has the highest academic achievement (Ph.D.); foremost, he has pragmatic skills because he has lived experience for decades being homeless and in recovery.

Regards,

Del Seymour

01/11/2023

Del Seymour

Date:

Co-Chairman Local Homeless Coordinating Board
Board of Director Swords to Plowshare
Founder/ Board of Director at Code Tenderloin

Oakland, California

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnson Ennis Scott Samuel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable Your Position

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

Agency: Position:

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of Other

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is 02 / 24 / 2023, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election ____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[Redacted Address] 107

Information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed (month, day, year)

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

BOARD of SUPERVISORS



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Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 5 or 6 or 7

Full Name: MASOOD SAMEREIE



Zip Code: 94114

Occupation: REAL ESTATE BROKER

Employer: SELF

Work Phone:

Business Address: 3906 17THT STREET Zip Code: 94114

Business Email: MASOOD@ARIA-PROPERTIES.COM Home Email

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [checked] No [] If No, place of residence:
18 Years of Age or Older: Yes [checked] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [checked] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I'M A SMALL BUSINESS OWNER AND RESIDENT OF CASTRO DISTRICT(8), I'VE WORKED WITH SUPERVISOR MANDELMAN AND HIS OFFICE SINCE MY APPOINTMENT AS PRESIDENT OF CASTRO MERCHANTS in 2019, ON HOMELESSNESS, MENTAL HEALTH, AND DRUG ADDICTION IN THE CASTRO DISTRICT. I IMMIGRATED TO US FROM IRAN IN 1984, MOVED TO BAY AREA IN 1998 WHEN I MARRIED MY WIFE AND HAVE BEEN WORKING AND LIVING IN SAN FRANCISCO SINCE 2004(WITH AN EXEMPTION OF 2016-2019 WHEN I LIVED IN SAN MATEO).

Business and/or Professional Experience:

I was born in Isfahan, Iran. I am the first born of my parents with two other siblings (brother and sister). I received my BS. In Bussiness administration form University of Isfahan in 1984. I immigrated to US in 1984 with my brother, to Houston Texas. In 1986 I relocated to Washington DC area where I settled in College Park, MD operating Italian Gardens/Cellar and the Paragon restaurant and Night club. In 1991 I went back to school in Alexandria VA, completed my Computer Electronics Technology Degree (CLC), and started my career in High tech as Micro Computer Specialist at I.B.N Corp. and then as Project Lead / Service Engineer / Assistant Manager, Depot Service at Micro-Serv Corp. I met my wife in 1997. After a 9 month long distance relationship, we were married on September 6, 1998 and I relocated to the Bay Area. I started my first job in Silicon Valley in 1998 as a System Administrator/Project Manager at Entex Corp. where I received a "MPV" and a "National Field Service Super Star Award "in 1999. In 2000, I moved on to my first startup called Jamcracker. Here I wore many hats and was part of a team to built the companies' "NOC" (Network Operation Center). With the 2001 down fall of Hi-Tech and layoffs I took another direction and went back to UC Berkley and completed my Certification for Project Management. At that time I also completed my Certification for Police Reserve Level 2, at College of San Mateo. In May, 2002 I was hired by an IBM contractor (Compu-Com) to work at Cisco Systems headquarters, as one of a "Red Carpet Technical Support team". We provided technical support to then CEO, Mr. John Chambers and his senior staff. Following my assignment at Cisco Systems, I studied for the Real Estate examination and obtained my Real Estate License in 2003. At which time, I then joined Century 21, Hartford Properties on a part-time bases. In 2004 I made a career change to continue Real Estate Sales on a full-time base. In 2004, 2005, 2006, and 2007 I received "Top Producer Award" by Century21, Hartford Properties. In 2012 my business partner and I decided to start our own Real Estate Brokerage firm. Our Company is called "Aria Properties" A Boutique Real Estate Resource.

Civic Activities:

Subsequent to opening our office in the Castro in 2012, and In the interest of community service I joined the Castro Merchants Association. In 2016 I was elected to the Castro Merchants Association Board of Directors. As a board member, I chaired the Mixer committee. I have also taken an active role on the "Windows for Harvey" committee, since it started in 2016. In April, 2019 I was elected President of Castro Merchants Association. In this capacity I have the opportunity to work closely with District 8 Supervisor, Rafel Mandelman, SFPD Mission Station, Commander Caltagirone, Commander Moran, and Captain McEachern and other city agency officials. In January of 2020 I was elected Vice President of "SFCDMA". As a delegate I regularly attend monthly meetings with SFMTA, and other SF city agencies. In January of 2022 I was elected President of "SFCDMA", and re elected for the second term in January of 2023. As the President of "SFCDMA" I regularly attend monthly meetings with SFMTA, Office of the Mayor, SFPD, and other SF city agencies. In January of 2020 I joined the board of "SFCDMA Community Fund" and in January of 2021 I also joined the board of "Avenue Greenlight"

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 02/05/2023 Applicant's Signature (required): MASOOD SAMEREIE
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SAMEREIE MASOOD

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
HOMLESSNESS OVERSIGHT COMMISSION

Division, Board, Department, District, if applicable Your Position
COMMISSIONER

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

Agency: _____ Position: _____

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of SAN FRANCISCO
- City of SAN FRANCISCO Other _____

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/_____
-or- The period covered is ____/____/_____, through (Check one circle.)
- Assuming Office: Date assumed ____/____/_____. The period covered is January 1, 2022, through the date of leaving office.
- Candidate: Date of Election ____/____/_____ and office sought, if different than Part 1: _____ -or- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

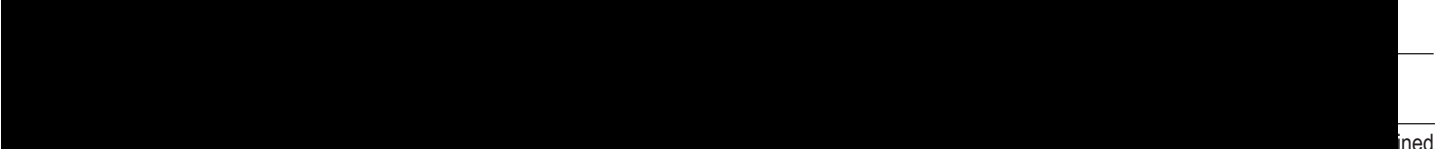
Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/01/2023
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3563 -039

CITY
SAN FRANCISCO

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 _____/_____/22 ACQUIRED _____/_____/22 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 _____/_____/22 ACQUIRED _____/_____/22 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
JOHN V. GIUSTI & JOSEPH J. TITI

ADDRESS (Business Address Acceptable)
4406-A 18TH ST, SF, 94114

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
4 % None 10YRS

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Homelessness Oversight Commission

Name of Board/Commission/Committee/Task Force: _____

5,6,7

Seat # (Required - see Vacancy Notice for qualifications): _____

Tracey Mixon



94102

Zip Code: _____

Peer Organizer

Occupation: _____

(415) 346-3740

Coalition on Homelessness

Work Phone: _____ Employer: _____

280 Turk Street

94102

Business Address: _____

tmixon@cohsf.org

Business Email: _____ Home _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence: _____

18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am an African-American woman, native San Franciscan, raising a teenaged daughter. We are currently living in the Tenderloin. We originally lived in Hayes Valley. I am previously homeless and have been housed for 3 1/2 years. I have worked in the Tenderloin for almost 20 years and have developed an understanding about homelessness, whether it is a family or a single adult. Myself and my daughter both have disabilities that we both continue to overcome each day. I have worked extensively with both housed and unhoused people, inside and outside of my day to day work.

