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

Homelessness Oversight Commission

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force:	Tomorocomoco o vorongini comininociom
Seat # (Required - see Vacancy Notice for qualification	
Full Name: Erica Moseley	,
	Zip Code: 94105
	Occupation: Senior Clerk/Coordinator
Work Phone:	Employer: City and County of SF/ DPH
Business Address: 755 S.Van Vess San Fran	ancisco CA Zip Code: 94110
Business Email: Erica.moseley@sfdph.org	Home Email:
authority). For certain appointments, the Board of Super	are 18 years of age or older (unless otherwise stated in the code
Pursuant to Mayoral Order, members of boards/commiss person meetings. Covid-19 Vaccinated: Yes ■ No □	ssions are required to be Covid-19 vaccinated and attend in-
	now your qualifications represent the communities of interest, e, sex, sexual orientation, gender identity, types of disabilities, ity and County of San Francisco:
in advocacy on behalf of, persons experiencing homelessness continued for 18 years, living under bridges, in congregate homelessness was the direct result of a broken system that fathers raising daughters. Today I am a Lived Experience Ad Trapped in the Homeless Hustle, and recognized internation field. On September 17,2025, I will be speaking with Nancy I	

LGBTQ+youth, ex-tech workers etc.If appointed to seat 6, I will advocate for changes that address these issues, my goal is to strengthen collaborations across agencies, improved outcomes for unhoused residents, and position San Francisco as the

number one city in the world for elevating lived experience leardership in homelessness solutions.

before during and after the pandemic. I believe San Francisco can and should be a national leader in this work the city should include lived experienced voices in it's reports, elevate people with firsthand knowledge to policy-making roles, host of the kind of conferences that centers lived experience as the standard for innovation. I am deeply familiar with San Francisco's homeless response system and their challenges. These include a storage of permanent supportive housing, long waiting lists in Coordinated Entry Systems, insufficient mental health and substance use resources, fragmented coordination among city agencies and non profit provides, and persistent barriers for nontraditional families such as fathers raising children,

Business and/or Professional Experience:
Global Lived Experience Advocate verified on Google, attending conferences around the world. National Alliance of to End Homelessness Advocate and speaker and coordinator, schedule to speak on Capital Hill Day Sep 17,2025 regrading permanent housing, subsidies and Medicaid access. Author of Trapped in the homeless hustle, internationally recognized on Google; book currently available in 15 districts across San Franciso. Conducts educational tours at the SF libraries and across the city to raise awareness about homelesness and systemic challenges. Case Manager and Out-reach Manager at Catholic Charities, Lived Experience Advocate and Fundraider at Hamiilton Learning and Developement work at Glide. Coordinator and Clerk at City and County of SF DPH. Permanent Fundraider experience for homelessness programs. Uber speaker to end Homeless, Salesforce.org speaker to end homelessness. Meta(facebook) Full Cycle Machine Learning Recruiter & Onboarding
Civic Activities:
Civil and Community Enagement: Volunteer and Mentor with Larkin Street Youth Services, Homeless Prenatal Program, Glide, Saint Anthony, Third Baptist Church, Zion Church and Tipping point. Partnered with Hamilton, Homeless prenatal. Salesforce, national alliance of homelessness, LB libraries to organized neighborhood outreach, mentorship programs and resources drives. Host workshops and panels with Glide Foundaion and Bay Area Community Resources connecting lived experience to policy solutions, Advocated nationally at Capital Hill Day, providing recommedations on homelessness policy and resources allocation.
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: 9/12/25 Applicant's Signature (required): Erica Moseley
Date: 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.)
<u>Please Note</u> : Your application will be retained for one year. Once completed, this form, including all attachments, become public record.
FOR OFFICE USE ONLY:

(3/2/2022) Page 2 of 2

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

FAIR POLITICAL PRACTICES COMMISSION		COVER PAGE JBLIC DOCUMENT	
Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	

MOSELEY	ERICA		MARIE	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) CITY AND COUNTY OF	SAN FRANCISC	O		
Division, Board, Department, District, if applicable	le	Your Position		
HOMELESSNESS OVERSIG	HT COMMISSION	SEAT 6 B	OS	
▶ If filing for multiple positions, list below or or	an attachment. (Do not use	acronyms)		
Agency:		Position: SEA	T HOLDE	R
2. Jurisdiction of Office (Check at least	one box)			
State		Judge, Retired Ju (Statewide Jurisdi		lge, or Court Commissioner
Multi-County CITY AND COUNTY OF	SAN FRANCISCO	County of		
☐ City of SAN FRANCISCO				
3. Type of Statement (Check at least on	e box)			
Annual: The period covered is January 1 December 31, 2024.		Leaving Office:	Date Left(Check one circ	.// cle below.)
The period covered is/ December 31, 2024.	, through	☐ The period of leaving office -or-		1, 2024, through the date of
Assuming Office: Date assumed				, through
Candidate: Date of Election 2025	and office sought,	if different than Part 1:		
4. Schedule Summary (required) Schedules attached	► Total number	of pages including t	his cover pag	e: <u>3</u>
Schedule A-1 - Investments - schedule	attached	,	•	Positions – schedule attached
Schedule A-2 - Investments – schedule		Schedule F - Income -		attached ments – schedule attached
Schedule B - Real Property – schedule	allacried	Gonedale E - moome	Omo Haverray	ments soriodale attached
-or- ✓ None - No reportable interests	on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docur	CITY nent)		STATE	ZIP CODE
855 BRANNAN ST	•	RANCISCO	CA	94103
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(415) 310-6982 I have used all reasonable diligence in preparing	this statement. I have review	ERICAMOSELEY108	_	
herein and in any attached schedules is true a			alo bost of filly KIIO	moago tilo ililoimation contained
I certify under penalty of perjury under the	aws of the State of Californ	ia that the foregoing is t	rue and correct.	
Date Signed 9/12/2025	e:	gnature		
(month, day, year)		·	ginally signed paper state	ment with your filing official.)

BOARD of SUPERVISORS



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Tel. No. (415) 554-5184
Fax No. (415) 554-5163
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Application for Boards, Commissions, Committees, & Task Forces

		Zip Code: 94102
		Occupation: Business Consultant
Work Phone:		Self-Employed
		Zip Code:
Business Email: reyjavie	er@mac.com	Home Email:
		o, place of residence:
neighborhoods, and the diver	es ■ No □ 4.101(a)(1), please state rsity in ethnicity, race, ag	how your qualifications represent the communities of intege, sex, sexual orientation, gender identity, types of disabili
Pursuant to Charter, Section neighborhoods, and the diverse and any other relevant demo	4.101(a)(1), please state resity in ethnicity, race, aggraphic qualities of the Crtunity to apply for a	how your qualifications represent the communities of intege, sex, sexual orientation, gender identity, types of disabilicity and County of San Francisco: seat with the Homelessness Oversight avier, a housing advocate and resident of District.

Business and/or Professional Experience:	
Prior to my work at SHELTER, Inc., I served the City and Coufor the Mayor's Office of Housing, responsible for the administration programs, as well as down payment assistance loan program 2017. I served under Myrna Melgar, now supervisor for Distri Commissioner of the San Francisco Housing Authority.	stration of the Inclusionary housing as for first-time homebuyers, from 2008 to
During my tenure at the Mayor's Office of Housing, I worked non-profits that offered asset building, credit counseling and I Franciscans to apply and enter the affordable housing rental Mayor's Office of Housing, I had the opportunity to work with	housing education to help guide San and homeownership programs. At the
Civia Astivition	
Civic Activities: I have also served the Consumer Credit Counseling Service of Housing Supervisor, responsible for managing people and prodealing with budgeting, savings, credit, subsidized and afford Consumer Credit Counseling Service, my team and I were all Franciscan's avoid foreclosures and tenant evictions.	ograms that delivered public education able housing. During my time at
As a first-generation immigrant to the United States, and becknow the importance of being involved with the community arwith the Filipino-American, API and LGBTQ communities. I please to maybe granted to me in a Commission or Board postechnical assistance and guidance when needed.	nd local government efforts. I am engaged lan to become even more active with any
Being a tenant, living in the City, I strive to contribute to the p and there is so much more work to do.	rogress and efforts the City and County -
Have you attended any meetings of the body to which you are apply	ring? Yes ■ No □
An appearance before the Rules Committee may be required at a scheduled considering the recommended appointment. Applications should be received nearing.	· · · · · · · · · · · · · · · · · · ·
Date: 07/25/2025 Applicant's Signature (required):	Rey Javier Ianually sign or type your complete name.
No	OTE: By typing your complete name, you are ereby consenting to use of electronic signature.)
Please Note: Your application will be retained for one year. Once complete public record.	ed, this form, including all attachments, become
FOR OFFICE USE ONLY:	
Appointed to Seat #: Term Expires:	Date Vacated:

(4/5/2023) Page 2 of 2

Rey Emmanuel Javier



Management professional with over a decade of successful work experience in the areas of social service for non-profits and local government, customer service, business operations, program and project management. Licensed Real Estate Salesperson and Notary Public for the State of California.

WORK HISTORY:

Business Consultant

Self Employed - Bay Area, CA

May 2020 - Present

Successfully partnered with small business owners to increase profits and efficiencies. Study, create and document policies to improve procedures affecting HR, operations, finance and customer service care, administrative functions, advertising and marketing.

Trained the trainer. Team member recruitment and retention. Co-authored grant request for \$100K, awarded by the California Department of Social Services for facilities capital improvements. Co-authored COVID-19 relief grant requests from State grant program. Established process for collections of delinquent revenue with over 75% success rate.

Housing Manager

Shelter, Inc. - Concord, CA

December 2017 – April 2020

Manage a team of five staff members responsible for guiding unhoused clients and those at risk of homelessness to housing, resources, education, employment and self-sufficiency. Build business relationships to acquire and retain housing providers.

Effectively managed client care and program eligibility verification. Negotiation of rent and leases. Housing placements for over 250 households annually, surpassing targets by over 25%; vendor management; created operations policies and procedures to meet community and agency goals resulting to over 25% capacity improvement. Managed and analyzed agency's programmatic needs; negotiation of rental lease contracts, analysis of rent comparable; title verification; monitored landlord's adherence to fair housing. Adherence to Health Insurance Portability and Accountability Act (HIPPA) and all health care privacy regulations, Harm Reduction and compliance with Americans with Disabilities Act (ADA) standards. Performed Habitability Quality Standards inspections.

Directly managed Esperanza Program, a California Office of Emergency Services grant, in partnership with the Family Justice Center and Stand Against Domestic Violence organizations which provide direct services to victims of domestic violence.

Successfully managed relations with clients, non-profit organizations, local government resources and housing providers to support agency core programs including Continuum of Care transitional and permanent housing placement; CalWorks; Veterans Affairs

Housing Programs; Emergency Services Grant; Contra Costa County Mental Health System, Housing and Urban Development (HUD) programs; Assembly Bill-109 for reentry funded efforts; recipients of Housing Choice Voucher Program.

Co-managed SHELTER, Inc.'s low-income and affordable housing sites, including leasing of HUD, HOME and Tax Credit based properties.

Program Officer

City and County of San Francisco, CA

March 2008 - March 2017

Managed the operations process for the City and County of San Francisco's housing programs with a portfolio of over 1,500 housing units. Directly responsible for implementation of program policies and processes, including public outreach, marketing of programs; applicant eligibility review, tenant certification, audit; mortgage loan and credit worthiness review; underwriting and loan documentation for escrow transactions of over \$20M annually, producing approximately 150 housing units every year dedicated to low and moderate income households. Supervision of workflow for junior staff members.

Managed the application approval process; review, analysis underwriting and funding of Down Payment Assistance Loan Program with over \$2M budget. Author of the City's grant application for California Housing and Community Development (HCD) CalHome Mortgage Assistance loan program with combined grant awards total of over \$2M funds for down payment assistance loans to low-income first-time homebuyers.

Program Supervisor

Consumer Credit Counseling Service, SF, CA October 2006 - March 2008 Management of non-profit business department and supervision of fourteen member staff; hiring, training and employee retention. Community outreach and public education.

