060600029-NFH-00	029
------------------	-----

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received		
Filing Official Use Only		

E-Filed 11/29/2021 11:29:15 Filing ID: 201377563

Agency Name (Do not use acronyms)         City and County of San Francisco         Division, Board, Department, District, if applicable       Your Position         Public Utilities Commission       General Manager         I filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency Manager         Agency.       Position:         2. Jurisdiction of Office (Check at least one box)       State         State       Ustawde Jurisdiction)         Multi-County       X County of San Francisco         Z City of San Francisco       Other         3. Type of Statement (Check at least one box)       Check one circle)         or       Or         The period covered is January 1, 2020 through       Leaving Office: Date Left         December 31, 2020       Other         or       The period covered is January 1, 2020 through         December 31, 2020       Other         * Assuming Office: Date assumed       11 / 01 / 2021         or       The period covered is	Please type or print in ink.		Filing ID: 201377563
1. Office, Agency, or Court         Agency Name (Do not use acronyms)         City and County of Sam Francisco         Division, Board, Department, District, if applicable         Your Position         Public Utilities Commission         Agency.         Position         Public Utilities Commission         General Manager         If fling for multiple positions, list below or on an attachment. (Do not use acronyms)         Agency.       Position:         2. Jurisdiction of Office (Check at least one box)       Judge, Ratind Judge, Pro Tem Judge, or Court Commissioner         State       Judge, Ratind Judge, Pro Tem Judge, or Court Commissioner         (Statewide Jurisdiction)       Image: Provide Judge, Pro Tem Judge, or Court Commissioner         (State       Judge, Ratind Judge, Pro Tem Judge, or Court Commissioner         (State       Judge, Ratind Judge, Pro Tem Judge, or Court Commissioner         (State       Gounty of Sam Francisco         © Check one check       (Check one check)         Ofter       County of Sam Francisco         (Check one check)       (Check one check)         Check of Sam Brancisco       (Check one check)         (Check one check)       (Check one check)         (Check one check)       (Check one check)         (Check one che	NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Agency Name       (Do not use acronyms)         Citry and County of San Francisco         Division, Board, Department, Distric, if applicable       Your Position         Public trillites       General Manager         I filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Judge, Refered Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       Example County of San Francisco       Other         3. Type of Statement (Check at least one box)       Check at least one box)       Check one circle)         Multi-County       Example Covered is January 1, 2020 through December 31, 2020       The period covered is January 1, 2020 through December 31, 2020         off       The period covered is January 1, 2020 through December 31, 2020       The period covered is January 1, 2020 through December 31, 2020         of       The period covered is January 1, 2020 through December 31, 2020       The period covered is January 1, 2020 through December 31, 2020         of       The period covered is January 1, 2020 through December 31, 2020       The period covered is January 1, 2020 through December 31, 2020         of       The period covered is Sanuary 1, 2020 through December 31, 2020       The period covered is January 1, 2020 through December 31, 2020         Schedule A1 - Investme	Herrera, Dennis Jose		
City and County of San Prancisco         Division, Board, Department, District, if applicable       Your Position         Public Utilities Commission       General Manager         > 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)       Division         State       Judge, Retired Judge, Pro Tem Judge, or Court Commissioner         (Distervide Junisdiction)       State         Multi-County       State         City of San Prancisco       Other         3. Type of Statement (Check at least one box)       Earving Office: Date Left         * Or Previod covered is January 1, 2020 through       Leaving Office: Date Left         * Or The period covered is January 1, 2020 through       The period covered is January 1, 2020 through the date of leaving office.         * Assuming Office: Date assumed	1. Office, Agency, or Court		
Division, Board, Department, District, if applicable       Your Position         Public Ttilities Commission       General Manager         If filing for multiple positions. list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Judge, Retired Judge, Pro Tem Judge, or Court Commissioner         (State wide Jurisdiction)       Multi-County         Bate       Judge, Retired Judge, Pro Tem Judge, or Court Commissioner         (State wide Jurisdiction)       Multi-County         Bate       Judge, Retired Judge, Pro Tem Judge, or Court Commissioner         (State wide Jurisdiction)       Multi-County         Bate       Other         3. Type of Statement (Check at least one box)       Other         Period covered is January 1, 2020 through       Leaving Office: Date Left         December 31, 2020       The period covered is January 1, 2020 through         Or The period covered is January 1, 2020       The period covered is January 1, 2020 through the date of leaving office.         Candidate:Date of Election       and office sought, if different than Part 1:         4. Schedule State of Election       and office sought, if different than Part 1:         5. Schedule Stateched       Schedule A1 - Investments - schedule attached         Schedule State of California	Agency Name (Do not use acronyms)		
Public Utilities Commission       General Manager         > If fling for multiple positions, list below or on an attachment. (Do not use acronyms)         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Didde, Retired Judge, Pro Tem Judge, or Court Commissioner         State       Distance         Base       County of San Francisco         City of San Francisco       Other         3. Type of Statement (Check at least one box)       December 31, 2020         December 31, 2020       Check one circle)         Or       The period covered is January 1, 2020 through       Check one circle)         December 31, 2020       The period covered is January 1, 2020 through       Check one circle)         Or       The period covered is	City and County of San Francisco		
	Division, Board, Department, District, if applicable	Your Position	
Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statework Jurisdiction)         Multi-County       Schedule Arranciseco         Solve of Statement (Check at least one box)       Other         Annual: The period covered is January 1, 2020 through       Leaving Office: Date Left         December 31, 2020       Other         *Or       The period covered is January 1, 2020 through         December 31, 2020       Other         *Or       The period covered is January 1, 2020 through         December 31, 2020       Other         *Or       The period covered is January 1, 2020 through         December 31, 2020       Other         *Or       The period covered is January 1, 2020 through the date of leaving office.         Assuming Office: Date assumed 11/01/2021       The period covered is January 1, 2020 through the date of leaving office.         * Candidate:Date of Election       and office sought, if different than Part 1:         * Schedule Summary (must complete)       > Total number of pages including this cover page: 11	Public Utilities Commission	General Manager	
