

File No. 230154

Committee Item No. 6

Board Item No. 20

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date March 13, 2023

Board of Supervisors Meeting

Date March 21, 2023

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | Memorandum of Understanding (MOU)            |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 - Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700                                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | Information/Vacancies (Boards/Commissions)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

OTHER (Use back side if additional space is needed)

|                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> |  |
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| <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> |  |

Completed by: Victor Young Date March 9, 2023

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

1 [Appointments, Homelessness Oversight Commission - Christin Evans, Joaquin Whit  
2 Guerrero, and Bevan Dufty]

3 **Motion appointing Christin Evans, term ending May 1, 2025, and Joaquin Whit Guerrero**  
4 **and Bevan Dufty, terms ending May 1, 2027, to the Homelessness Oversight**  
5 **Commission.**  
6

7 MOVED, That the Board of Supervisors of the City and County of San Francisco does  
8 hereby appoints the hereinafter designated person(s) to serve as member(s) of the  
9 Homelessness Oversight Commission, pursuant to the provisions of Charter Section 4.133,  
10 for the term(s) specified:

11 Joaquin Whit Guerrero, seat 5, inaugural appointment, shall be held by a person who  
12 has personally experienced homelessness, for the unexpired portion of a four-year term  
13 ending May 1, 2027;

14 Christin Evans, seat 6, inaugural appointment, shall be held by a person with significant  
15 experience providing services to or engaging in advocacy on behalf of persons experiencing  
16 homelessness, for the unexpired portion of a four-year term ending May 1, 2025;

17 Bevan Dufty, seat 7, inaugural appointment, shall be held by a person with significant  
18 experience working with homeless families with children and/or homeless youth, for the  
19 unexpired portion of a four-year term ending May 1, 2027.  
20  
21  
22  
23  
24  
25

BOARD of SUPERVISORS



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

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

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

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

**Janetta Johnson**

San Francisco Zip Code: 94103

Occupation: CEO

Work Phone: 415-316-5217

Employer: TGIJP

Business Address: 1349 Mission Street

Zip Code: 94103

Business Email: janetta@tgijp.org

Home Email

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

Resident of San Francisco: Yes ☒ No ☐

If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

**Business and/or Professional Experience:**

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

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

Waldenden House aka Health Right 360  
As the Trangender Services Specialist

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

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

**Civic Activities:**

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

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

Reentry Council of the city and county of San Francisco California

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

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

Date: 02/22/2023 Applicant's Signature (required): Janetta Louise Johnson

*(Manually sign or type your complete name.*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_



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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)  
Houslessness Oversight Commission

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

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

Agency: Position:

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

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

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

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

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 4

**Schedules attached**

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

-or- ☐ None - No reportable interests on any schedule

**5. Verification**

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

[Redacted Address] 3

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

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

Date Signed 02/26/2023 Signature  
(month, day, year) (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><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><br>  |

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED  |
|--|---|
| NAME OF SOURCE OF INCOME<br><u>TGI Justice Project</u>   | NAME OF SOURCE OF INCOME<br><br>  |
| ADDRESS (Business Address Acceptable)<br><u>1349 Mission St, San Francisco 94103</u>   | ADDRESS (Business Address Acceptable)<br><br>   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Social Service and Policy Advocacy</u>  | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><br>  |
| YOUR BUSINESS POSITION<br><u>CEO</u>   | YOUR BUSINESS POSITION<br><br>  |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input checked="" type="checkbox"/> Other <u>No Profit 501C3 Org Employment Income</u><br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(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   | TERM (Months/Years) |
| _____   | _____% <input type="checkbox"/> None                                      | _____               |
| ADDRESS (Business Address Acceptable)         | SECURITY FOR LOAN   |                     |
| _____   | <input type="checkbox"/> None <input type="checkbox"/> Personal residence |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER          | <input type="checkbox"/> Real Property _____                              | Street address      |
| _____   |   | City                |
| HIGHEST BALANCE DURING REPORTING PERIOD       | <input type="checkbox"/> Guarantor _____                                  |                     |
| <input type="checkbox"/> \$500 - \$1,000      | <input type="checkbox"/> Other _____                                      | (Describe)          |
| <input type="checkbox"/> \$1,001 - \$10,000   |   |                     |
| <input type="checkbox"/> \$10,001 - \$100,000 |   |                     |
| <input type="checkbox"/> OVER \$100,000       |   |                     |

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

10504 North 19th St Tampa Fla, 33612

CITY

Tampa

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 ACQUIRED      \_\_\_\_\_/\_\_\_\_\_/22 DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3222 West Palmetto Tampa Fla, 33607

CITY

Tampa

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 ACQUIRED      \_\_\_\_\_/\_\_\_\_\_/22 DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