Business and/or Professional Experience:

Peer Organizer-Coalition on Homelessness 2018-Present
Working with homeless families; families that live in SRO's; outreach at family and single adult shelters; outreach to unhoused on the streets. I gather input from people about what their struggles are with the current homelessness system and work to insure that I direct them to the correct services.

Civic Activities:

Tenderloin Community Stakeholder 2022-present
Family Advisory Council-HSH 2019-2020
Community Advisory Board-Tipping Point 2019-2022

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 02/17/2023 Applicant's Signature (required): Tracey Mixon
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MIXON Tracey N.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Department of Homelessness and Supportive Housing
Division, Board, Department, District, if applicable Your Position
Homeless Outreach Commission

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required) ► Total number of pages including this cover page: _____

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



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

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

Date Signed 2/23/23
(month, day, year)

Signature Tracey
(File the originally signed paper statement with your filing official.)

BOARD of SUPERVISORS



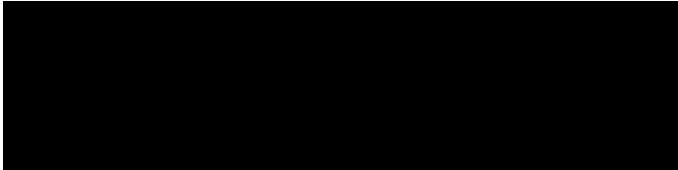
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): Seat 6

Andrea Salinas



Zip Code: 94110

Occupation: Clinical Social Work Supervisor

Work Phone: Employer: UCSF Citywide Focus Case Management

Business Address: 982 Mission Street Zip Code: 94103

Business Email: andrea.salinas@ucsf.edu Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am writing to express my interest in the Homeless Oversight Commission, seat 6.
My training and experience working with marginally housed and homeless individuals for nearly 25 years in San Francisco make me uniquely qualified for this commission. As a long time provider in San Francisco I understand current systems, and hold historical memory of systems. I know what has worked in the past, what is working and not working in our current system and have many insights into what needs to be improved to resolve the current challenges to housing our cities homeless population.
La Casa de Las Madres. Starting in 1992, I volunteered at the La Casa de Las Madres, a shelter for women and children survivors of domestic violence. I joined La Casa as a staff person in 1999. At La Casa, I worked mainly with Latinx and Asian women migrants to navigate not only finding emotional stability and safety, but also to find and access critical housing resources they needed to remain safe

Business and/or Professional Experience:

Please see the my attached CV.

Civic Activities:

Please see my attached CV.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: February 13, 2023 Applicant's Signature (required): Andrea Salinas
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

I am writing to express my interest in the Homeless Oversight Commission, seat 6.

My training and experience working with marginally housed and homeless individuals for nearly 25 years in San Francisco make me uniquely qualified for this commission. As a long time provider in San Francisco I understand current systems, and hold historical memory of systems. I know what has worked in the past, what is working and not working in our current system and have many insights into what needs to be improved to resolve the current challenges to housing our cities homeless population.

La Casa de Las Madres. Starting in 1992, I volunteered at the La Casa de Las Madres, a shelter for women and children survivors of domestic violence. I joined La Casa as a staff person in 1999. At La Casa, I worked mainly with Latinx and Asian women migrants to navigate not only finding emotional stability and safety, but also to find and access critical housing resources they needed to remain safe.

Mission Neighborhood Health Center, Clinica Esperanza. I went on to Clinica Esperanza to work with primarily LGBTQ HIV+ migrants who arrived in San Francisco seeking refuge from Homophobic and Transphobic violence in their countries of origin. They arrived with everything they had seeking safety. Some of them had family and friends who gave them refuge, others had to navigate shelters or find a place to stay through informal means that were not safe. When the Direct Access to Housing program began it provided a vital housing resource for individuals with HIV in San Francisco who not only were able to access housing, housing facilitated their access to medical treatment.

Coalition on Homelessness. In 2003, I went on to work as a Shelter Client Advocate a project of the Coalition on Homelessness. In this position I worked entirely with homeless clients struggling to maintain their shelter bed. Their shelter bed was the one thing they had that allowed them to live with some dignity and safety with the few possessions they had in the world. At that time, the first tech boom had greatly exacerbated the homelessness crisis in San Francisco.

Citywide Case Management. I received my MFT in 2007. After working at Felton Institute I transitioned to Citywide Case Management in 2013 where I am now a supervisor of 5 staff who collectively serve 90 clients. Attaining housing for our clients is very much a matter of life or death, and the less time they are unhoused makes a dramatic difference in the quality of life and health outcomes they will experience once housed. As providers we know it is critical that our clients attain housing if they are to be able to adhere to mental and physical health treatment. We also know firsthand the obstacles to getting our clients housed.

Across these positions I have worked with very diverse segments of the marginally housed and homeless population. In these positions I have worked with individuals of every race/ethnicity, socioeconomic background, gender, and sexuality. In my work as a mental health provider, I have witnessed firsthand how difficult it is for low income people of color with disabilities to attain and maintain housing and how this impacts not only their mental health, but physical health outcomes. I have also witnessed how cycles of addiction and untreated mental illness can lead to homelessness for persons who are of privileged means.

The orientation that I will bring to the commission is that housing is a public health issue that is inextricably tied not only to safety but also to medical care access. Homeless individuals live on average 20 years less than the rest of the population, these numbers are frequently even higher for those most marginalized populations. Data collected by DPH in 2019 looking at deaths for the prior year found that among those homeless individuals who passed that year, the greatest proportion of deaths was among those who had been homeless for over 10 years, at 42% of the deaths that year. It has been my experience as a clinical case manager that the longer my clients have been homeless the greater the complicated medical co-morbidity and trauma they present with. This in turn leads to a decreased capacity for meeting their instrumental activities of daily living, and safely maintaining their housing.

I have been a resident of San Francisco since 1996. I have a strong commitment to the betterment of this city; this is my community. Every day in my work as a social work supervisor I face the challenge of attaining housing and maintaining housing for 90 homeless and previously homeless clients on the team I supervise at Citywide. The work of this commission is vital to our clients lives and intersects with our work daily as case managers. I very much hope that my long history of working with homeless and disenfranchised populations in San Francisco demonstrates my qualifications as well as my commitment to the hard work required of the commissioners seeking appointment to the Homeless Oversight commission.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Salinas Andrea Annabel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Homelessness Oversight Commission
Division, Board, Department, District, if applicable Department of Homelessness and Supportive Housing
Your Position Commissioner

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 02/27/2023 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



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

Date Signed 2/23/2023 (month, day, year)

Signature [Handwritten Signature] (File the originally signed paper statement with your filing official)

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Andrea Salinas

▶ NAME OF BUSINESS ENTITY
Parnassus Investments

GENERAL DESCRIPTION OF THIS BUSINESS
Mutual Funds

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other **Roth IRA**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / /22 / /22
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Andrea Salinas

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
UCSF Citywide Focus Case Management

ADDRESS (Business Address Acceptable)
982 Mission Street San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Mental Health Clinic

YOUR BUSINESS POSITION
Clinical Social Work Supervisor

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 6, 7

Christin Evans

[Redacted] San Francisco, CA Zip Code: 94117
Occupation: Small Business Owner

Work Phone: 415-863-8688 Employer: Booksmith, Alembic

Business Address: 1725 Haight Street, San Francisco, CA Zip Code: 94117

Business Email: christin@booksmith.com Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

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:

When I became a small business owner in San Francisco's Haight Ashbury neighborhood in 2007, I grew increasingly interested in how our city was addressing homelessness. Customers and neighbors frequently would raise concerns about visible homelessness, a lack of affordable housing, and increasing numbers of evictions displacing long term community members.
In subsequent years, I provided assistance to employees struggling to make rent, including staff who had periods of temporary homelessness due to loss of a family home, terminal illness, and lack of savings to meet security deposit requirements. In 2008, the Booksmith hosted the first of many community forums on the topic of homelessness inviting experts including published authors to speak on the complexities of addressing homelessness.
In 2018, I served as a legal proponent for the voter led initiative Our City Our Home (Prop C) and campaigned for its passage. That year I spoke to numerous neighborhood and merchant groups fielding questions about what Prop C could deliver to reduce chronic homelessness in San Francisco. Since 2020, I have actively engaged in regular outreach and advocacy on behalf of people experiencing homelessness. In that capacity, I have worked with the Coalition on Homelessness as a volunteer observer and advocate at numerous encampment resolutions conducted by police and the Healthy Streets Operation Center (HSOC).