2. Jurisdiction of Office (Check at least one box)  State  Unit-County	► If filing for multiple positions, list below or on an attachment	(Do not use acronyms)	
□ State       □ Judge, Refired Judge, Pro Tem Judge, or Court Commissioner         ○ Muti-County       □ County of San Francisco         ○ City of San Francisco       ○ Other         3. Type of Statement (Check at least one box)       □ Other         □ Annual: The period covered is January 1, 2020 through       □ Leaving Office: Date Left         □ Period covered is	Agency:	Position:	
□ State       □ Judge, Refired Judge, Pro Tem Judge, or Court Commissioner         ○ Muti-County       □ County of San Francisco         ○ City of San Francisco       ○ Other         3. Type of Statement (Check at least one box)       □ Other         □ Annual: The period covered is January 1, 2020 through       □ Leaving Office: Date Left         □ Period covered is	2. Jurisdiction of Office (Check at least one box)		
Multi-County       Image: County of San Francisco         Image: County of Statement (Check at least one box)       Other         Annual: The period covered is January 1, 2020 through       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of Statement (Check at least one box)       Image: County of Statement (Check at least one box)         Image: County of (Check one circle)       Other (Check one circle)         Image: County of (Check at least one box)       Image: County of (Check at least one box)         Image: County of (Check at least one box)       Image: County of (Check at least one box)         Image: County of (Check at least one box)       Image: County of (Check at least one box)         Image: County of (Check at least one box)       Image: County of (Chec			m Judge, or Court Commissioner
∑ City of	Multi-County		)
3. Type of Statement (Check at least one box)         Annual: The period covered is January 1, 2020 through December 31, 2020         •Or-         The period covered is, through December 31, 2020         •Or-         The period covered is, through December 31, 2020         □ candidate: Date assumed, through December 31, 2020         □ Candidate: Date assumed, through December 31, 2020         □ Candidate: Date assumed, through December 31, 2020         □ Candidate: Date of Election and office sought, if different than Part 1:	-		
Annual: The period covered is January 1, 2020 through December 31, 2020 or The period covered is, through December 31, 2020 Or The period covered is, through December 31, 2020 Check one circle) Or The period covered is, through December 31, 2020 Candidate: Date assumed11_/_01_/2021. Or The period covered is, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (must complete) > Total number of pages including this cover page:1 Schedules attached Schedule A-1 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - No reportable interests on any schedule Stere: Summary (MULING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (			
December 31, 2020     (Check one circle)     "or"     The period covered is//, through     December 31, 2020     (Check one circle)     "or"     The period covered is//, through     December 31, 2020     (Check one circle)     "or"     The period covered is/, through     December 31, 2020     (Check one circle)     "or"     The period covered is/, through     December 31, 2020     (Check one circle)     "or"     The period covered is/, through     December 31, 2020     (Check one circle)     (December 31, 2020     (December 31	3. Type of Statement (Check at least one box)	_	
•or- The period covered is			
Image: Second Structure       Image: Structure	-or-	The meriod environd in the	,
Generative of the southed			
4. Schedule Summary (must complete)       ► Total number of pages including this cover page:	X Assuming Office: Date assumed <u>11 / 01 / 2021</u>		/, through the date
Schedules attached                 Schedule A-1 - Investments - schedule attached             Schedule A-2 - Investments - schedule attached             Schedule B - Real Property - schedule attached             Schedule B - Real Property - schedule attached             Schedule B - Real Property - schedule attached             Schedule E - Income - Gifts - schedule attached             Schedule E - Income - Gifts - schedule attached             Schedule B - No reportable interests on any schedule           •Or-               Mone - No reportable interests on any schedule                 MAILING ADDRESS             STREET             (DTY             Stare	Candidate:Date of Election and offic	e sought, if different than Part 1:	
Image: Solid Sol	4. Schedule Summary (must complete) ► Total	number of pages including this cover p	age:1
∑ 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	Schedules attached		-
Schedule B - Real Property – schedule attached Or- None - No reportable interests on any schedule Sterification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CITY STATE ZIP CODE ODE DAYTIME TELEPHONE NUMBER ( ) 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.	Schedule A-1 - Investments – schedule attached	X Schedule C - Income, Loans, & B	usiness Positions – schedule attached
-or- Description  Street  Street  Street  City  Street  Street  City  Street  Street Street  Street S	X Schedule A-2 - Investments - schedule attached	X Schedule D - Income - Gifts - sch	nedule attached
None - No reportable interests on any schedule         5. Verification         MAILING ADDRESS (Business or Agency Address Recommended - Public Document)       CITY       STATE       ZIP CODE         San Francisco       CA       94102         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS       E-MAIL ADDRESS         ()       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.	Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Tra	avel Payments – schedule attached
5. Verification         MAILING ADDRESS       STREET         (Business or Agency Address Recommended - Public Document)       CITY       STATE       ZIP CODE         San Francisco       CA       94102         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS       E         ()       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.	-or-		
MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         (Business or Agency Address Recommended - Public Document)       San Francisco       CA       94102         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS       E-MAIL ADDRESS       Image: Comparison of the statement of the statement of 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.       Image: Comparison of the state of California that the foregoing is true and correct.	□ None - No reportable interests on any schedul	è	
Business or Agency Address Recommended - Public Document)         San Francisco       CA       94102         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         ( )       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.	5. Verification		
San Francisco       CA       94102         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         ( )       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.		CITY STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         ( )       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.	(Business or Agency Adaress Recommended - Public Document)		0.41.0.0
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.	DAYTIME TELEPHONE NUMBER		94102
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.	( )		
			y knowledge the information contained
Data Signad 11/29/2021 Signature Dennis Jose Herrera	I certify under penalty of perjury under the laws of the Sta	te of California that the foregoing is true and cor	rect.
	Data Signed 11/29/2021	Cianature Dennie Jose Herrers	