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

# SCHEDULE D

## Income – Gifts

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name _____  |

| <p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE                  | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | <p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ |
|---|-----------------|------------------------|------------------------|----------------|----------|-------|----------------|----------|-------|----------------|----------|-------|---|-----------------|-------|------------------------|----------------|----------|-------|----------------|----------|-------|----------------|----------|-------|
| DATE (mm/dd/yy)   | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| DATE (mm/dd/yy)   | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| <p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE                  | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | <p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ |
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| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| DATE (mm/dd/yy)   | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| <p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE                  | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | <p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ |
| DATE (mm/dd/yy)   | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| DATE (mm/dd/yy)   | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____  | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |   |                 |       |                        |                |          |       |                |          |       |                |          |       |

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

\_\_\_\_\_

BOARD of SUPERVISORS



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

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

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

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

Full Name: Joaquin Whit Guerrero

[Redacted Address] Zip Code: 94110  
Occupation: Consultant, Mediator

Work Phone: \_\_\_\_\_ Employer: The San Francisco Bar Association

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

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

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

**Business and/or Professional Experience:**

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

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

**Civic Activities:**

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

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

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

Date: Feb 22, 2023 Applicant's Signature (required): Joaquin Whit Guerrero

*(Manually sign or type your complete name.*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

Homelessness Oversight Commission

Division, Board, Department, District, if applicable

Department of Homelessness and Supportive Housing

Your Position

Prospective Commissioner

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Francisco

☒ City of San Francisco

☐ Other

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

☒ **Annual:** The period covered is January 1, 2022, through  
December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2022.

☐ The period covered is January 1, 2022, through the date of  
leaving office.

-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)

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

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

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

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



# Instructions

## Cover Page

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

### Part 1. Office, Agency, or Court

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

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

#### Example:

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

### Part 2. Jurisdiction of Office

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

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

#### Example:

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

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

### Part 3. Type of Statement

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

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

### Part 4. Schedule Summary

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

### Part 5. Verification

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

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



# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Whit Guerrero

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22 \_\_\_\_/\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22 \_\_\_\_/\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22 \_\_\_\_/\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22 \_\_\_\_/\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22 \_\_\_\_/\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22 \_\_\_\_/\_\_\_\_/22  
ACQUIRED DISPOSED

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

## Instructions – Schedules A-1 and A-2 Investments

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

### Reportable investments include:

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

### You are not required to disclose:

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

### Reminders

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

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

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

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

### To Complete Schedule A-1:

Do not attach brokerage or financial statements.

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

Examples:

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

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Whit Guerrero</u>                                      |

▶ **1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

▶ **1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

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

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

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ Other \_\_\_\_\_

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

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

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

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

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

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ Other \_\_\_\_\_

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

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

## Instructions – Schedule A-2

### Investments, Income, and Assets of Business Entities/Trusts

---

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

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

#### To Complete Schedule A-2:

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

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

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

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

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

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

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

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

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Whit Guerrero

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22      \_\_\_\_/\_\_\_\_/22  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/22      \_\_\_\_/\_\_\_\_/22  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

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



## Instructions – Schedule B Interests in Real Property

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

### Interests in real property include:

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

### You are not required to report:

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

### To Complete Schedule B:

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

disclose the number of years remaining on the lease.

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

When reporting a loan:

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

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

### Example:

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

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

### Reminders

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

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

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Whit Guerrero</u>        |

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED  |
|--|---|
| NAME OF SOURCE OF INCOME<br><u>San Francisco BAR Association</u>   | NAME OF SOURCE OF INCOME<br>_____   |
| ADDRESS (Business Address Acceptable)<br><u>201 Mission Street</u>   | ADDRESS (Business Address Acceptable)<br>_____  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____  | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____   |
| YOUR BUSINESS POSITION<br><u>Conflict Navigator</u>  | YOUR BUSINESS POSITION<br>_____   |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(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*<br>_____<br>ADDRESS (Business Address Acceptable)<br>_____<br>BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____<br>HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 | INTEREST RATE<br>_____% <input type="checkbox"/> None<br>SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input type="checkbox"/> Real Property _____<br>Street address<br>_____<br>City<br><input type="checkbox"/> Guarantor _____<br><input type="checkbox"/> Other _____<br>(Describe) |
|---|--|

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

# Instructions – Schedule C

## Income, Loans, & Business Positions

### (Income Other Than Gifts and Travel Payments)

#### Reporting Income:

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

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

#### Reporting Business Positions:

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

#### Commonly reportable income and loans include:

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

#### Reminders

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

#### You are not required to report:

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

(See Reference Pamphlet, page 12.)

