

**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**  
**INSTRUCTIONS AND APPLICATION**

San Francisco is a diverse City and County with a wide range of people and issues affecting it. In order to take advantage of the extensive experience and knowledge available throughout our communities, various Boards/Commissions/Committees/Task Forces have been established to bring that knowledge together. These groups and their membership requirements are established by legislation approved through the local, state, and/or federal government.

In addition to setting up the purpose and goals of the various groups, the governing legislation outlines the type of person - in terms of desirable skills and/or knowledge - who can contribute their knowledge and perspective. In this manner, a group of San Franciscans, who are representative of the City and County, can be active participants in addressing issues affecting the entire City and County.

If you are interested in serving the City and County of San Francisco, the following procedures are provided:

1. A list of vacancies and expected vacancies, with their qualifications, can be found at the Office of the Clerk of the Board of Supervisors, at the San Francisco Main Public Library, and online on the Board of Supervisors' website (<http://www.sfbos.org/vacancy>). Please review this list for positions of interest.
2. Submit an application ([http://www.sfbos.org/vacancy application](http://www.sfbos.org/vacancy_application))  
*(List all of the appropriate seat number(s) and/or category/categories for which you qualify. We request applications be received ten (10) days before the scheduled hearing.)*

Applicants may also need to submit a Form 700, Statement of Economic Interests (<https://www.fppc.ca.gov/Form700.html>), along with their application for all bodies listed in [Campaign and Governmental Conduct Code, Section 3.1-103\(a\)\(1\)](#).

3. If the seat(s) you are applying for is vacant and requires the Board of Supervisors' confirmation, the Rules Committee may schedule your application for review. Applicants should expect to appear before the Rules Committee to speak on their qualifications and answer questions during a public hearing.  
*(There are no set instructions on what you are expected to present to the Rules Committee; however, a brief description of how your qualifications distinguish you from other applicants, reasons for your interest in the subject, and/or a short summarization on why you would make a good candidate is appropriate.)*
4. The Rules Committee may or may not make a recommendation for appointment. If a recommendation is made by the Rules Committee, the recommendation is forwarded to the Board of Supervisors for approval. It generally takes approximately 15 days from the date the Rules Committee makes their recommendation, for the individual to become officially appointed.
5. Depending on the type of organization, a new appointee may need to take an Oath of Office.

If there are no vacancies, your application will be retained for one year. If any openings occur during this time, your application will be submitted to the Rules Committee for review.

If you have any further questions, please contact the Rules Committee Clerk at (415) 554-5184. If you require detailed information concerning the operations of a particular Board/Commission/Committee/Task Force, please contact the administering department directly.

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

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**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board/Commission/Committee/Task Force: Oversight & Advisory Committee

Seat # (Required - see Vacancy Notice for qualifications): 11

Full Name: Andre Charles Torrey

Zip Code: 94109

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: City/County of San Francisco

Business Address: 1 S. Van Ness Avenue 4th Fl. Zip Code: 94103

Business Email: \_\_\_\_\_ Home Email: actorrey@gmail.com

**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 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 re-applying for this seat to continue my service.

I'm extremely excited to be applying for this advisory role. Given my very diverse personal, professional, and educational backgrounds and experience, I believe that I am uniquely positioned to succeed in supporting this committee. I pride myself in my exceptional interpersonal skills, with a strong ability to unite diverse demographics. As a half black and half white male from lower to middle-income background here in San Francisco, I have navigated and am still overcoming the devastating socioeconomic challenges similar if not identical to the demographics this space will serve/uplift. My history and journey fuels my passionate career of supporting the vulnerable and gives me relevant perspective when it comes to making investment and social intervention decisions. As well, I've spent roughly eight years learning, navigating, and succeeding in the City/County of San Francisco's unique governmental system. Last but certainly not least, I'm from San Francisco and have worked now for nearly 11 years only serving various of it's vulnerable communities. I thank you for the consideration of my candidacy and look forward to discussing with you the exciting opportunities ahead.

**Business and/or Professional Experience:**

Two years of vulnerable youth development work and nearly nine years of equity work within the City and County of San Francisco at three different departments. This work took place in the Mission, Tenderloin, Visitacion Valley, Bayview, Fillmore, SOMA, and several other vulnerable communities.

**Civic Activities:**

Besides my 11 year career in public service for the City and County of SF, I've served on one SF Unified School District advisory board, this same DCYF Committee, and currently serve as a board member of the Discovery Polk Community Benefit District.