#### SCHEDULE A-1 Investments

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

CALIFORNIA FORM	7	0	
-----------------	---	---	--

FAIR POLITICAL PRACTICES COMMISSION

Vame	
------	--

Herrera, Dennis Jose

Investments must be	itemized.
---------------------	-----------

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Vodafone Group, LLC	Medtronic Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Cell Phone Manufacturer	Medical Supplies
FAIR MARKET VALUE	FAIR MARKET VALUE
X    \$2,000 - \$10,000    \$10,001 - \$100,000	X    \$2,000 - \$10,000    \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT           X         Stock         Other	NATURE OF INVESTMENT
□ (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <b>20</b> // <b>20</b>	/ <u>20</u> / <u>20</u> / <u>20</u>
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Early Girls, LLC	Intel Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Hospitality	Chip Maker
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000 S10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock X Other LLC	X Stock Other
── (Describe) ── Partnership ◯ Income Received of \$0 - \$499	│
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u>20</u> / <u>20</u> / <u>20</u> /	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Motorola Inc.	NewCastle Investment Corp.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Cell Phone Manufacturer	REIT
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000 \$10,001 - \$100,000	X    \$2,000 - \$10,000    \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More ( <i>Report on Schedule C</i> )
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <b></b> / <b>20</b> // <b>_20</b>	<b></b>
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: \_