#### To Complete Schedule C:

##### Part 1. Income Received/Business Position Disclosure

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

##### Part 2. Loans Received or Outstanding During the Reporting Period

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



# SCHEDULE D

## Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Whit Guerrero

| <div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE                  | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | <div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ |
|--|-----------------|------------------------|------------------------|----------------|----------|-------|----------------|----------|-------|----------------|----------|-------|--|-----------------|-------|------------------------|----------------|----------|-------|----------------|----------|-------|----------------|----------|-------|
| DATE (mm/dd/yy)  | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| DATE (mm/dd/yy)  | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| <div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE                  | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | <div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ |
| DATE (mm/dd/yy)  | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| DATE (mm/dd/yy)  | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| <div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE                  | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | <div>▶ NAME OF SOURCE (Not an Acronym)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ | ____/____/____ | \$ _____ | _____ |
| DATE (mm/dd/yy)  | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| DATE (mm/dd/yy)  | VALUE           | DESCRIPTION OF GIFT(S) |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |
| ____/____/____   | \$ _____        | _____                  |                        |                |          |       |                |          |       |                |          |       |  |                 |       |                        |                |          |       |                |          |       |                |          |       |

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

\_\_\_\_\_

## Instructions – Schedule D

### Income – Gifts

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

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

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

#### Commonly reportable gifts include:

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

#### Reminders

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

#### Gift Tracking Mobile Application

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

#### You are not required to disclose:

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

#### To Complete Schedule D:

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

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

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Whit Guerrero</u>                                      |

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

|   |
|---|
| ▶ NAME OF SOURCE (Not an Acronym)   |
| ADDRESS (Business Address Acceptable)   |
| CITY AND STATE  |
| <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE        |
| DATE(S): ____/____/____ - ____/____/____ AMT: \$_____<br>(If gift)                          |
| ▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income |
| <input type="checkbox"/> Made a Speech/Participated in a Panel                              |
| <input type="checkbox"/> Other - Provide Description _____                                  |
| ▶ If Gift, Provide Travel Destination _____   |

|   |
|---|
| ▶ NAME OF SOURCE (Not an Acronym)   |
| ADDRESS (Business Address Acceptable)   |
| CITY AND STATE  |
| <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE        |
| DATE(S): ____/____/____ - ____/____/____ AMT: \$_____<br>(If gift)                          |
| ▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income |
| <input type="checkbox"/> Made a Speech/Participated in a Panel                              |
| <input type="checkbox"/> Other - Provide Description _____                                  |
| ▶ If Gift, Provide Travel Destination _____   |

|   |
|---|
| ▶ NAME OF SOURCE (Not an Acronym)   |
| ADDRESS (Business Address Acceptable)   |
| CITY AND STATE  |
| <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE        |
| DATE(S): ____/____/____ - ____/____/____ AMT: \$_____<br>(If gift)                          |
| ▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income |
| <input type="checkbox"/> Made a Speech/Participated in a Panel                              |
| <input type="checkbox"/> Other - Provide Description _____                                  |
| ▶ If Gift, Provide Travel Destination _____   |

|   |
|---|
| ▶ NAME OF SOURCE (Not an Acronym)   |
| ADDRESS (Business Address Acceptable)   |
| CITY AND STATE  |
| <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE        |
| DATE(S): ____/____/____ - ____/____/____ AMT: \$_____<br>(If gift)                          |
| ▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income |
| <input type="checkbox"/> Made a Speech/Participated in a Panel                              |
| <input type="checkbox"/> Other - Provide Description _____                                  |
| ▶ If Gift, Provide Travel Destination _____   |

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

\_\_\_\_\_

BOARD of SUPERVISORS



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

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

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

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

Full Name: Robert Paul McCloskey

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

Occupation: AOD/SUD Counselor

Work Phone: Same Employer: Self/Private Practice

Business Address: Same Zip Code: Same

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

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

**Business and/or Professional Experience:**

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

**Civic Activities:**

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

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

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

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

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

Homeless Oversight Commission

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Candidate for seats 5 & 6

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Francisco

☒ City of San Francisco

☐ Other

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

☐ **Annual:** The period covered is January 1, 2022, through  
December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2022.

☐ The period covered is January 1, 2022, through the date of  
leaving office.

-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: 2

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

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

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

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

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

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

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

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Robert Paul McCloskey</u>                              |

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED   |
|--|--|
| NAME OF SOURCE OF INCOME<br><u>Social Security Retirement</u>  | NAME OF SOURCE OF INCOME<br><u>Social Security Income</u>  |
| ADDRESS (Business Address Acceptable)<br>_____   | ADDRESS (Business Address Acceptable)<br>_____   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____  | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____  |
| YOUR BUSINESS POSITION<br>_____  | YOUR BUSINESS POSITION<br>_____  |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input checked="" type="checkbox"/> Other <u>Social Security Retirement</u><br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input checked="" type="checkbox"/> Other <u>Social Security Income</u><br>(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*<br>_____<br>ADDRESS (Business Address Acceptable)<br>_____<br>BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____<br>HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 | INTEREST RATE<br>_____% <input type="checkbox"/> None<br>SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input type="checkbox"/> Real Property _____<br>Street address<br>_____<br>City<br><input type="checkbox"/> Guarantor _____<br><input type="checkbox"/> Other _____<br>(Describe) |
|---|--|

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



BOARD of SUPERVISORS



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Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

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

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

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

Full Name: Ennis Scott Samuel Johnson



Zip Code: 94107

Occupation: Substance Use Disorder Counselor

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

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

Business Email: N/A

Home Email: 