Responsible for program management and partner relations. Implemented process improvements and developed efficiency models and tools to maximize workflow.

Educate consumers about affordable housing programs, first-time homebuyer programs; fair housing; pre-purchase and post-purchase education. Early delinquency and foreclosure prevention, loss mitigation process; understanding the credit and mortgage process, debt management plans and credit report reviews.

EDUCATION:

Business Administration Notary Public Certificate Real Estate
University of St Tomas National Notary Association, Kaplan Real Estate School

Manila, Philippines Chatsworth, CA Ft. Lauderdale, FL

AWARDS: Recipient of Senator Dianne Feinstein Commendation for Community Service. Recipient of Tipping Point Community Fellowship for Emerging Leaders Program. Recipient of certificates from HUD and NeighborWorks.

REFERENCES: Furnished upon request.



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **JAVIER REY EMMANUEL** 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: _ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of SAN FRANCISCO Multi-County City of SAN FRANCISCO Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____ (Check one circle below.) December 31, 2024. -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. -or-The period covered is ___ Assuming Office: Date assumed _____/____ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 1390 MARKET STREET, APT 2027 SAN FRANCISCO CA 94102 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415) 887-8901 REYJAVIER@MAC.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 07/25/2025 Signature ally signed paper statement with your filing official.) (month, day, year)

BOARD of SUPERVISORS



City Hall

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Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force	Homeless Oversight Commission
Seat # (Required - see Vacancy Notice for qualificat	
Full Name: Thomas James Rocca	
Tuli Name.	Zip Code: 94116
	Real Estate Investor /Operator
415-729-1701 Work Phone	Castenada Investments, Inc.
88 Perry Street #800 san F	Francisco, CA Zip Code: 94107
Business Email:trocca@7hp.com	Home Email:
residents of the City and County of San Francisco who authority). For certain appointments, the Board of Su	Commissions established by the Charter must consist of o are 18 years of age or older (unless otherwise stated in the code pervisors may waive the residency requirement.
18 Years of Age or Older: Yes ☑ No ☐	
	e how your qualifications represent the communities of interest, ge, sex, sexual orientation, gender identity, types of disabilities, City and County of San Francisco:
Born and Raised in San Francisco of Mexica Adult children I am 64 years old. I was homeless in 1986 in Washoe County I am a recovering Alcoholic and Drug Addic Anonymous. Since 1996 I have been the Owner/Operat located in the south of Market Neighborhood people. We have and continue to work with	can and Italian descent I am a Married Male with 3 Nevada ct. I am an active member of Alcoholics for of Yerba Buena Commons, a 257 SRO project od, Which is 100% affordable to Very Low Income

I am the CEO and Managing Partner of two Real Estate companies based in San Francisco, Seven Hills Properties and YBC Management II, LP We have developed and financed over \$500 million of Real Estate Projects. I continue to own and manage the Real Estate that we have developed which includes over 500 units of 100% affordable housing projects in San Francisco and San Jose. I am the current CEO and former CFO of a medical device company, IV Access Technologies. I am a current Board Member and Chairman of the Audit Committee of an Israeli software company, ASOCS, LTD. I am a Board Member of Teom a US based AI startup
Civic Activities:
I currently am a member and participate in the Yerba Buena Alliance. I was a board member of the Forest Hills Association for three years serving as President from April 2020 to April 2022. I was previously a Board Member of Meals on Wheels for 3 years i was a member of the board of Youth SF for 4 years
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: 314 1, 2015 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:

Business and/or Professional Experience:

July 1, 2025

Rules Committee

San Francisco Board of Supervisors

To Whom It May Concern,

I am writing to express my interest in serving on the Homeless Oversight Commission, established through the passage of Proposition C. I believe my personal experiences, professional background, and ongoing community involvement make me a strong candidate for this important role.