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Herrera, Dennis Jose

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
HFP Investments, LLC	Anne Herrera Real Estate
Name	Name
San Francisco, CA 94107	San Francisco, CA 94111
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investments	Real Estate Brokerage
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	□ \$0 - \$1,999 · · · · · · · · · · · · · · · · · ·
□ \$2,000 - \$10,000	□ \$2,000
S10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000         ACQUIRED         DISPOSED           X         \$100,001 - \$1,000,000         \$100,000
X Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship X	Partnership X Sole Proprietorship
YOUR BUSINESS POSITION Member	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
S0 - \$499 X \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
□ \$500 - \$1,000 □ OVER \$100,000	S500 - \$1,000     X     OVER \$100,000     \$1,001 - \$10,000     S1,001 - \$10,000
<ul> <li>↓ \$1,001 - \$10,000</li> <li>▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF</li> </ul>	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below Vintage Creek Apartments	None or X Names listed below
	Dana Foss and David Dyerson
	Burke Trust/Robinson
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, <u>or</u>
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Property located outside of jurisdiction	
Description of Business Activity or	Description of Business Activity <u>or</u>
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,0000 \$10,000 \$10,0000 \$10,0000 \$10,0000 \$10,0000 \$10,0000 \$10,0000 \$10,0000\$10000 \$10,0000\$1000\$1	$ [ ] $2,000 - $10,000 \\ [ ] $10,001 - $100,000 \\ [ ] $10,001 - $100,000 \\ [ ] $200 \\ [$
\$10,001 - \$100,000      ZU      ZU         \$\$100,001 - \$1,000,000       ACQUIRED       DISPOSED	\$10,001 - \$100,000      ZU      ZU         \$100,001 - \$1,000,000       ACQUIRED       DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	
NATURE OF INTEREST       X     Property Ownership/Deed of Trust       Stock     Partnership	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

\_\_\_\_\_

Name

Herrera, Dennis Jose

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Herrera Family Trust	Dennis and Anne Herrera
Name	Name
San Francisco, CA 94107	San Francisco, CA 94107
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one	Trust, go to 2 I Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Real Estate Investment
FAIR MARKET VALUE     IF APPLICABLE, LIST DATE:       \$0 - \$1,999     \$0	FAIR MARKET VALUE     IF APPLICABLE, LIST DATE:       \$0 - \$1,999     \$0 - \$1,999
\$2,000 - \$10,000/_/ <u>20</u> /_/ <u>20</u>	<u>09/01/20</u> <u>/_/20</u>
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000	∑ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship	X Partnership Sole Proprietorship
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION N/A
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
□ \$0 - \$499	X \$0 - \$499 \$10,001 - \$100,000
□ \$500 - \$1,000 □ OVER \$100,000	S500 - \$1,000 OVER \$100,000
□ \$1,001 - \$10,000	<b>1</b> ,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.)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	X         None         or         Names listed below
Primrose Parkwood, LLC	
Terrapin ABQ Airport Owner, LLC	
Terrapin Glenwood Springs, LLC	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
X INVESTMENT REAL PROPERTY	INVESTMENT
Terrapin Glenwood Springs, LLC	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Hospitality	Property located outside of jurisdiction
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,0000 \$10,000 \$10,0000 \$10,0000 \$10,0000 \$10,	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,0000 \$10,000 \$10,0000 \$10,0000 \$10,0000 \$10,
\$10,001 - \$100,000      ZO         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED	\$10,001 - \$100,000      ZU      ZU         X \$100,001 - \$1,000,000       ACQUIRED       DISPOSED
X Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust  Stock  Partnership	X         Property Ownership/Deed of Trust         Stock         Partnership
Leasehold X Other LLC	Leasehold Other
Yrs. remaining X Check box if additional schedules reporting investments or real property	Yrs. remaining     Check box if additional schedules reporting investments or real property
are attached	are attached