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

Resident of San Francisco: Yes ☐ No ☐

If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☐ No ☐

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

Covid-19 Vaccinated: Yes ☐ No ☐

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

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



### Business and/or Professional Experience:

Peer Mentor Coordinator  
Center Point

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

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

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

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

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

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

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

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

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

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

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

Residential Counselor  
The Sequoia Center, Redwood City, CA

### Civic Activities:

My Civic Activities are broad and cannot be separated from my work, business, and daily endeavors. My 501(c) 3 is named Licensing Substance Use Disorder (LSUD) Counselors Corp. Substance use and mental challenges are the main factors in homelessness. My Ph.D. dissertation is titled Corporate Social Responsibility for Homeless Individuals with Substance Use Disorder: A Modified Delphi Study, conducted in San Francisco.

Because I have lived at Next Door (Site # 10) shelter, Sanctuary shelter, MSC South shelter, and shelters all over the Bay Area, I have engaged in apolitical civic engagement that matches my lived experience of helping the homeless. My life is a wraparound of services for the betterment of my community.

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

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

Date: 01/20/2023 Applicant's Signature (required): Ennis Scott Samuel Johnson, Ph.D.

*(Manually sign or type your complete name.*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

To Whom it May Concern:

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

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

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

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

Regards,

*Del Seymour*

01/11/2023

---

Del Seymour

Date:

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

Oakland, California

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

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

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

Agency: Position:

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

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

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

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

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

**Schedules attached**

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

-or- ☒ **None - No reportable interests on any schedule**

**5. Verification**

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

[Redacted Address]

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

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

Date Signed (month, day, year) Signature (File the originally signed paper statement with your filing official.)

BOARD of SUPERVISORS



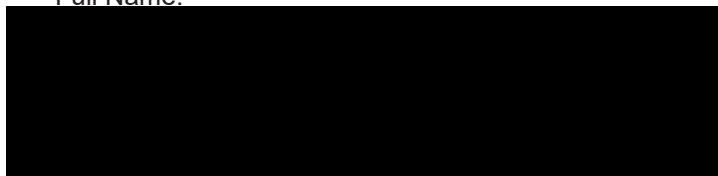
City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

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

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

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

Full Name: MASOOD SAMEREIE



Zip Code: 94114

Occupation: REAL ESTATE BROKER

Employer: SELF

Work Phone: \_\_\_\_\_

Business Address: 3906 17TH STREET

Zip Code: 94114

Business Email: MASOOD@ARIA-PROPERTIES.COM

Home Email: \_\_\_\_\_



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

Resident of San Francisco: Yes ☒ No ☐

If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

**Business and/or Professional Experience:**

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

**Civic Activities:**

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

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

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

Date: 02/05/2023

Applicant's Signature (required):

MASOOD SAMEREIE

*(Manually sign or type your complete name.*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)  
**HOMLESSNESS OVERSIGHT COMMISSION**

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

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

Agency: Position:

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

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

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

☐ **Annual:** The period covered is January 1, 2022, through December 31, 2022.  
-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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
☐ The period covered is January 1, 2022, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: \_\_\_\_

**Schedules attached**

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

-or- ☐ **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE

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

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

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

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3563 -039

CITY

SAN FRANCISCO

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 ACQUIRED      \_\_\_\_\_/\_\_\_\_\_/22 DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 ACQUIRED      \_\_\_\_\_/\_\_\_\_\_/22 DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER\*

JOHN V. GIUSTI & JOSEPH J. TITI

ADDRESS (Business Address Acceptable)

4406-A 18TH ST, SF, 94114

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

4 %      ☐ None

TERM (Months/Years)

10YRS

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

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

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

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED   |
|--|--|
| NAME OF SOURCE OF INCOME<br><u>ARIA PROPERTIES</u>   | NAME OF SOURCE OF INCOME<br><br>   |
| ADDRESS (Business Address Acceptable)<br><u>3906 17TH STREET, SF 94114</u>   | ADDRESS (Business Address Acceptable)<br><br>  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>REAL ESTATE SALES, PROPERTY MANAGEMENT</u>  | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><br>   |
| YOUR BUSINESS POSITION<br><u>BROKER/OWNER</u>  | YOUR BUSINESS POSITION<br><br>   |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000   |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br><u>REAL ESTATE SALES, PROPERTY MANAGEMENT</u><br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br><br>(Describe)<br><input type="checkbox"/> Other _____<br>(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   | TERM (Months/Years) |
| _____   | _____ % <input type="checkbox"/> None                                     | _____               |
| ADDRESS (Business Address Acceptable)         | SECURITY FOR LOAN   |                     |
| _____   | <input type="checkbox"/> None <input type="checkbox"/> Personal residence |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER          | <input type="checkbox"/> Real Property _____                              | Street address      |
| _____   |   | City                |
| HIGHEST BALANCE DURING REPORTING PERIOD       | <input type="checkbox"/> Guarantor _____                                  |                     |
| <input type="checkbox"/> \$500 - \$1,000      | <input type="checkbox"/> Other _____                                      | (Describe)          |
| <input type="checkbox"/> \$1,001 - \$10,000   |   |                     |
| <input type="checkbox"/> \$10,001 - \$100,000 |   |                     |
| <input type="checkbox"/> OVER \$100,000       |   |                     |