I meet several of the qualifications outlined for the Mayor's appointee seats on the Commission:

- 1. **Lived Experience**: In 1986, I personally experienced homelessness while living in the Reno-Tahoe area. This experience has given me a deep understanding of the challenges faced by unhoused individuals.
- 2. **Recovery and Service**: I have been clean and sober for the past 34 years and remain an active member of Alcoholics Anonymous. Through this program, I have supported numerous individuals in their journey toward sobriety.
- 3. **Community Engagement**: I am an active member of the Yerba Buena Alliance and previously served on the board of the Forest Hills Association, including two years as President (April 2020 April 2022).
- 4. **Affordable Housing Development**: I developed and currently own Yerba Buena Commons, a 257-unit Single Room Occupancy (SRO) project that collaborates with HUD and the VA's VASH program to provide housing for formerly homeless individuals.

In addition to these qualifications, I bring extensive professional experience:

- I am the CEO and Managing partner of two San Francisco-based real estate companies, Seven Hills Properties and YBC Development II. LP, which have developed and financed over \$500 million in real estate projects over the past 34 years. Our portfolio includes more than 500 units of affordable housing in San Francisco and San Jose; all subject to rigorous audit requirements from investors and HUD.
- I also serve as the CEO and former CFO of IV Access Technologies, a medical device company.
- Furthermore, I am a board member and Chairman of the Audit Committee for ASOCS, Ltd., an Israeli software company.

I also meet two of the qualifications for the Board of Supervisors' appointee seats:

- 1. **Lived Experience**: My personal experience with homelessness in 1986.
- 2. **Housing Provider**: My ownership and operation of a 257-unit SRO that actively partners with the VA VASH program and HUD to house formerly homeless individuals.

Thank you for considering my application. I am committed to serving the City of San Francisco and contributing meaningfully to the work of the Homeless Oversight Commission.

Sincerely,

Thomas Rocca



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Rocca		Thomas	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		
City and County of San Fra	ncisco		
Division, Board, Department, District,	f applicable	Your Position	
Homeless Oversight Comm	ssion	Commissioner	_
► If filing for multiple positions, list be	elow or on an attachment. (Do	o not use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Chec	k at least one box)		
State	,	Judge, Retired Judge (Statewide Jurisdicti	ge, Pro Tem Judge, or Court Commissioner ion)
Multi-County		County of	Francisco
City of			
3. Type of Statement (Check at		li Hamed	
Annual: The period covered is a December 31, 2024.	•	Leaving Office: [Date Left/
-or-		rough	vered is January 1, 2024, through the date of
Assuming Office: Date assume	ed	-or- ☐ The period cover the date of lea	vered is/, through
Candidate: Date of Election —	and office s		
4. Schedule Summary (requi	red) ▶ <i>Total n</i>	umber of pages including th	is cover page:
Schedules attached			
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Lo.	ans, & Business Positions – schedule attached
Schedule A-2 - Investments		Schedule D - Income - G	
Schedule B - Real Property	- schedule attached	Schedule E - Income – G	Gifts - Travel Payments - schedule attached
-or-			
	interests on any schedule	}	
5. Verification		AUTU	OTATE TIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	CITY	STATE ZIP CODE
88 Perry Street STE 800		San Francisco	CA
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(415) 7291701		trocca@7hp.com	a host of any linearised as the information contained
herein and in any attached schedules			e best of my knowledge the information contained
I certify under penalty of perjury u	nder the laws of the State of	California that the foregoing is tru	ue and correct.
Date Signed July	2025	Signature	2
(month, da)	year)	(File the origin	nally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