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: 9/10/2024

Applicant's Signature (required):

*Andre Torrey*

(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

1656985

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Torrey, Andre			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Planning Department

Your Position

Planner I, II, and III

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☐ State☐ Multi-County \_\_\_\_\_☐ City of \_\_\_\_\_☐ Judge, 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 \_\_\_\_/\_\_\_\_/\_\_\_\_☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_☒ **Leaving Office:** Date Left 04 / 01 / 2023  
(Check one circle)☐ The period covered is January 1, 2022 through the date  
of leaving office.☒ The period covered is 01 / 01 / 2023, through the date  
of leaving office.**4. Schedule Summary (required)**► Total number of pages including this cover page: 1**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)				
49 South Van Ness Avenue Suite 1400		San Francisco	CA	94103
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 628 ) 652-7600		andre.torrey@sfgov.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 09/10/2024  
(month, day, year)Signature Andre Torrey  
(File the originally signed paper statement with your filing official.)

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**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board/Commission/Committee/Task Force: Children, Youth and Their Families Oversight and /

Seat # (Required - see Vacancy Notice for qualifications): 9

Full Name: Jennifer Hand

Zip Code: 94102

Occupation: Community Development Planner

Work Phone: 6286528430 Employer: City and County of San Francisco

Business Address: 1 South Van Ness Avenue Fifth Floor Zip Code: 94103

Business Email: jennifer.hand@sfgov.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: \_\_\_\_\_  
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 would like to occupy Seat 9, as the parent of a two year old child who is enrolled in a City-subsidized program for children 0 - 5. As a parent of a child with complex medical needs, I have nearly two years of personal experience navigating the intersection of medical, school, and social services, and I have learned to be a consumer of these services as well as a parent advocate in these systems for my child.

Additionally, as a member of the LGBTQ+ community who also provided social services, I have extensive personal and professional experience navigating City services for the LGBTQ+ community.

I have been a resident of San Francisco for 14 years, and I have largely lived in the downtown area (Tenderloin, Civic Center, SOMA). As a parent in the downtown area, I am particularly interested in the accessibility of services for families in high-poverty areas as well as for families in the downtown corridors. I also have professional and volunteer experience serving children, youth, and older adults experiencing homelessness.

**Business and/or Professional Experience:**

As a social worker for nearly a decade and a community/workforce development planner for eight years, I have a professional understanding of program planning, design, efficacy, and fund development which informs my understanding of feasibility, as well as whether service delivery challenges occur at the micro, mezzo, or macro level. I hope that I can share my personal and professional knowledge base to support infants, toddlers, children, and their families--especially children and families navigating disability services--in accessing City-subsidized services.

**Civic Activities:**

I serve on the UCSF Family Advisory Council and as a Support for Families KIDS Community Connector. I also served on the Support for Families Advisory Council. I recently raised over \$5,000 for a national advocacy organization for parents and individuals managing complex medical conditions. As an alum of Columbia University School of Social Work, I volunteer as a graduate student mentor and as a social work practicum supervisor. From 2017 - 2021, I served as a co-chair for the San Francisco Planning Department's LGBTQ+ Cultural Heritage Strategy.

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: 8/21/2025

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*

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Hand Jennifer Lynn**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

**Department of Children Youth and Their Families**

Division, Board, Department, District, if applicable

**Oversight and Advisory Committee**

Your Position

**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 **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.

☐ **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: \_\_\_\_\_

**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)

**1455 Market Street, 17B**

**San Francisco**

**CA**

**94102**

DAYTIME TELEPHONE NUMBER

( **415** ) **735-4275**

EMAIL ADDRESS

**hand.jennifer.l@gmail.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 **10/01/2025**  
(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)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name  

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Beer Hall LLC</u>	NAME OF SOURCE OF INCOME  
ADDRESS (Business Address Acceptable) <u>1 Polk Street, San Francisco, CA 94102</u>	ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Employee</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE  
YOUR BUSINESS POSITION <u>Employee</u>	YOUR BUSINESS POSITION  
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	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"/> \$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"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	<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"/> 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"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<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"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  (Describe)
<input type="checkbox"/> Other _____ (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
ADDRESS (Business Address Acceptable)  	TERM (Months/Years)  _____
BUSINESS ACTIVITY, IF ANY, OF LENDER  	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ Street address
<input type="checkbox"/> \$500 - \$1,000	_____ City
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> OVER \$100,000	

Comments: \_\_\_\_\_