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



BOARD of SUPERVISORS



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

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

Homelessness Oversight Commission

Name of Board/Commission/Committee/Task Force: \_\_\_\_\_

5,6,7

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

Tracey Mixon

94102

Zip Code: \_\_\_\_\_

Peer Organizer

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

(415) 346-3740

Coalition on Homelessness

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

280 Turk Street

94102

Business Address: \_\_\_\_\_

tmixon@cohsf.org

Business Email: \_\_\_\_\_ Home: \_\_\_\_\_

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

**Business and/or Professional Experience:**

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

**Civic Activities:**

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

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

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

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

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

Department of Homelessness and Supportive Housing

Division, Board, Department, District, if applicable

Your Position

Homeless Outreach Commission

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

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

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of San Francisco

☐ Other \_\_\_\_\_

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

☐ **Annual:** The period covered is January 1, 2022, through December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2022.

☐ The period covered is January 1, 2022, through the date of leaving office.

-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

na

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE

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

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

Date Signed

2/23/23

(month, day, year)

Signature

Tracey N.

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

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

**Name**

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER\*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_ Street address

City

☐ Guarantor☐ Other \_\_\_\_\_ (Describe) \_\_\_\_\_

**Comments:**

BOARD of SUPERVISORS



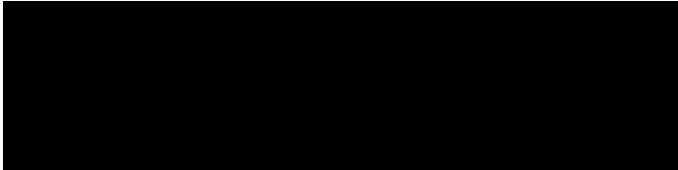
City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

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

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

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

**Andrea Salinas**



Zip Code: 94110

Occupation: Clinical Social Work Supervisor

Work Phone: \_\_\_\_\_ Employer: UCSF Citywide Focus Case Management

Business Address: 982 Mission Street Zip Code: 94103

Business Email: andrea.salinas@ucsf.edu Home Email: \_\_\_\_\_

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

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

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

**Business and/or Professional Experience:**

Please see the my attached CV.

**Civic Activities:**

Please see my attached CV.

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

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

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

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

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

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

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

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

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

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



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

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

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

**Homelessness Oversight Commission**

Division, Board, Department, District, if applicable

**Department of Homelessness and Supportive Housing**

Your Position

**Commissioner**

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

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

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of **San Francisco**

☐ City of **San Francisco**

☐ Other \_\_\_\_\_

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

☐ **Annual:** The period covered is January 1, 2022, through  
December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2022.

☐ The period covered is January 1, 2022, through the date of  
leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
the date of leaving office.

☒ **Candidate:** Date of Election **02/27/2023** and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: **1**

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE

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

Date Signed

**2/23/2023**  
(month, day, year)

Signature

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

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Andrea Salinas

#### NAME OF BUSINESS ENTITY

Parnassus Investments

#### GENERAL DESCRIPTION OF THIS BUSINESS

Mutual Funds

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☒ Other Roth IRA  
 (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 22        /        / 22  
 ACQUIRED DISPOSED

#### NAME OF BUSINESS ENTITY

#### GENERAL DESCRIPTION OF THIS BUSINESS

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 22        /        / 22  
 ACQUIRED DISPOSED

#### NAME OF BUSINESS ENTITY

#### GENERAL DESCRIPTION OF THIS BUSINESS

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 22        /        / 22  
 ACQUIRED DISPOSED

#### NAME OF BUSINESS ENTITY

#### GENERAL DESCRIPTION OF THIS BUSINESS

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 22        /        / 22  
 ACQUIRED DISPOSED

#### NAME OF BUSINESS ENTITY

#### GENERAL DESCRIPTION OF THIS BUSINESS

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 22        /        / 22  
 ACQUIRED DISPOSED

#### NAME OF BUSINESS ENTITY

#### GENERAL DESCRIPTION OF THIS BUSINESS

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 22        /        / 22  
 ACQUIRED DISPOSED

Comments:

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Andrea Salinas

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

UCSF Citywide Focus Case Management

ADDRESS (Business Address Acceptable)

982 Mission Street San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community Mental Health Clinic

YOUR BUSINESS POSITION

Clinical Social Work Supervisor

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

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

BOARD of SUPERVISORS



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

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

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

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

**Christin Evans**

San Francisco, CA Zip Code: 94117

Occupation: Small Business Owner

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

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

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

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

Resident of San Francisco: Yes ☒ No ☐

If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

When I became a small business owner in San Francisco's Haight Ashbury neighborhood in 2007, I grew increasingly interested in how our city was addressing homelessness. Customers and neighbors frequently would raise concerns about visible homelessness, a lack of affordable housing, and increasing numbers of evictions displacing long term community members.

