

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: TRANSBAY JOINT POWERS AUTHORITY

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

Full Name: CHARLES LAVERY

Zip Code: 94044

LABOR REPRESENTATIVE

Work Phone: 415 418 8558 Employer: OPERATING ENGINEERS LOCAL 3

Business Address: 828 MAHLER ROAD SUITE B Zip Code: 94010

Business Email: CLAVERY@OE3.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 ☐ No ☒ If No, place of residence: PACIFICA
18 Years of Age or Older: 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:

For the past 18 years Charley has helped negotiate Labor Contracts and PLAs with Local Hire provisions for all San Franciscans. Worked with business, community and labor stakeholders to generate high road employment opportunities in San Francisco and the region for San Francisco residents with strategic efforts to prioritize diversity and underserved communities. Charley has worked with CBOs to recruit over 300 local residents to the OE3 Apprenticeship and has written successful grants for collaborative training programs for women in construction and for underserved communities within the city.

Business and/or Professional Experience:

Currently a labor representative with Operating Engineers Local 3, representing Heavy Equipment Operators, Surveyors and Construction Materials Inspectors, as well as Caltrans workers. He worked over 20 years in the field on large Infrastructure projects including the retrofit of the Golden Gate Bridge, BART to SFO, and the New Bay Bridge. He joined the Staff of Local 3 in 2006 and he now directs their San Francisco, San Mateo and Marin operations.

His current position entails negotiating Labor Contracts and PLAs with Local Hire provisions and working with stakeholders to generate high road employment opportunities in San Francisco for over 2000 operating Engineers. Charley has worked with CBOs to recruit over 300 local residents to the OE3 Apprenticeship and has written successful grants for collaborative training programs for underserved communities within the city. He initiated an Operating Engineer Class at the Citybuild Academy that has been part of the curriculum for the past 3 years.

Charley has worked on multiple revenue measures in the infrastructure space including SF Measure B, 2024, SF Measure L, 2022, Measure A (SF Seawall), Measure A.A. (Bay wetlands, SB1 and RM3).

Education;

Harvard Trades Union Program, CCSF, Construction Industry Training Board Certification UK.
Derby College of Art and Technology (UK),

Civic Activities:


Current Positions: Member, Workforce Investment Board and Executive Board San Francisco, TJPA Joint Administrative Committee and CAC. MTC Policy Advisory Council, Regional Network Management Council CAG, Executive Board San Francisco and San Mateo Labor Councils. Trustee San Mateo Building Trades Council. Labor and Industrial Relations Program, Stanford University.

Charley has worked on multiple revenue measures in the infrastructure space including SF Measure B, 2024, SF Measure L, 2022, Measure A (SF Seawall), Measure A.A. (Bay wetlands, SB1 and RM3).

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: 2/27/2025 Applicant's Signature (required):


(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: _____

SAN FRANCISCO ETHICS COMMISSION

Statement of Economic Interests E-Filing System

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Contact your agency, or
E-Mail filerhelp@netfile.com.

[FPPC Documents:](#)

[Form 700 Instructions \(Full\)](#)

[Form 700 Reference Pamphlet](#)

For reporting questions:
Call the FPPC at (866) 275-3772, or
E-Mail advice@fppc.ca.gov.

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San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 • Fax: 415.252.3112

ethics.commission@sfgov.org • www.sfethics.org

Received on:

CERTIFICATE OF ETHICS TRAINING FORM

A Public Document

City officials, department heads and employees who are required to file an annual Statement of Economic Interests under San Francisco Campaign & Governmental Conduct Code Article III, Chapter 1 must complete the Ethics training required by California Government Code Section 53235 (AB 1234) and San Francisco Campaign & Governmental Conduct Code Section 3.205(a).

Please complete this form to certify that you have fulfilled the Ethics training requirements. You must submit this form within 30 days of the date that you were sworn into office or assumed employment, and annually thereafter by April 1. If you assumed office between October 1 and March 31 and timely filed this form, you are not required to file the annual declaration on April 1 immediately following your assumption of office. For more information visit www.sfethics.org.

VERIFICATION

By signing below, I certify under penalty of perjury that I completed the required Ethics training course provided by the San Francisco Ethics Commission on 2/24/2025.

NAME

Charles Lavery

TYPE OF FILING

Annual

DATE ASSUMED

DEPARTMENT(S)

Workforce Investment Board

TITLE(S)

Member

SIGNATURE

Charles Lavery

DATE COMPLETED AND SIGNED

2/24/2025



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 • Fax: 415.252.3112

ethics.commission@sfgov.org • www.sfethics.org

Received on:

SUNSHINE ORDINANCE DECLARATION

A Public Document

City officials, department heads and employees who are required to file an annual Statement of Economic Interests under San Francisco Campaign & Governmental Conduct Code Section 3.1-103(a)(1) and (b)(1) with the Ethics Commission must read the Sunshine Ordinance and complete the Sunshine Ordinance training required by San Francisco Administrative Code Section 67.33.