Name

Tom Rocca

* Select from drop down list

<BLUE> is a required field

1. Business Entity or Trust (For reporting a trus	st, enter the nar	me then skip to	box 2.)		2. Gross Income Received					•	Business Entity interest.)
NAME AND ADDRESS OF BUSINESS ENTITY OR TRUST (Business Address Acceptable) (If Trust, go to 2)	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/yyyy)	A NATURE OF INVESTMENT OF (if "other," describe)*	YOUR BUSINESS POSITION	INCLUDE YOUR PRO RATA SHARE OF GROSS INCOME TO ENTITY/TRUST	LIST SINGLE SOURCES OF INCOME OF	INVESTMENT- BUSINESS ENTITY/NAME, AND BUSINESS ACTIVITY	REAL PROPERTY- LIST PRECISE LOCATION OF REAL PROPERTY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/yyyy)	A NATURE OF OF INTEREST OF (if "other," describe)*
Lavabiancheria, 88 Perry Street	Laundry	\$100,001 -		Consulting	LLC Member	\$10,001-	None					
		\$1,000,000		Income		\$100,000						
Pinnacle Properties, 3115 Vicente	Real Estate	\$10,001 -		Consulting	Consultant &	\$10,001-	l					
Street		\$100,000		Income	Shareholder	\$100,000	None					
Junipero Serra Associates, 301 Junipero Serra Blvd., #204	Real Estate	Over \$1,000,000		Member Income	LLC Member	\$10,001- \$100,000	PopPack, LLC; Chicago Title; Russian School of Mathematics; Terence Redmond; Biddle Shaw Insurance; State of California Contractors Board; Farmers Insurance; CCD Law Group; AR Sanchez-Corea & Associates	139-301 Junipero Serra Blvd.	139-301 Junipero Serra Blvd.	\$1,000,000		Ownership/Deed of Trust
The Tom Rocca and Kari Rocca Revocable Trust	Trust	Over \$1,000,000		Trust Income	Beneficiary	Over \$100,000	None					
							None	Seven Hills Capital Partners, LLC		\$10,001 - \$100,000		Ownership/Deed of Trust
							None	Seven Hills Development Management, LLC		\$10,001 - \$100,000		Ownership/Deed of Trust
							None	Perry Street Investments, LLC		\$100,001 - \$1,000,000		Ownership/Deed of Trust

						None	Third and Harrison, LLC		Over \$1,000,000	Owne of Tru	ership/Deed
						None	YBC Development	Verha Ruena	51,000,000 Over	Owne	rship/Deed
						INOTIC	II, LP	Commons, 88	\$1,000,000	of Tru	
							II, LF	Perry Street, 671	\$1,000,000	OI IIu	SI
								Harrison Street,			
								401 3rd Street			
Castenada Investments, 88 Perry Street	Real Estate	Over \$1,000,000	Sole Owner	CEO	Over \$100,000	None	SHP LLC	401 3m Street	\$100,001 - \$1,000,000	Owne of Tru	ership/Deed
Officer		ψ1,000,000				Sophia's Beauty	SHP 15 LLC	3032 Mission St.,	Over	Owne	rship/Deed
						Lounge;		Unit G-100; 3038		of Tru	
						Oportun;		Mission St., Unit	, ,,		
						Sanchez &		G-101; 3420			
						Trujillo		Cesar Chavez,			
						Asociados		Units G-103 &			
								104			
						None	SFUMATO, Inc.		\$10,001 - \$100,000	Owne of Tru	ership/Deed
						None	Ventura West		Over	Owne	rship/Deed
							Ventures, LLC		\$1,000,000	of Tru	
Yerba Buena Commons	Real Estate	Over	Rental Incon	ne CEO	\$0-\$499	Veteran's Affairs	,				
Associates, 88 Perry Street		\$1,000,000				Verizon (Cell					
						Tower); AT&T					
						(Cell Tower);					
						Outfron Media					
						(Billboard)					
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Cell: A3

Note: After completion, ensure that there are no blue fields on this schedule. If so, you must complete that cell.

Cell: A8

Note: Disclose the name and address of the business entity or trust.

Cell: B8

Note: Provide a general description of the business activity of the entity (for example, pharmaceuticals, computers, automobile manufacturing, or communications).

Cell: C8

Note: Select 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.

Cell: D8

Note: If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.

Cell: E8

Note: Indicate whether you acquired or disposed of the business entity or trust by showing "A" if acquired, or "D" if disposed.

Cell: F8

Note: Identify the nature of your investment (for example, stocks, warrants, options, or bonds).

Cell: G8

Note: Disclose your job title or business position held with the entity, (for example, if you were a director, officer, partner, trustee, employee, or held any position of management).

Cell: H8

Note: Select 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.

Cell: 18

Note: Disclose the name of each reportable source of income from which your pro rata share is \$10,000 or more. (See Schedule A-2 Instructions for more information.)