In subsequent years, I provided assistance to employees struggling to make rent, including staff who had periods of temporary homelessness due to loss of a family home, terminal illness, and lack of savings to meet security deposit requirements. In 2008, the Booksmith hosted the first of many community forums on the topic of homelessness inviting experts including published authors to speak on the complexities of addressing homelessness.

In 2018, I served as a legal proponent for the voter led initiative Our City Our Home (Prop C) and campaigned for its passage. That year I spoke to numerous neighborhood and merchant groups fielding questions about what Prop C could deliver to reduce chronic homelessness in San Francisco. Since 2020, I have actively engaged in regular outreach and advocacy on behalf of people experiencing homelessness. In that capacity, I have worked with the Coalition on Homelessness as a volunteer observer and advocate at numerous encampment resolutions conducted by police and the Healthy Streets Operation Center (HSOC).

**Business and/or Professional Experience:**

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

**Civic Activities:**

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

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

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

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

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

Date: 2/9/2023

Applicant's Signature (required): Christin Evans

*(Manually sign or type your complete name.)*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Homelessness Oversight Commission

Your Position

Candidate for Commissioner

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Francisco

☐ City of

☐ Other

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

☐ **Annual:** The period covered is January 1, 2022, through  
December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2022.

☐ The period covered is January 1, 2022, through the date of  
leaving office.

-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)

94117

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

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

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

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



# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Evans, Christin

▶ NAME OF BUSINESS ENTITY

Alphabet Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS

Financial Services

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Oracle Corporation

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

IBM Corporation

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Thermo Fisher Scientific

GENERAL DESCRIPTION OF THIS BUSINESS

Bio technology

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Evans, Christin</u>                                    |

**1. BUSINESS ENTITY OR TRUST**

Haight Booksmith LLC dba The Booksmith

Name

1727 Haight Street, San Francisco, CA 94117

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Independent Bookstore

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22    \_\_\_\_/\_\_\_\_/22  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☒ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION Director

**1. BUSINESS ENTITY OR TRUST**

Quiet Time LLC dba The Alembic

Name

1725 Haight Street, San Francisco, CA 94117

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Bar & Restaurant

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22    \_\_\_\_/\_\_\_\_/22  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☒ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION Director

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

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

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

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

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22    \_\_\_\_/\_\_\_\_/22  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining    ☐ Other \_\_\_\_\_

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

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

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

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

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

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22    \_\_\_\_/\_\_\_\_/22  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining    ☐ Other \_\_\_\_\_

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

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

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

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Evans, Christin</u>                                    |

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED   |
|--|--|
| NAME OF SOURCE OF INCOME<br><u>Kepler's 2020, FPC</u>  | NAME OF SOURCE OF INCOME<br><u>Point Reyes Books, LLC</u>  |
| ADDRESS (Business Address Acceptable)<br><u>1010 El Camino Real, #100, Menlo Park, CA 94025</u>  | ADDRESS (Business Address Acceptable)<br><u>11315 State Route 1, Pt Reyes, CA 94956</u>  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Independent Bookstore</u>   | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Independent Bookstore</u>   |
| YOUR BUSINESS POSITION<br><br>   | YOUR BUSINESS POSITION<br><u>Shareholder</u>   |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000   |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(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   | TERM (Months/Years) |
| _____   | _____ % <input type="checkbox"/> None                                     | _____               |
| ADDRESS (Business Address Acceptable)         | SECURITY FOR LOAN   |                     |
| _____   | <input type="checkbox"/> None <input type="checkbox"/> Personal residence |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER          | <input type="checkbox"/> Real Property _____                              | Street address      |
| _____   |   | City                |
| HIGHEST BALANCE DURING REPORTING PERIOD       | <input type="checkbox"/> Guarantor _____                                  |                     |
| <input type="checkbox"/> \$500 - \$1,000      | <input type="checkbox"/> Other _____                                      | (Describe)          |
| <input type="checkbox"/> \$1,001 - \$10,000   |   |                     |
| <input type="checkbox"/> \$10,001 - \$100,000 |   |                     |
| <input type="checkbox"/> OVER \$100,000       |   |                     |