Please complete this form to certify that you have read the Sunshine Ordinance and fulfilled the Sunshine Ordinance training requirements. You must submit this form within 30 days of the date that you were sworn into office or assumed employment, and annually thereafter by April 1. If you assumed office between October 1 and March 31 and timely filed this form, you are not required to file the annual declaration on April 1 immediately following your assumption of office. For more information visit www.sfethics.org.

VERIFICATION

By signing below, I certify under penalty of perjury that I have read the Sunshine Ordinance and completed the Sunshine Ordinance training course on 2/24/2025.

NAME

Charles Lavery

TYPE OF FILING

Annual

DATE ASSUMED

DEPARTMENT(S)

Workforce Investment Board

TITLE(S)

Member

SIGNATURE

Charles Lavery

DATE COMPLETED AND SIGNED

2/24/2025

Background for TJPA Board appointment.

Charley Lavery is District Representative and Trustee with the International Union of Operating Engineers Local 3, representing Heavy Equipment Operators, Surveyors and Construction Materials Inspectors, as well as Caltrans workers. He worked over 20 years in the field on large Infrastructure projects including the retrofit of the Golden Gate Bridge, BART to SFO, and the New Bay Bridge. He joined the Staff of Local 3 in 2006 and he now directs their San Francisco, San Mateo and Marin operations.

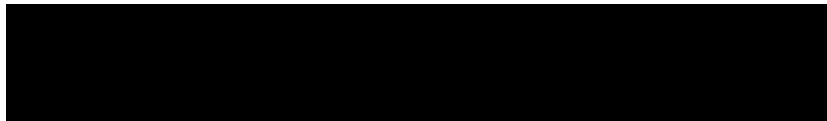
His current position entails negotiating Labor Contracts and PLAs with Local Hire provisions and working with stakeholders to generate high road employment opportunities in San Francisco for over 2000 operating Engineers. Charley has worked with CBOs to recruit over 250 local residents to the OE3 Apprenticeship and has written successful grants for collaborative training programs for underserved communities.

Charley has worked on multiple revenue measures in the infrastructure space including SF Measure B, 2024, SF Measure L, 2022, Measure A (SF Seawall), Measure A.A. (Bay wetlands, SB1 and RM3).

Education;

Harvard Trades Union Program, CCSF, Construction Industry Training Board Certification UK.
Derby College of Art and Technology (UK),

Current Positions:Member, Transbay TJPA Joint Administrative Committee and CAC. MTC Policy Advisory Council, Regional Network Management Council CAG, Workforce Investment Executive Board San Francisco, Executive Board San Mateo Labor Council. Trustee San Mateo Building Trades. Executive Committee San Francisco and San Mateo Labor Councils. Labor and Industrial Relations Program, Stanford University.



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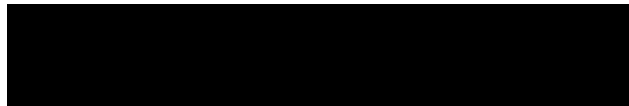
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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LAVERY CHARLES DAVID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TRANSBAY JOINT POWERS AUTHORITY

Division, Board, Department, District, if applicable

Your Position

BOARD 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, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ 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: **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)

828 MAHLAR ROAD, STE B BURLINGAME CA 94010

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(4154) 418 8558

CLAVERY@OE3.ORG

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 **03/07/2025**

(month, day, year)

Signature

[Handwritten Signature]
(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 _____ |
|---|

| | |
|--|--|
| 1. BUSINESS ENTITY OR TRUST | |
| DAHLIA LAVERY THERAPY | |
| Name _____ | |
| 529 IRVING ST. SAN FRANCISCO CA 94122 | |
| Address (Business Address Acceptable) | |
| Check one | |
| <input type="checkbox"/> Trust, go to 2 | <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | |
| MARRAIGE AND FAMILY THERAPY | |
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | _____/_____/24 |
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/24 |
| <input checked="" 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 | |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____ |
| YOUR BUSINESS POSITION <u>SPOUSE IS OWNER</u> | |

| | |
|--|---|
| 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.) | |
| <input type="checkbox"/> None or <input type="checkbox"/> Names listed below | |

| | |
|---|--|
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: | |
| <input type="checkbox"/> INVESTMENT | <input type="checkbox"/> 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 | _____/_____/24 |
| <input type="checkbox"/> \$10,001 - \$100,000 | _____/_____/24 |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | |

| | |
|---|---|
| NATURE OF INTEREST | |
| <input type="checkbox"/> Property Ownership/Deed of Trust | <input type="checkbox"/> Stock <input type="checkbox"/> Partnership |

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Leasehold _____ | <input type="checkbox"/> Other _____ |
| Yrs. remaining | |

| |
|--|
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached |
|--|

| | |
|--|---|
| 1. BUSINESS ENTITY OR TRUST | |
| Name _____ | |
| Address (Business Address Acceptable) | |
| Check one | |
| <input type="checkbox"/> Trust, go to 2 | <input type="checkbox"/> 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 | _____/_____/24 |
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/24 |
| <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 | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> 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.) | |
| <input type="checkbox"/> None or <input type="checkbox"/> Names listed below | |

| | |
|---|--|
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: | |
| <input type="checkbox"/> INVESTMENT | <input type="checkbox"/> 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 | _____/_____/24 |
| <input type="checkbox"/> \$10,001 - \$100,000 | _____/_____/24 |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | |

| | |
|---|---|
| NATURE OF INTEREST | |
| <input type="checkbox"/> Property Ownership/Deed of Trust | <input type="checkbox"/> Stock <input type="checkbox"/> Partnership |