Business and/or Professional Experience:

I hold a BA from Vassar College (major: Political Science) and a MBA from the University of Michigan. Prior to becoming a small business owner I was a business analyst and consultant for Towers Perrin, Dell Computer, and A.T. Kearney. Since 2007, I have owned and operated the Booksmith, a legacy business and independent bookstore. In 2012, I helped lead the successful financial turn around the 57+ year old Kepler's Books in Menlo Park. In 2018, I became a majority owner of the Alembic bar and restaurant which was recently recognized by the San Francisco Chronicle as one of our city's top cocktail bars.

Civic Activities:

Haight Ashbury Merchants Association (2011 to present) - board member and past President of this 501c6 which represents approximately 150 storefronts in the Haight Ashbury commercial corridor.

Haight Ashbury Neighborhood Council (2014 to present) - board member and current Treasurer of the 501c3 which represents the community members of the Haight Ashbury Neighborhood

Reinvestment Working Group (2022 to present) - current Chair of the Reinvestment Working Group detailing the business plan for a San Francisco Public Bank

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 2/9/2023 Applicant's Signature (required): Christin Evans
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Evans Christin Nicole

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Homelessness Oversight Commission Candidate for Commissioner

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/_____
-or- The period covered is ____/____/_____, through (Check one circle.)
 Assuming Office: Date assumed ____/____/_____. The period covered is January 1, 2022, through the date of leaving office.
-or- The period covered is ____/____/_____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

94117

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 2/22/2023
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Evans, Christin

▶ NAME OF BUSINESS ENTITY
Alphabet Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
Financial Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IBM Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Oracle Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Thermo Fisher Scientific

GENERAL DESCRIPTION OF THIS BUSINESS
Bio technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Evans, Christin

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Kepler's 2020, FPC</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>1010 El Camino Real, #100, Menlo Park, CA 94025</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Independent Bookstore</u></p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>	<p>NAME OF SOURCE OF INCOME <u>Point Reyes Books, LLC</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>11315 State Route 1, Pt Reyes, CA 94956</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Independent Bookstore</u></p> <p>YOUR BUSINESS POSITION <u>Shareholder</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i></p> <p><input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

<p>NAME OF LENDER* _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <i>Street address</i></p> <p style="margin-left: 150px;">_____ <i>City</i></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>
--	--

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Evans, Christin

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Anheuser Busch InBev

GENERAL DESCRIPTION OF THIS BUSINESS
Drink company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Caterpillar Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Construction and farm equipment manufacturer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Dell Computer

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Diageo PLC

GENERAL DESCRIPTION OF THIS BUSINESS
Drinks company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Eaton Corporation PLC

GENERAL DESCRIPTION OF THIS BUSINESS
Power management company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Evans, Christin

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Anheuser Busch InBev

GENERAL DESCRIPTION OF THIS BUSINESS
Drink company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Caterpillar Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Construction and farm equipment manufacturer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Dell Computer

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Diageo PLC

GENERAL DESCRIPTION OF THIS BUSINESS
Drinks company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Eaton Corporation PLC

GENERAL DESCRIPTION OF THIS BUSINESS
Power management company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/22 ____/____/22
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Evans, Christin

▶ NAME OF BUSINESS ENTITY
Tapestry Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Fashion company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
United Parcel Service

GENERAL DESCRIPTION OF THIS BUSINESS
Delivery services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Boston Properties

GENERAL DESCRIPTION OF THIS BUSINESS
Real estate investment fund

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CME Group

GENERAL DESCRIPTION OF THIS BUSINESS
Financial services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Investec Ltd

GENERAL DESCRIPTION OF THIS BUSINESS
Financial services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Evans, Christin

▶ 1. BUSINESS ENTITY OR TRUST

RGC&C Partnership, LP

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Investment fund (includes interest in Oregon family farm)

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	--

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Limited Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	--

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	--

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	--

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homeless Oversight Commission

Seat # (Required - see Vacancy Notice for qualifications): 6

Full Name: Gay Crosthwait Grunfeld

[Redacted] Zip Code: 94118
Occupation: Attorney

Work Phone: (415) 433-6830 Employer: Rosen Bien Galvan & Grunfeld

Business Address: 101 Mission Street, Sixth Floor Zip Code: 94105-1738

Business Email: ggrunfeld@rbgg.com Home Email: N/A

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [checked] No [] If No, place of residence:
18 Years of Age or Older: Yes [checked] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [checked] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a long-time resident of San Francisco, living first in the Haight Ashbury from 1985 to 1994, and now in the Richmond from 2005 to present. I am a female. My family is racially diverse and includes LGBTQ individuals. Much of my work day is spent representing people with disabilities incarcerated in prisons and jails in California.

Please see attached letter and résumé for more information.

Business and/or Professional Experience:

As a long-time San Francisco resident and the managing partner of a San Francisco small business, homelessness is always at the front of my mind. Professionally, I represent all prisoners and parolees with disabilities who are incarcerated in the California Department of Corrections and Rehabilitation. Many of these individuals parole without housing and become homeless. I and my team have spent countless hours trying to find suitable housing for recently released incarcerated people. I am also a member of a court committee that is considering a panel on homelessness, which has further enhanced my knowledge of the root causes of homelessness, and my desire to help our city solve this tragic and seemingly intractable problem. I and my team also spend significant time monitoring and auditing CDCR’s compliance with consent decrees and remedial plans.

Please see attached letter and résumé for more information.

Civic Activities:

Over my time as a San Francisco attorney, I have served our city in several ways. I am currently Vice President of San Francisco’s Law Library Board of Trustees. In that capacity, I am used to filing statements of economic interest annually. As president of the San Francisco Women’s Lawyers Alliance in the 1990’s, I helped spearhead the City’s establishment of two children’s waiting rooms, one in the Hall of Justice and the other at the Civic Courthouse. These waiting rooms functioned until the pandemic to safeguard young children from being exposed to sensitive and potentially traumatic information when their parents appear in court. I have also served on the Board of Directors of the Northern California Service League and Equal Rights Advocates, two local nonprofits. In the 1990s, I was the editor of the Judicial Council of California’s report entitled “Achieving Equal Justice for Women and Men in the California courts.”

Through these and other professional and volunteer activities, I have developed a keen sense of justice, and a love for our city. I am eager to help serve the city in addressing the homeless crisis. If chosen, I will put my legal and organizational background to good use in fulfilling the voters’ goals in enacting Proposition C. I have been unable to attend the meetings because the Commission does not yet exist.