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

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Evans, Christin

## ▶ NAME OF BUSINESS ENTITY

AT&amp;T

## GENERAL DESCRIPTION OF THIS BUSINESS

Telecommunications

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Caterpillar Inc

## GENERAL DESCRIPTION OF THIS BUSINESS

Construction and farm equipment manufacturer

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Diageo PLC

## GENERAL DESCRIPTION OF THIS BUSINESS

Drinks company

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Anheuser Busch InBev

## GENERAL DESCRIPTION OF THIS BUSINESS

Drink company

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Dell Computer

## GENERAL DESCRIPTION OF THIS BUSINESS

Technology

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Eaton Corporation PLC

## GENERAL DESCRIPTION OF THIS BUSINESS

Power management company

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

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

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Evans, Christin

## ▶ NAME OF BUSINESS ENTITY

AT&amp;T

## GENERAL DESCRIPTION OF THIS BUSINESS

Telecommunications

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Caterpillar Inc

## GENERAL DESCRIPTION OF THIS BUSINESS

Construction and farm equipment manufacturer

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Diageo PLC

## GENERAL DESCRIPTION OF THIS BUSINESS

Drinks company

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Anheuser Busch InBev

## GENERAL DESCRIPTION OF THIS BUSINESS

Drink company

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Dell Computer

## GENERAL DESCRIPTION OF THIS BUSINESS

Technology

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Eaton Corporation PLC

## GENERAL DESCRIPTION OF THIS BUSINESS

Power management company

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED      DISPOSED

Comments:

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Evans, Christin

► NAME OF BUSINESS ENTITY

Tapestry Inc

GENERAL DESCRIPTION OF THIS BUSINESS

Fashion company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Boston Properties

GENERAL DESCRIPTION OF THIS BUSINESS

Real estate investment fund

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Investec Ltd

GENERAL DESCRIPTION OF THIS BUSINESS

Financial services

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

United Parcel Service

GENERAL DESCRIPTION OF THIS BUSINESS

Delivery services

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

CME Group

GENERAL DESCRIPTION OF THIS BUSINESS

Financial services

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/22 \_\_\_\_\_/\_\_\_\_\_/22  
ACQUIRED DISPOSED

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><br><u>Evans, Christin</u>                                |

**1. BUSINESS ENTITY OR TRUST**

RGC&C Partnership, LP

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Investment fund (includes interest in Oregon family farm)

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22      \_\_\_\_/\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☒ Partnership    ☐ Sole Proprietorship    ☐ Other \_\_\_\_\_

YOUR BUSINESS POSITION Limited Partner

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22      \_\_\_\_/\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☐ Sole Proprietorship    ☐ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

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

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

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

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

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22      \_\_\_\_/\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_    ☐ Other \_\_\_\_\_  
Yrs. remaining

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

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

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

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

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

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/22      \_\_\_\_/\_\_\_\_/22  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_    ☐ Other \_\_\_\_\_  
Yrs. remaining

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

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



BOARD of SUPERVISORS



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

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

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

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

Full Name: Gay Crosthwait Grunfeld

[Redacted] Zip Code: 94118  
[Redacted] Occupation: Attorney

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

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

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

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

Please see attached letter and résumé for more information.

**Business and/or Professional Experience:**

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

Please see attached letter and résumé for more information.

**Civic Activities:**

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

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

Please see attached letter and résumé for more information.

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

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

Date: February 13, 2023 Applicant's Signature (required): /s/ Gay Crosthwait Grunfeld

*(Manually sign or type your complete name.)*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

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**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_



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

Gay Crosthwait Grunfeld  
Email: [ggrunfeld@rbgg.com](mailto:ggrunfeld@rbgg.com)

February 13, 2023

VIA ELECTRONIC MAIL ONLY

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

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

Dear Supervisor Dorsey:

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

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

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

Honorable Matt Dorsey  
February 13, 2023  
Page 2

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

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

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

Very truly yours,

ROSEN BIEN  
GALVAN & GRUNFELD LLP

*/s/ Gay Crosthwait Grunfeld*

By: Gay Crosthwait Grunfeld

GCG:kc

Enclosures

cc: *(via email only)*

Victor Young ([victor.young@sfgov.org](mailto:victor.young@sfgov.org))

Madison Tam ([madison.tam@sfgov.org](mailto:madison.tam@sfgov.org))



## **Gay Crosthwait Grunfeld**

(formerly Danforth)

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

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

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### **EXPERIENCE**

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

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

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

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

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

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

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

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

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

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

Employment and environmental litigation in court and in administrative proceedings.

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

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

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

**1984 – 1985**

### **PUBLISHED CASES**

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

### **PUBLICATIONS**

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

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

## **PRESENTATIONS**

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



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

## **EDUCATION**

### **Columbia Law School, New York, New York**

**J.D., 1984**

Articles Editor, Columbia Law Review

Harlan Fiske Stone Scholar, 1982, 1983, 1984

Charles Bathgate Beck Prize in Property

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

Public Interest Law Foundation

Teaching Fellow in Property

### **Wellesley College, Wellesley, Massachusetts**

**B.A. (Philosophy), 1981**

Phi Beta Kappa

Graduated Durant Scholar (highest honors)

## **BAR ADMISSIONS**

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

## **PROFESSIONAL AWARDS AND HONORS**

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

## **PROFESSIONAL AFFILIATIONS AND ACTIVITIES**

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A Public Document*

 Date Initial Filing Received  
 Filing Official Use Only

1503124

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Law Library

Trustee

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

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

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

-or-

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

-or-

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

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

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

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

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

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

|  |            |
|--|------------|
| <b>CALIFORNIA FORM</b>                     | <b>700</b> |
| <b>FAIR POLITICAL PRACTICES COMMISSION</b> |            |
| Name                                       |            |
| Crosthwait Grunfeld, Gay                   |            |