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Leasehold _____ | <input type="checkbox"/> Other _____ |
| Yrs. remaining | |

| |
|--|
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached |
|--|

Comments: _____

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 MTC | |
| ADDRESS (Business Address Acceptable) 375 BEALE ST SAN FRANCISCO | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE TRANSPORTATION COMMISSION | |
| YOUR BUSINESS POSITION POLICY ADVISORY COUNCIL MEMBER | |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only | |
| <input type="checkbox"/> \$500 - \$1,000 | <input checked="" type="checkbox"/> \$1,001 - \$10,000 |
| <input 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 STIPEND AND TRAVEL EXPENSE (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 <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 |
| 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* |
| ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF LENDER |
| 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 |

| | |
|---|---------------------|
| INTEREST RATE | TERM (Months/Years) |
| _____% <input type="checkbox"/> None | _____ |
| SECURITY FOR LOAN | |
| <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| <input type="checkbox"/> Real Property _____ Street address | |
| _____ City | |
| <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> Other _____ (Describe) | |

Comments: _____

BOARD of SUPERVISORS



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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: Transbay Joint Powers Authority

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

John Joseph Doherty

Zip Code: 94945

Occupation: Labor Union Representative

Work Phone: 415-861-5752 Employer: IBEW Local 6

Business Address: 55 Fillmore St, San Francisco CA Zip Code: 94117

Business Email: jdoherty@ibew6.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 ☐ No ☒ If No, place of residence: Novato, CA

18 Years of Age or Older: 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 have extensive experience in construction negotiations, workforce coordination, labor-management dispute resolution, apprenticeship program outreach and recruitment, journey-level and apprenticeship training educational programming, project labor agreements negotiations and administration, and infrastructure prioritization.

As Business Manager of IBEW Local 6 I have successfully prioritized the outreach and recruitment of San Franciscans across all communities. I established the model, first of its kind for a list craft, pre-apprenticeship letter of understanding between the SFJATC and OEWD's CityBuild Academy. I also represent over 850 public sector employees involved primarily in public utility (power generation & delivery, clean water and wastewater), public transit (streetcars, LRVs, and trolleybuses), and air transportation service delivery (high voltage electrical work, security systems, and wide array of electronic systems).

As Vice President of the San Francisco Building Trades, I have helped draft aggressive and attainable workforce standards prioritizing local residents, both journey-level and apprentice-level. Advocated at the local, state and federal levels for financing and prioritization in support of public transit and public infrastructure. Work also includes workforce planning and projections among building trades affiliates for megaprojects such as the reconstruction of the sea-wall and the TDX extension.

Business and/or Professional Experience:

Business Manager - Financial Secretary, IBEW Local 6
Secretary-Treasurer, CA State Association of Electrical Workers
Vice President, San Francisco Building & Construction Trades Council
Executive Board, San Francisco Central Labor Council
Trustee, San Francisco Joint Apprenticeship for the Electrical Industry
State Certified Electrician
Branch Manager, Kinko's Copies

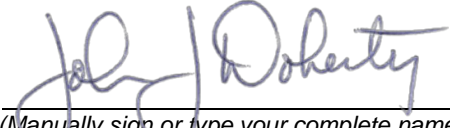
Civic Activities:

San Francisco Workforce Investment Board
Mayor Lee's Construction Workforce Advisory Committee

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: 02/20/2025 Applicant's Signature (required):


(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)

Doherty, John

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

Workforce Investment Board

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, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.☐ Leaving Office: Date Left ____/____/____
(Check one circle below.)☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ 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)

55 Fillmore Street

San Francisco

CA

94117

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(415) 861-5752

jdoherty@ibew6.org

 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 03/03/2025
 (month, day, year)

 Signature John Doherty
 (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 Doherty, John |

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
International Brotherhood of Electrical Workers,
Local Union No. 6

ADDRESS (Business Address Acceptable)
55 Fillmore Street
San Francisco, Ca 94117

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor Union

YOUR BUSINESS POSITION

Business Manager - Financial Secretary

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 TERM (Months/Years)
_____% ☐ None _____

SECURITY FOR LOAN
☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

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)

Lavery, Charles

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

Workforce Investment Board

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 _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)☐ The period covered is January 1, 2024, 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)

828 Mahler Rd. Ste. B

Burlingame

CA

94010

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(415) 418-8558

clavery@oe3.org

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

02/24/2025
(month, day, year)

Signature

Charles Lavery

(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

Lavery, Charles

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dahlia Lavery Therapy

ADDRESS (Business Address Acceptable)

529 Irving Street

San Francisco, CA 94122

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Psychotherapy

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

MTC

ADDRESS (Business Address Acceptable)

375 Beale street

san francisco, ca 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Policy Advisory Council member

 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 Reason for income 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: _____