Please see attached letter and résumé for more information.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: February 13, 2023 Applicant’s Signature (required): /s/ Gay Crosthwait Grunfeld
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____



101 Mission Street, Sixth Floor
San Francisco, California 94105-1738
T: (415) 433-6830 ▪ F: (415) 433-7104
www.rbgg.com

Gay Crosthwait Grunfeld
Email: ggrunfeld@rbgg.com

February 13, 2023

VIA ELECTRONIC MAIL ONLY

Honorable Matt Dorsey
Supervisor, District 6
City and County of San Francisco
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
matt.dorsey@sfgov.org
BOS-Appointments@sfgov.org

Re: Application for Board Appointment to
Homeless Oversight Commission, Seat 6

Dear Supervisor Dorsey:

I write to apply to be considered for a Board of Supervisors appointment to the newly created Homeless Oversight Commission. Enclosed are my application form and resume.

As an advocate for homeless parolees with disabilities, I seek appointment to Seat Six. My law firm represents all parolees with disabilities in the long-running case *Armstrong v. Newsom*, N.D. Cal. No. C-94-2307 CW. Many of our clients are paroled to San Francisco without housing or with housing that is inadequate to meet their disability needs. I and my team frequently engage with CDCR and local service providers in attempting to avoid homelessness for our clients—which in turn can lead to recidivism and re-incarceration. The lack of safe and affordable housing for San Franciscans leaving prisons and jails essentially relegates them to re-institutionalization, in violation of the Americans with Disabilities Act mandate to place people with disabilities in the least restrictive environment.

As a longtime San Francisco resident and small business owner, I have always voted to increase funding for homeless services. Yet the crisis continues and some believe has worsened. In my capacity as an attorney, I have extensive experience

Honorable Matt Dorsey
February 13, 2023
Page 2

auditing the California Department of Corrections and Rehabilitation for compliance with court orders and remedial plans. That experience would prove useful to this Commission, which is designed to ensure that homelessness funding is well spent and effective.

As Vice President of the San Francisco Law Library Board of Trustees, I am familiar with City service and regularly complete the required Statements of Economic Interest.

I hope to have the opportunity to answer questions the Board may have at the Rules Committee meeting. Thank you for considering my application.

Very truly yours,

ROSEN BIEN
GALVAN & GRUNFELD LLP

/s/ Gay Crosthwait Grunfeld

By: Gay Crosthwait Grunfeld

GCG:kc

Enclosures

cc: *(via email only)*

Victor Young (victor.young@sfgov.org)

Madison Tam (madison.tam@sfgov.org)



Gay Crosthwait Grunfeld
(formerly Danforth)

101 Mission Street, Sixth Floor
San Francisco, California 94105-1738

T: (415) 433-6830
F: (415) 433-7104
E: ggrunfeld@rbgg.com

EXPERIENCE

Rosen Bien Galvan & Grunfeld LLP; San Francisco, California 2008 – Present
Partner

General and complex civil litigation, with an emphasis on civil rights, employment, business, and attorneys' fees cases, at the trial court and appellate levels.

Rosen Bien & Galvan, LLP; San Francisco, California 2005 – 2007
Associate Attorney

Bryant, Clohan & Baruh, LLP; Palo Alto, California 2001 – 2005
Associate Attorney

General and complex civil litigation, including jury trial experience, in real estate, business, insurance "bad faith," construction defect, and employment claims and disputes.

Fenwick & West; Palo Alto, California 1996 – 1997
Associate Attorney

Represented high-tech companies in employment, commercial, and trade secret disputes, and provided employment counseling and advice.

State of California, Administrative Office of the Courts 1993 – 1995
San Francisco, California
Consultant & Editor

California Judicial Council report, Achieving Equal Justice for Women and Men in the Courts.

Dickson & Ross; Oakland, California 1989 – 1991
Associate Attorney

Employment and environmental litigation in court and in administrative proceedings.

Altshuler & Berzon; San Francisco, California 1985 – 1989
Associate Attorney

Represented individuals, labor unions, and non-profit organizations in employment, labor, and environmental matters.

The Honorable Jack B. Weinstein, Chief Judge
United States District Court for the Eastern District of New York
Law Clerk

1984 – 1985

PUBLISHED CASES

Armstrong v. Newsom, 2021 WL 933106 (N.D. Cal 2021)
Armstrong v. Newsom, 484 F. Supp. 3d 808 (N.D. Cal. 2020)
Armstrong v. Newsom, 475 F. Supp. 3d 1038 (N.D. Cal. 2020)
Olabi v. Neutron Holdings, Inc., 50 Cal. App. 5th 1017 (2020)
Brome v. California Highway Patrol, 44 Cal. App. 5th 786 (2020)
Stiner et al., v. Brookdale Senior Living, Inc. et al., 383 F. Supp. 3d 949 (N.D. Cal. 2019)
Stiner et al. v. Brookdale Senior Living, Inc. et al., 354 F. Supp. 3d 1046 (N.D. Cal. 2019),
aff'd in part by Stiner v. Brookdale Senior Living, Inc., 810 F. App'x 531 (9th Cir. 2020)
Armstrong v. Brown, 103 F. Supp. 3d 1070 (N.D. Cal. 2015)
Hernandez v. County of Monterey, 110 F. Supp. 3d 929 (N.D. Cal. 2015)
Hernandez v. County of Monterey, 305 F.R.D. 132 (N.D. Cal. 2015)
Sassman v. Brown, 99 F.Supp.3d 1223 (E.D. Cal 2015)
Sassman v. Brown, 73 F.Supp.3d 1241 (E.D. Cal. 2014)
Hernandez v. County of Monterey, 70 F. Supp. 3d 963 (N.D. Cal. 2014)
Armstrong v. Brown, 732 F.3d 955 (9th Cir. 2013), *cert denied*, 134 S. Ct. 2725 (2014)
Ramirez v. Ghilotti Bros. Inc., 941 F. Supp. 2d 1197 (N.D. Cal. 2013)
Armstrong v. Brown, 939 F. Supp. 2d 1012 (N.D. Cal. 2013)
Armstrong v. Brown, 857 F. Supp. 2d 919 (N.D. Cal. 2012)
Armstrong v. Brown, 805 F. Supp. 2d 918 (N.D. Cal. 2011)
Armstrong v. Schwarzenegger, 622 F.3d 1058 (9th Cir. 2010)
L.H. v. Schwarzenegger, 645 F. Supp. 2d 888 (E.D. Cal 2009)
L.H. v. Schwarzenegger, 519 F. Supp. 2d 1072 (E.D. Cal. 2007)
Sacramento Old City Assn. v. City Council, 229 Cal. App. 3d 1011 (1991)
AFL-CIO v. Deukmejian, 212 Cal. App. 3d 425 (1989)
Patel v. Quality Inn South, 846 F.2d 700 (11th Cir. 1988)
International Union, United Automobile, Aerospace and Agricultural Implement Workers v. Brock, 816 F.2d 761 (D.C. Cir. 1987)
K & M Glass Co. v. International Brotherhood of Painters, 121 L.R.R.M. 3005 (N.D. Cal. 1986)
County of Los Angeles v. State of California, 43 Cal. 3d 46 (1987)

PUBLICATIONS

“Overcoming Pitchess In Workplace Discrimination Suits”, *Plaintiff magazine* (January 2022)
(with Priyah Kaul)
“A significant blow to firms looking to arbitrate discrimination claims,” San Francisco
Daily Journal (January 21, 2020) (with Cara Trapani)
“Ending Sexual Orientation Discrimination in Employment,” *The Recorder* (February 16, 2018)
(with Marc J. Shinn-Krantz)
“The Consequences of Not Responding to Sexual Harassment Allegations,” *The Recorder*
(March 28, 2017) (with Krista Stone-Manista)