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Herrera, Dennis Jose

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Herrera Family Trust(CONTINUATION)	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$0 - \$1 999	
\$0 • \$1,335 \$2,000 - \$10,000 □ \$10,001 - \$10,000 □ \$10,001 - \$100,000 □ \$10,001 - \$100,000 □ \$10,000 □ \$10,0000 □ \$10,0000 □ \$10,0000 □ \$10,0000 □ \$10,0000 □ \$10,	□ \$2,000 - \$10,000/_20/_20 □ \$2,000 - \$10,000/_20/20
S10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
□ \$0 - \$499	S0 - \$499     S10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000
LJ \$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.)	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST</li> </ul>	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
X INVESTMENT REAL PROPERTY	
Terrapin ABQ Airport Owner, LLC	
Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, <u>or</u>
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Hospitality	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$2,000 - \$10,000   \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000/_20/_20	\$2,000 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
X Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold X Other LLC	Leasehold Other
X Check box if additional schedules reporting investments or real property	Yrs. remaining Check box if additional schedules reporting investments or real property
are attached	are attached

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Herrera, Dennis Jose

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Herrera Family Trust(CONTINUATION)	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       /_/20         \$10,001 - \$100,000       /_/20         \$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       _/_/20         \$10,001 - \$10,000       _/_/20         \$100,001 - \$1,000,000       _/_/20         Disposed       _/_/20
NATURE OF INVESTMENT	NATURE OF INVESTMENT
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000	\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000       \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> </ul>
Check one box:	Check one box:
	INVESTMENT REAL PROPERTY
Primrose Parkwood, LLC Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
<u>Multifamily Residences</u> Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      //20         \$10,001 - \$100,000      /_/20         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold X Other LLC	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Herrera, Dennis Jose

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Herrera Family Trust(CONTINUATION)	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       _/_/20         \$10,000       _/_/20         \$10,001 - \$100,000       ACQUIRED         DISPOSED       Over \$1,000,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999      //20         \$2,000 - \$10,000      /_/20         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       DISPOSED         Over \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship Other	NATURE OF INVESTMENT  Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000	\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000       \$1,001 - \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
·	
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
Primrose Aspen, LLC Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
<u>Multifamily Residences</u> Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      //20         \$10,001 - \$100,000      /_/20         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       ///20         \$10,001 - \$100,000       ///20         \$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       DISPOSED
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST
Leasehold X Other LLC	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Additional Single Sources of Income of \$10,000 or more for Anne Herrera Real Estate

Reinaldo Negron Howard Hong Jerome Bascia Bethany and Mike Paves Hutan Investment LLC Doug Emhoff and Kamala Harris Zhengtao Ji Kevin Chessen Axel Wilhelm Linnert Ericsson Jennifer & Jim Hermann Dhruv Seth David Akhtar 2815 LLC Ryan Michael McKeel Marcy Priedeman Russell Dervay Katherine and Jon Steitz Edward Galante Trust Juchi and Mark Liu 875 California II, LLC John Damron The Chang Living Trust Rajvi Berry Michael and Natasha Eklund Additional Single Sources of Income of \$10,000 or more for Herrera Family Trust

Primrose Aspen, LLC

060600029-NFH-0029

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Herrera, Dennis Jose

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Primrose Parkwood, LLC	Primrose Aspen, LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
San Francisco, CA 94111	San Francisco, CA 94111	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Multifamily Residences	Multifamily Residences	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Investor	Investor	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000	□ \$500 - \$1,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary 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.)	(Real property, car, boat, etc.)	
Commission or X Rental Income, list each source of \$10,000 or more	Commission or X Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
Other	Other	
(Describe)	(Describe)	

\* 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	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
<pre>\$10,001 - \$100,000 OVER \$100,000</pre>	Other	
	_	(Describe)

#### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

Herrera, Dennis Jose

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Yale Law School	Yvonne Mere		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
New Haven, CT 06511	San Francisco, CA 94114		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Higher Education	Attorney		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
Farewell Gift -	Farewell Gift - Bottle		
<u>10 / 22 / 21 \$ 74.00</u> Sweater	<u>10 / 29 / 21</u> \$ 50.00 of wine		
/\$	/\$		
/\$	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
NAME OF SOURCE (Not an Actonym)	► NAME OF SOURCE (Not an Acronym)		
Kate Stacy	San Francisco Host Committee		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
San Francisco, CA 94114	San Francisco, CA 94102		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Attorney	_501(c)(3) Non-Profit		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
Farewell Gift - Bottle			
<u>10 / 29 / 21 \$ 50.00</u> of Wine	<u>11/01/21</u> \$ 170.00 Porcelain Dish		
/\$	\$\$		
/\$	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	/ \$		
/\$	/\$		
/\$	\$		
Comments:			