Cell: J8

Note: Report any investments or interests in real property held by the business 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.

FPPC Form 700 - Schedule A-2x (2024/2025)

Cell: K8

Note: If real property, report the address or other precise location (for example, an assessor's parcel number).

Cell: L8

Note: Select the highest fair market value of your 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.)

Cell: M8

Note: If you initially acquired or entirely disposed of this investment or interest in real property during the reporting period, enter the date acquired or disposed.

Cell: N8

Note: Indicate whether you acquired or disposed of the business entity or interest in real property by showing "A" if acquired, or "D" if disposed.

Cell: 08

Note: Select the nature of your interest. If you select "Leasehold" you must also type the years remaining on the lease.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.



<BLUE> is a required field

Chemistry				NATURE OF INVESTMENT	IF APPLICABLE, LIST DATE
### ACCURED SECURIAL STOCK \$100.001 - \$1.000.000 \$100.000 ### ACCURED SECURIAL STOCK \$100.001 - \$100.000 \$100.000 ### ACCURED SECURIAL STOCK \$100.001 - \$1.000.000 \$100.000 ### ACCURED SECURIAL STOCK \$100.001 - \$100.000 \$100.000 ### ACCURED SECURIAL STOCK \$100.000 \$100.000 #### ACCURED SECURIAL STOCK \$100.000	NAME OF BUSINESS ENTITY			(Select from drop down list.	(mm/dd/yyyy)
	hahat	Tochnology			ACQUIRED DISPOSED
Finance \$10,001 - \$100,000 Stock					
Petenol Corporation					
birthire Hathaway Conglomerate \$100,001 - \$1,000,000 Stock bot Barn Holdings Retail \$10,001 - \$100,000 Stock arvana E-Commerce \$10,001 - \$100,000 Stock atterpillar Manufacturing \$100,001 - \$100,000 Stock oudflare Technology \$10,001 - \$100,000 Stock stoco Retail \$10,001 - \$100,000 Stock stoco Retail \$10,001 - \$100,000 Stock storeark Software Technology \$10,001 - \$100,000 Stock LiUly Pharmaceuticals \$10,001 - \$100,000 Stock lutilly Pharmaceuticals \$10,001 - \$100,000 Stock stester Research Systems Finance \$10,001 - \$100,000 Stock riderated Hermes Finance \$10,001 - \$100,000 Stock rid Dynamics Technology \$10,001 - \$100,000 Stock rid Dynamics Technology \$10,001 - \$100,000 Stock rorules Capital Finance \$10,001 - \$100,000 Stock					
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Stock					
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Severage \$10,001 - \$100,000 Stock	ostco	Retail	\$100,001 - \$1,000,000	Stock	
Lilly	yberark Software	Technology	\$10,001 - \$100,000	Stock	
Entropy Entr	utch Bros	Beverage	\$10,001 - \$100,000	Stock	
Finance \$10,001 - \$100,000 Stock	li Lilly	Pharmaceuticals	\$100,001 - \$1,000,000	Stock	
Stock Stoc	actset Research Systems	Finance	\$10,001 - \$100,000	Stock	
Manufacturing \$10,001 - \$100,000 Stock		Finance		Stock	
Technology					
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	igital Realty Trust	Real Estate	\$10,001 - \$100,000	Stock	
xtra Space Storage Real Estate \$10,001 - \$100,000 Stock		Technology			
	xtra Space Storage	Real Estate	\$10,001 - \$100,000	Stock	

•

Cell: A7

Note: After completion, ensure that there are no blue fields on this schedule. If so, you must complete that cell.

Cell: A9

Note: Disclose the name of the business entity.

Cell: B9

Note: Provide a general description of the business activity of the entity (for example, pharmaceuticals, computers, automobile manufacturing, or communications).

Cell: C9

Note: Select 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.

Cell: D9

Note: Identify the nature of your investment (for example, stocks, warrants, options, or bonds).

Cell: E9

Note: If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.