- “More women lawyers taking pay equality to court,” *San Francisco Daily Journal* (October 13, 2016) (with Jenny Yelin)
- “Putting parenting on a firm basis,” *San Francisco Attorney* (Summer 2015) (with Jenny Yelin)
- “Privilege when firms advise themselves,” *San Francisco Daily Journal* (April 3, 2015) (with Sarah Poppy Alexander)
- “Construction’s Wage and Hour Woes,” *The Recorder*, (November 4, 2013) (with Megan Sallomi)
- “Your First Three Years,” *The Recorder* (January 7, 2013)
- “Enforcing Settlement Agreements,” *The Recorder* (November 5, 2012) (with Benjamin Bien-Kahn)
- “Challenges to an at-large election system,” *The Recorder* (September 24, 2012) (with Blake Thompson)
- “Expanding Partnership Liability,” *The Recorder* (July 16, 2012) (with Elizabeth Avery)
- “Navigating Expert Witness Disclosure in Federal Courts,” *The Recorder* (February 20, 2012) (with Blake Thompson)
- “Know What Not to Ask,” *The Recorder* (November 10, 2011) (with Alyce Perry)
- “How Businesses Can Protect Their Valuable Trade Secrets,” *San Francisco Daily Journal* (September 26, 2011) (with Aaron J. Fischer)
- “Get the Most Out of Your Expert,” *The Recorder* (April 27, 2011) (with Blake Thompson)
- “A Picture is Worth a Thousand Words,” *San Francisco Daily Journal* (March 23, 2011) (with Leslie Thornton)
- “No Time To Waste,” *The Recorder* (November 16, 2009) (with Amy Whelan)
- “Cases of Two Women Illustrate Harm of Mandatory Arbitration Clauses,” *San Francisco Daily Journal* (August 7, 2009) (with Nura Maznavi)
- “Without Reform, California’s Juvenile Justice System Will Condemn Youth To Bleak Future,” *San Francisco Daily Journal* (October 8, 2007) (with Michael W. Bien)
- “Some Reflections on Conflicts Between Government Attorneys and Clients” 1 *Touro L. Rev.* 1 (1985) (with Jack B. Weinstein)
- “Article III Problems in Enforcing the Balanced Budget Amendment,” 83 *Colum. L. Rev.* 1065 (1983).

PRESENTATIONS

- Presenter (with Rev. Anna Rossi and Alma Robinson), “Ending Slavery for Good,” Grace Cathedral, October 17, 2021, San Francisco, California
- Moderator, “Hot Topics in Wage and Hour Law: What Practitioners Need to Know,” California Lawyers’ Association, Labor and Employment Section, Webinar, December 9, 2020
- Panelist, “Toot Your Own Horn: Mastering the Art of Self-Advocacy,” Federal Bar Association’s Women Attorneys Advocacy Project, October 22, 2019, San Francisco, California
- Panelist, “Zero Tolerance: Interrupting Bias using the ABA’s Toolkit,” California Women Lawyers Annual Conference, September 20, 2019, Sacramento, California

- Moderator, “Women in the Courtroom,” *Daily Journal* Women Leadership in Law Conference, November 15, 2018, San Francisco, California
- Moderator, “Women and Diverse Lawyers and Business Development,” *Daily Journal* Women Leadership in Law Conference, November 15, 2018, San Francisco, California
- Moderator, “The Opioid Crisis: Its Genesis, National Implications, and Potential Solutions,” Ninth Circuit Judicial Conference, July 25, 2018, Anaheim, California
- Panelist, Labor & Employment Roundtable, *California Lawyer*, November 2017
- Moderator, “Best Practices for Promoting Fair Pay,” Association of Corporate Counsel Diversity and Inclusion Committee Event Featuring Equal Rights Advocates, September 8, 2016
- Panelist, Labor & Employment Roundtable, *California Lawyer*, May 2016
- “Rule 23(b)(2) Revisited: Institutional Reform Cases,” Panel at the Impact Fund’s 12th Annual Class Action Conference Agenda, February 28, 2014
- “How to Litigate a Wage and Hour Case: Challenges with Representing Foreign Language FLSA Clients,” American Association of Justice Annual Conference, July 26, 2013, San Francisco, California
- “Let’s Get Real: From ‘Win – Win’ to ‘Can Live With – Can Live With,’” ABA Section of Dispute Resolution Spring Conference, April 5, 2013, Chicago Illinois
- “Representing Classes with Special Challenges,” Impact Fund, 11th Annual Class Action Conference, March 1, 2013, Berkeley, California
- “ADA in Jails & Prisons,” Workshop at the 2010 Training & Advocacy Support Center of the National Disability Rights Network, P & A/CAP Annual Conference, June 10, 2010, Los Angeles, California
- “Due Process for Juvenile Parolees: What Comes Next After *L.H. v. Schwarzenegger?*,” Administrative Office of the Courts’ Beyond the Bench XIX: Communicating and Collaborating Conference, December 11-12, 2008, San Francisco, California

EDUCATION

Columbia Law School, New York, New York

J.D., 1984

Articles Editor, Columbia Law Review

Harlan Fiske Stone Scholar, 1982, 1983, 1984

Charles Bathgate Beck Prize in Property

Parker School Recognition in Foreign and; International Law, with Honors

Public Interest Law Foundation

Teaching Fellow in Property

Wellesley College, Wellesley, Massachusetts

B.A. (Philosophy), 1981

Phi Beta Kappa

Graduated Durant Scholar (highest honors)

BAR ADMISSIONS

State Bar of California, No. 121944 (1985)
Supreme Court of the United States
U.S. Court of Appeals for the Ninth Circuit
U.S. District Courts for the Southern, Eastern, and Northern Districts of California

PROFESSIONAL AWARDS AND HONORS

Daily Journal Top 100 Lawyers in California (2014, 2015, 2016, 2020, 2021)
Daily Journal Top Women Lawyers (2011-2021)
Equal Rights Advocates Gender Justice Honoree (2016)
Best Lawyers in America, Employment Law (2016, 2017, 2020, 2021)
Northern California “Super Lawyer” in General Litigation (Top 100) (2012, 2016) (Top 50 Women) (2012-2018, 2020, 2021)
California Lawyer Attorneys of the Year Award (“CLAY”) (2013, 2016)
The Recorder, Attorney of the Year (2012)
California Women Lawyers’ Fay Stender Award (1995)
Martindale Hubbell AV Peer Review Rated

PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Boiler Room Volunteer, Voter Protection for Nevada Coordinated Democratic Campaign (2020)
Member, Finance Committee, Biden for President (2020)
Trustee, San Francisco Law Library (2016 – 2020), Vice President (2020 – Present)
Member, Circuit Executive Committee, Ninth Circuit Court of Appeals (2017 – present)
Representative, Lawyers Representative Committee, N.D. Cal. (2014 – 2017)
Member, Finance Committee, Clinton for President (2016)
Co-chair, Rights of Women, ABA Section of Individual Rights and Responsibilities (IR &R) (2014 – 2015)
Board of Directors, Equal Rights Advocates (2011 – 2017); Vice Chair (2013 – 2017)
Member, Committee on Gender Equity, California Women Lawyers (2012 – 2014)
Judge *Pro Tempore*, San Francisco Superior Court (2004 – 2007, 2012)
Judicial Arbitrator, Santa Clara Superior Court (2004 – 2005)
Judge *Pro Tempore*, Santa Clara Superior Court (2004 – 2005)
Pro Bono Counsel, Adolescent Counseling Services (2003 – 2004)
Member, Santa Clara County Bar Association (2001 – 2005)
Member, Palo Alto Bar Association (2001 – 2005)
Member, San Mateo County Bar Association (2001 – 2005)
Member, Bar Association of San Francisco (1985 – 1997; 2005 – Present)
Member, Equal Rights Advocates Development Committee (1998 – 2001)
Member, San Francisco Chronicle Community Advisory Board (1995)
President, San Francisco Women Lawyers Alliance (1992 – 1993)
President, SFWLA Foundation (1990 – 1993)
Director, SFWLA (1988 – 1993)
Member, Coalition to Prevent Lead Poisoning (1992)
Director, Northern California Service League (1988 – 1990)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

1503124

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Crosthwait Grunfeld, Gay			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Law Library

Trustee

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction) Multi-County CA County of San Francisco City of San Francisco Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2022 through
December 31, 2022. **Leaving Office:** Date Left ____/____/____
(Check one circle)

-or-

The period covered is ____/____/____, through
December 31, 2022. The period covered is January 1, 2022 through the date
of leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date
of leaving office. **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**▶ Total number of pages including this cover page: 4**Schedules attached** **Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached **Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached **Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

 None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
Rosen Bien Galvan & Grunfeld LLP 101 Mission Street, 6th Floor				
		San Francisco	CA	94105
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(415) 433-6830		ggrunfeld@rbgg.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.

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

Date Signed 02/23/2023
(month, day, year)Signature Gay Crosthwait Grunfeld
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Crosthwait Grunfeld, Gay

▶ 1. BUSINESS ENTITY OR TRUST

Rosen Bien Galvan & Grunfeld
Name
101 Mission Street 6th Floor
San Francisco, CA 94105
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Managing Partner

▶ 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
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	____/____/22
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 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
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	____/____/22
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 25 15th Avenue
 CITY
 San Francisco
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED / /22 DISPOSED / /22
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED / /22 DISPOSED / /22
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Crosthwait Grunfeld, Gay

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Department of Veteran Affairs
ADDRESS (Business Address Acceptable)
4150 Clement
San Francisco, CA 94118
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Spouse employment
YOUR BUSINESS POSITION

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

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

(Describe)
 Other _____
(Describe)

NAME OF SOURCE OF INCOME
University of California at San Francisco
ADDRESS (Business Address Acceptable)
4150 Clement Street
San Francisco, CA 94121
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Spouse employment
YOUR BUSINESS POSITION

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

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

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

INTEREST RATE _____% None
TERM (Months/Years) _____
SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address _____
City _____
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight Committee

Seat # (Required - see Vacancy Notice for qualifications): 5

Full Name: Gregory D Johnson

[Redacted] San Francisco, CA Zip Code: 94102
Occupation: Semi-Retired

Work Phone: 415-504-5721 Employer: N/A

Business Address: Zip Code:

Business Email: Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

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:

A person who has personally experienced homelessness. In December 2019 was injured in a bicycle vs vehicle accident in the city. Was hospitalized from December 2019 until March 2020 (released day before the first Covid-19 case was admitted to Zuckerberg). Due to the being homeless and a continued need for medical treatment was sent to Med-Respite and transferred to a SIP Hotel where I began the process of achieving permanent housing. Worked through the process and gained supportive housing in SRO. Understanding the process became a Building Tenant Organizer and while working with CCSROC doing outreach to homeless in Tenderloin referred many individuals to ECS to obtain housing and other services related to substance abuse. Today, I am housed and continue to work with CCSROC. My outreach is geared towards getting people housed (for a variety of reasons) and ensuring they stay housed. For me, though not 100% healed from the accident, I am certainly no longer in danger of losing a portion of my leg and I'm not exposed to the conditions that would exacerbate it.

(Applications must be submitted to BOS.Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

ITAM, equipment imaging, desktop solutions, IT Warehouse supervisor. 28.6 years of experience. Created and implemented policies for the acquisition, maintenance, and disposal of assets throughout the organization. Responsible for maintaining the organization's entire IT state. That covers Hardware Management – including employee workstations, servers, mobile devices, etc. – and Software Management – which includes the software tools employees use, the organization's cloud infrastructure, and other digital systems and services. Maintained complete visibility over the company's IT infrastructure and the devices they use to make sure that they're functioning as designed.
Retired October 2016.

Civic Activities:

- 1). Election poll worker
- 2). Volunteer National Registration Day.
- 3). Register voters with non profits.
- 4). Volunteer with Red Cross (elderly) programs.
- 5). Volunteer feeding the hungry/homeless.
- 6). Engage local government.
- 7). Volunteer St. Anthony's, St. Lukes, and VOA feeding programs.
- 8). Previous volunteer and advocate with PATH-LA.
- 9). Member CCSROC Public Safety & Land Use Committees.
- 10). Past member and volunteer Coalition for the Homeless of Houston.
- 11). Advocate/Stakeholder in the Tenderloin.

But I have attended a number of city meeting/hearings
Newly created committee. But I do routine attend meetings of the BOS committees.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 02/10/2023 Applicant's Signature (required): GREGGORY D. JOHNSON
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JOHNSON GREGGORY DAVID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY/COUNTY SAN FRANCISCO - BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable Your Position
HOMELESS OVERSIGHT COMMITTEE MEMBER

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification


MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)
[Redacted] 94115-0663

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

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

Date Signed February 10, 2023
(month, day, year)

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

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
JOHNSON, Gregory

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City/County of San Francisco (CAAP)

ADDRESS (Business Address Acceptable)
1235 Mission Street - San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

(Describe)
 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CCSROC

ADDRESS (Business Address Acceptable)
472 Ellis Street - San Francisco

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Special Project Organizer - Building Tenant Organizer

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

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

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*
N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

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

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JOHNSON GREGGORY D

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY & COUNTY OF SAN FRANCISCO
Division, Board, Department, District, if applicable Your Position
HOMELESSNESS OVERSIGHT COMMISSION MEMBER

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

Agency: _____ Position: _____

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

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of SAN FRANCISCO
 City of SAN FRANCISCO Other _____

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

Annual: The period covered is January 1, 2022, through December 31, 2022.
-or- The period covered is 01 / 31 / 2022, through December 31, 2022.
 Assuming Office: Date assumed 05 / 01 / 2023
 Leaving Office: Date Left ____/____/_____
(Check one circle.)
 The period covered is January 1, 2022, through the date of leaving office.
-or-
 The period covered is ____/____/_____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: -2-

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
PO BOX 15663 SAN FRANCISCO CA 94101
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 504-5721 Voice_In_TL@outlook.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.

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

Date Signed 02/23/2023
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name

GREGGORY D JOHNSON

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

CCSROC

ADDRESS (Business Address Acceptable)

470 ELLIS STREET - SAN FRANCISCO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ORGANIZER

YOUR BUSINESS POSITION

SPECIAL PROJECTS ORGANIZER

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other STIPEND FOR OUTREACH, ETC

(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other

(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE

% None

TERM (Months/Years)

SECURITY FOR LOAN

None Personal residence

Real Property Street address

City

Guarantor

Other (Describe)

Comments:

BOARD of SUPERVISORS



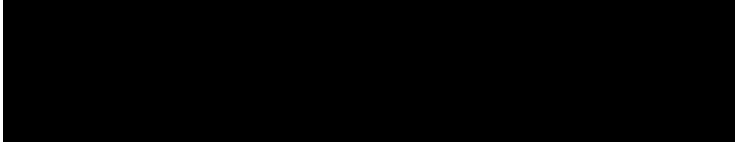
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Department of Homelessness and Supportive Housing Commission

Seat # (Required - see Vacancy Notice for qualifications): Service Provider seat. 6

Jason Michael Albertson



Zip Code: 94110

Occupation: Psychiatric Social Worker

Work Phone: 415-412-7984 Employer: San Francisco City and County.

Business Address: 1076 Howard Street, SF, CA 94103

Business Email: Jason.Albertson@sfdph.org Home E [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am applying for the service provider seat on the Department of Homelessness and Supportive Housing oversight commission. Relevant history: I worked for 8 years in a community mental health clinic, in the first program set up, statewide, to meet the needs of homeless people with mental illness, and seven years with the San Francisco Homeless Outreach Team, moving to the Encampment Resolution Team of the Department of Homelessness and Supportive Housing. I have been a manager for the LINC'S HIV navigation team, of the Department of Public Health, supporting an intensive HIV case management program. I worked for 18 months, in San Mateo County, partnered with law enforcement in an innovative program, to reduce the risk of violent and tragic outcomes that may occur when homeless people interact with law enforcement. Much of my work has been what is called 'direct service', the work of engagement, of outreach, of providing care and rescue support, of meeting people where they are at and engaging with them. This is my work history, my time, spent in the communities of poverty and with people who are typically judged, negatively along the status dimension in society.

My service has included outreach, engagement and services provision, psychotherapy, case management, supportive counseling and emergency response to homeless and formerly homeless individuals, care for those incarcerated and post-incarcerated, has included coordination with Law Enforcement, for individuals with severe mental illness and persons living in encampments. It has also included training and response to natural disasters, and fire ground emergency mental health first aid

I know our system of care, its operations, and challenges in the face of the twin challenges, the drug and overdose epidemic and the shortfall of permanent housing. My work has been with people who represent the diversity of poverty, exclusion and oppression, especially the communities of color and sexual minority, here in San Francisco, I understand the cultural, social and therapeutic competencies required to truly support people to exit homelessness and to have the best chance possible of overcoming that trauma.

I hope to take this experience to provide support to the Department of Homelessness and Supportive Housing; I was the departments first employee, charged with, at a time of great societal concern, with resolving encampments, and coordinating services with the housed community that needed assurance that the City could impact the problem. I have served as a technical advisor and content creator for the National Health Care for the Homeless and provided editorial support and strategic advice for the San Francisco Coalition on Homelessness, have been a member of the Board of Directors of Hospitality House a community nonprofit in the homeless services business space for more than ten years.

I believe this occupational history demonstrates a broad approach, a familiarity with the population and sub populations of homeless people and an understanding of how to engage and involve stakeholders, recognizing that these stakeholders must find common ground although they may initially be bitterly opposed and feel their interests can not permit mutually supportive relationships.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

Service Provider:

- Episcopal Community Services, Shelter monitor, Multi Service Center North (Next Door).
- Community Housing Partnership, family support services liaison.
- Community Housing Partnership, Iroquois Residence, Support Services Supervisor.
- Recipient civilian commendation from San Francisco Police Department for bravery in the face of danger.
- Psychiatric social worker, Department of Public Health, Community Behavioral Health Services. Mobile Outreach Support Team, South of Market Mental Health Center.
- San Francisco Homeless Outreach Team--Outreach Team Lead.
- Recipient Certificate of Appreciation, Bevan Dufty, President Board of Supervisors.
- Psychiatric Emergency Response Team, Behavioral Health and Recovery Services, San Mateo County.
- Encampment Resolution Team Director, Department of Homelessness and Supportive Housing.
- LINCS Navigation manager, Department of Public Health.
- Psychiatric Social Worker, Permanent Housing Accelerated Clinical Services Team (current)

Civic Activities:

- 2008--2010: Supported Revere Middle School, member, PTSA, assisted in the creation of a healthy snack distribution program during school hours, 2008--2010.
- 2000-2012: Member, service provider seat, Hospitality House Board of Directors, 2000--2012.
- 2015--2017: Clinical Coordinator for Concrn, volunteer mental health crisis response team. Developed training materials, provided clinical supervision and oversight to volunteer mental health responders.
- 2019: Graduate, San Francisco Police Department Citizen Academy.
- 2000--2003: Volunteer social worker, Suitcase Clinic and Suitcase Clinic Youth Clinic, Berkley, California. Provided professional support for clinic, a project of the UCSF School of Medicine and the University of California Berkeley Masters in Public Health program.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 12/10/2022 Applicant's Signature (required): Jason Michael Albertson
*(Manually sign or type your complete name.
 NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ALBERTSON JASON MICHAEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

DEPARTMENT OF HOMELESSNESS AND
Division, Board, Department, District, if applicable SUPPORTIVE HOUSING OVERSIGHT
COMMISSION

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

Agency: _____ Position: _____

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of SAN FRANCISCO
- City of SAN FRANCISCO Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- Leaving Office:** Date Left _____ (Check one circle.)
- or-** The period covered is _____, through December 31, 2022.
- or-** The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office:** Date assumed _____ **-or-** The period covered is _____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

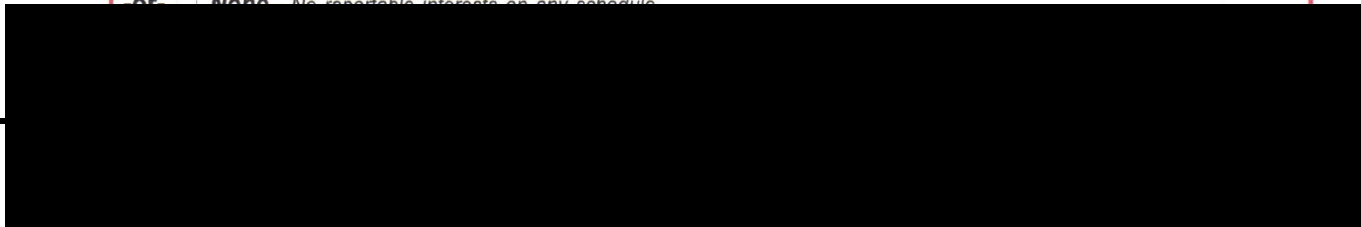
4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

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

None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 2-24-2022
(month, day, year)

Signature [Signature]
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Drew A. Borsari

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
San Francisco
 CITY
856 Peralta Ave, SF, CA*

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 1/22 DISPOSED 1/22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None
* 94110

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Mendocino
 CITY
41500 Comanche-Uriah Road*

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 1/22 DISPOSED 1/22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None
* Mendocino, California 95460

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____% None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____% None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
JASON A. BEUTSON

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SALARY - CITY AND COUNTY
OF SAN FRANCISCO

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
COMMUNITY PROPERTY / DOMESTIC PARTNER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EMPLOYER: APPROVED COMMUNITY
SERVICES. PRIVATE PRACTICE INCOME

YOUR BUSINESS POSITION

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

**SCHEDULE A-1
Investments**

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY
STQ COLLEGE FUND

GENERAL DESCRIPTION OF THIS BUSINESS
ROYAL BANK OF CANADA

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other MUTUAL FUND
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 22 / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SAN FRANCISCO EMPLOYMENT

GENERAL DESCRIPTION OF THIS BUSINESS
RETIREMENT SYSTEM - MODERATE RISK CAP.