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 (HOC)
6
ons):
Vanessa Castro
Zip Code: 94102
Family Resouce Coordinator
La Raza Community Resource Center
Zip Code:
Home Email: _
ervisors may waive the residency requirement. o, place of residence:
how your qualifications represent the communities of interest, e, sex, sexual orientation, gender identity, types of disabilities, lity and County of San Francisco:
ommunities of San Francisco - specifically the ty that would become the canvas for my life's work dly influenced my vocation: my mother, a war asonal rhythm of farm work. This unique heritage, Sanctuary movement of San Francisco in the realms of non-profit and public health. My as commitment to advocating for and serving gnificant expertise in direct service delivery, nating holistic, wraparound care for those most in
C eap No

Business and/or Professional Experience:
My professional trajectory is defined by a deep engagement with diverse San Francisco organizations. From my foundational work at Horizons Unlimited as a teenager and my time at the Good Samaritan Family Resource Center during college, I have consistently pursued roles dedicated to community well-being. Within the public health sector, I was instrumental in supporting clients and improving accessibility at both the Mission Neighborhood Health Center and the Women's Community Clinic. My advocacy extends to my practice as a Doula, where I have provided essential labor support during numerous hospital births throughout the city, maintaining a firm commitment to pro-bono care when needed. Today, I leverage this extensive background as the Family Resources Coordinator at La Raza Community Resource Center, offering vital support to families facing persistent housing instability.
Civic Activities:
My commitment to community empowerment is demonstrated by my active involvement in grassroots movements and direct care. I passionately supported organizations like PODER in their advocacy for the establishment of In Chan Kaajal Park, a vital community space. Furthermore, I served as a Community Doula through Sisterweb, where I provided essential, compassionate birth support to unhoused and working-class mothers throughout San Francisco. My dedication to health accessibility was further solidified through my volunteer work with Clínica Martin-Baró, a crucial free clinic serving the Mission and Bernal Heights districts.
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.
Vinia Ramos-Castro aka Vanessa Castro 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 bublic record. FOR OFFICE USE ONLY:
Annointed to Seat #· Term Expires· Date Vacated·

(4/5/2023) Page 2 of 2



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ramos-Castro	Vinia		Banesa
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Division, Board, Department, District, if applicable	e	Your Position	
Homelessness Oversight Commission		Commissioner	
▶ If filing for multiple positions, list below or on	an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
State		Judge, Retired Judge, (Statewide Jurisdiction)	Pro Tem Judge, or Court Commissioner
Multi-County		County of	
■ City of San Francisco			
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2024.	2024, through		e Left/
The period covered is/ December 31, 2024.	/, through	The period covered leaving office.	d is January 1, 2024, through the date of
Assuming Office: Date assumed/_			d is/, through office.
Candidate: Date of Election	and office sought,	if different than Part 1:	
Schedule Summary (required) Schedules attached	► Total number	of pages including this o	cover page: 3
Schedule A-1 - Investments – schedule a	ttached	Schedule C - Income, Loans,	& Business Positions - schedule attached
Schedule A-2 - Investments – schedule a		Schedule D - Income - Gifts -	
Schedule B - Real Property – schedule a	ttached	Schedule E - Income – Gitts –	- Travel Payments - schedule attached
-or- None - No reportable interests of	n any schedule		
. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY	ST	TATE ZIP CODE
235 Oak Street #5	San Fra	ancisco C/	A 94102
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(415) 312-6981 I have used all reasonable diligence in preparing to	nis statement. I have review	vinia.rc@gmail.com ved this statement and to the bes	st of my knowledge the information contained
herein and in any attached schedules is true and I certify under penalty of perjury under the law	complete. I acknowledge to	his is a public document.	
Date Signed 10/09/2025		nature (
(month, day, year)		(File the originally sig	ned 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 FAIR POLITICAL PRACTICES	
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Principal Investments	White of Bookess ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$7000	SENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT IRA	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000
20 8 8 6 70000 800000000000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24/ /24	/ (24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /24 / /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
omments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

A STATE OF THE STA	IISSION
Name	

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
La Raza Community Resource Center	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
474 Valencia Street #100 SF,CA 94103	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Family Resources Coordinator	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
0	d consequents
Comments:	