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 22 / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ROYAL BANK OF CANADA

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 22 / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 22 / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 22 / 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 22 / 22
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
JASON ABUZZO

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>ADVICE 529 COLLEGE FUND</u>	NAME OF SOURCE OF INCOME <u>ROYAL BANK OF CANADA</u>
ADDRESS (Business Address Acceptable) _____	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ACCT HOLDER</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>RECIPIENT DISTRIBUTION ACCT</u>
YOUR BUSINESS POSITION _____	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Homelessness Oversight

Seat # (Required - see Vacancy Notice for qualifications): 6

Neil Sims



Zip Code: 94114

Occupation: Retired

Work Phone: Employer: none

Business Address: 912 Cole Street #143 Zip Code: 94117

Business Email: none Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [checked] No [] If No, place of residence:
18 Years of Age or Older: Yes [checked] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [checked] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have a long history of interest and engagement in low income housing and services to underserved populations. I currently sit as a member of the board of directors of HomeRise, www.homerisesf.org. HomeRise is a recognized leader in the development and operation of Permanent Supportive Housing for those experiencing homelessness. Today, HomeRise operates 18 residential properties in the City and County of San Francisco, providing housing and a continuum of supportive services to more than 2300 individuals. Nearly 300 of our residents are children. I currently serve as Chairman of the Board Governance Committee and actively participate as a member of the Board Fund Development Committee.
I was an early member and past President of the board of Openhouse, www.openhouse-sf.org. Openhouse currently houses more than 100 low-income seniors and provides supportive services to its residents and several thousand additional seniors who are aging in place with the help of Openhouse staff and volunteers.
I am a former Commissioner for the San Francisco Department of Disability and Aging Services, DAS. In that capacity, I worked closely with Shireen McSpadden who served as Executive Director of the department.

Business and/or Professional Experience:

I am retired from Boyden Executive Search. I lead the Technology Sector Practice in the Americas for the firm.

Civic Activities:

My civic engagement has largely been focused on the issues facing low income members of our community as described above.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: Feb. 9. 2023 Applicant's Signature (required): Neil Sims
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Feb. 23, 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sims Neil Alan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Department of Homelessness and Supportive Housing
Division, Board, Department, District, if applicable Your Position
Homelessness Oversight Commission Commissioner

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
-or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2022, through the date of leaving office.
 Assuming Office: Date assumed ____/____/____. -or- The period covered is ____/____/____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

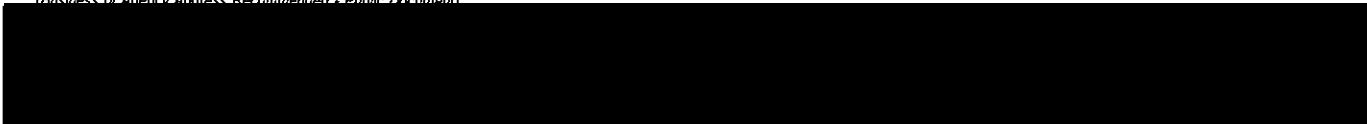
Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)



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

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

Date Signed Feb 24, 2023
(month, day, year)

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

**SCHEDULE A-1
Investments**

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

*Investments must be itemized.
Do not attach brokerage or financial statements.*

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
NEIL SIMS	

▶ NAME OF BUSINESS ENTITY
MORGAN STANLEY INVESTMENTS

GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT PORTFOLIO

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
LPL INVESTMENTS

GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT PORTFOLIO

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SCHWAB

GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT PORTFOLIO

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

Comments: ALL ACCOUNTS HELD IN THE NAME OF THE FAMILY TRUST OF NEIL A SIMS AND TIMOTHY L LUC

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

Name
NEIL SIMS

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Central Self Storage Pacific
ADDRESS *(Business Address Acceptable)*
1148 Alpine Road, Walnut Creek, CA 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Self-Storage Facility
YOUR BUSINESS POSITION
Investor in LLC

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

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

(Describe)
 Other _____
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
_____ % None _____
SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

Application for Boards, Commissions, Committees, & Task Forces

Homeless Oversight Commission

Name of Board/Commission/Committee/Task Force: _____

Seats 6 and 7

Seat # (Required - see Vacancy Notice for qualifications): _____

Bevan Dufty

Full Name: _____

San Francisco, CA 94114

Zip Code: _____

Director

Occupation: _____

BART

Work Phone: _____ Employer: _____

P.O. Box 12688, Oakland, CA

94604-2688

Business Address: _____ Zip Code: _____

bevan.dufty@bart.gov

Business Email: _____ Home _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence: _____

18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

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:

Over my 23 years with the City and County of San Francisco, I have been a Board Aide, Director of Neighborhood Services, District 8 Supervisor and Director of HOPE serving as a policy advisor to Mayor Lee on innovating our response to homelessness.

Most relevant to Seat #6 (services/advocacy for homeless population at large), I created the first Navigation Center which was the biggest change in how we design and run emergency shelter. Focusing on low or no-barriers to entry, on-site City services and a defined path to permanent housing as long as individuals were willing to work with case managers and committed no acts of violence. I worked closely with the Coalition on Homelessness (COH) and providers to develop the biggest change to emergency shelter in 100 years. We also worked on #311 90-day shelter reservations and I co-chaired Home for Heroes bringing Veterans homelessness in SF close to functional zero.

Business and/or Professional Experience:

I have a 47-year career in government and public service. My first job was as an Intern with Congresswoman Shirley Chisholm (D-NY) I was promoted and I then worked for Congressman Julian Dixon (D-CA) as his Chief Legislative Assistant. After leaving DC, I worked for the Los Angeles County Transportation Commission securing funds for the earliest days of the LA Metrorail project.

I was a Legislative Aide to former Supervisor Susan Leal and then worked for Mayor Willie Brown as Director of Neighborhood Services. Many of our clients were struggling and in need of housing, benefits and employment. We helped thousands over my 5 1/2 years leading a diverse staff of 15. I began the Mayor's Open Door Day where monthly we gave out tickets for 10 minutes appointments the following Saturday morning. Again, many individuals with Public Housing problems or lacking housing came and received help and support.

Civic Activities:

I am an elected member of the SF Democratic County Central Committee.

Many of my clients still come to me for help or just to check-in.

One of my proudest accomplishments is successfully changing California's Lifeline program from being limited to landlines in 2013. I organized a group of homeless service providers and we began attending California Public Utilities Commission (CPUC) hearing to ask why only landlines qualified for low-income individuals -- when many of them didn't have homes for a landline. CPUC had hundreds of millions in finding provided by telecommunications companies that we going unused. We got mobile service added and its been a game changer ever since.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: February 8, 2023 Applicant's Signature (required): Bevan Dufty
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

Please type or print in ink.

NAME OF FILER (LAST) Duffy (FIRST) Bevan Doyle
BY [Signature]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco

Division, Board, Department, District, if applicable
Homelessness Oversight Commission Your Position
Member

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2022, through December 31, 2022.
- or- The period covered is _____ through December 31, 2022.
- Assuming Office: Date assumed 3 / 1 / 2023
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____



herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/22/2023
(month, day, year)

Signature [Signature]
(File the originally signed paper statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Another Planet Entertainment, Inc.</u></p> <p>ADDRESS (Business Address Acceptable) <u>1815 4th Street, Suite C Berkeley CA 94710</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Managing Lesson, Castro Theatre</u></p> <p>YOUR BUSINESS POSITION <u>Community Strategy + Engagement</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____