**▶ 1. BUSINESS ENTITY OR TRUST**

Rosen Bien Galvan &amp; Grunfeld

Name  
101 Mission Street 6th Floor  
San Francisco, CA 94105

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2     ☒ Business Entity, complete the box, then go to 2
**GENERAL DESCRIPTION OF THIS BUSINESS**

Law Firm

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000

\_\_\_\_/\_\_\_\_/22  
ACQUIRED

\_\_\_\_/\_\_\_\_/22  
DISPOSED

NATURE OF INVESTMENT

☒ Partnership     ☐ Sole Proprietorship     ☐ Other
YOUR BUSINESS POSITION Managing Partner**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2     ☐ Business Entity, complete the box, then go to 2
**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/22  
ACQUIRED

\_\_\_\_/\_\_\_\_/22  
DISPOSED

NATURE OF INVESTMENT

☐ Partnership     ☐ Sole Proprietorship     ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☒ OVER \$100,000☐ \$1,001 - \$10,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)☒ None     or     ☐ Names listed below**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/22  
ACQUIRED

\_\_\_\_/\_\_\_\_/22  
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust     ☐ Stock     ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining
☐ Other \_\_\_\_\_
☐ Check box if additional schedules reporting investments or real property are attached
**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$1,001 - \$10,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)☐ None     or     ☐ Names listed below**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/22  
ACQUIRED

\_\_\_\_/\_\_\_\_/22  
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust     ☐ Stock     ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining
☐ Other \_\_\_\_\_
☐ Check box if additional schedules reporting investments or real property are attached

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

## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

Name

Crosthwait Grunfeld, Gay

## ▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

25 15th Avenue

CITY

San Francisco

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000

\_\_\_\_/\_\_\_\_/22

ACQUIRED

\_\_\_\_/\_\_\_\_/22

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

## ▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/22

ACQUIRED

\_\_\_\_/\_\_\_\_/22

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments:



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700****FAIR POLITICAL PRACTICES COMMISSION**

Name

Crosthwait Grunfeld, Gay**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Department of Veteran Affairs

ADDRESS (Business Address Acceptable)

4150 ClementSan Francisco, CA 94118

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Spouse employment

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

University of California at San Francisco

ADDRESS (Business Address Acceptable)

4150 Clement StreetSan Francisco, CA 94121

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Spouse employment

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

\_\_\_\_\_% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None☐ Personal residence☐ Real Property\_\_\_\_\_  
Street address\_\_\_\_\_  
City☐ Guarantor☐ Other\_\_\_\_\_  
(Describe)

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

## BOARD of SUPERVISORS



## City Hall

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

## Application for Boards, Commissions, Committees, &amp; Task Forces

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

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

Full Name: Greggory D Johnson

[REDACTED] San Francisco, CA Zip Code: 94102

Occupation: Semi-Retired

Work Phone: 415-504-5721

Employer: N/A

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Email: \_\_\_\_\_ Home Email: [REDACTED]

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

**Business and/or Professional Experience:**

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

Retired October 2016.

**Civic Activities:**

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

**But I have attended a number of city meeting/hearings**

Newly created committee. But I do routine attend meetings of the BOS committees.

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

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

Date: 02/10/2023

Applicant's Signature (required):

GREGGORY D. JOHNSON

(Manually sign or type your complete name.)

NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_



**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

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

 Date Initial Filing Received  
 Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

CITY/COUNTY SAN FRANCISCO - BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

Your Position

HOMELESS OVERSIGHT COMMITTEE

MEMBER

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

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

**2. Jurisdiction of Office (Check at least one box)**☐ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of San Francisco☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2022, through  
December 31, 2022.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2022.☒ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)☐ The period covered is January 1, 2022, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary (required)**► Total number of pages including this cover page: 2**Schedules attached**☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached-or- ☒ None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

94115-0663

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

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

Date Signed February 10, 2023

(month, day, year)

Signature

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><b>JOHNSON, Gregory</b>     |

**1. INCOME RECEIVED**

## NAME OF SOURCE OF INCOME

City/County of San Francisco (CAAP)

## ADDRESS (Business Address Acceptable)

1235 Mission Street - San Francisco, CA

## BUSINESS ACTIVITY, IF ANY, OF SOURCE

## YOUR BUSINESS POSITION

## GROSS INCOME RECEIVED

☐ \$500 - \$1,000☒ \$10,001 - \$100,000☐ No Income - Business Position Only☐ \$1,001 - \$10,000☐ OVER \$100,000

## CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)**1. INCOME RECEIVED**

## NAME OF SOURCE OF INCOME

CCSROC

## ADDRESS (Business Address Acceptable)

472 Ellis Street - San Francisco

## BUSINESS ACTIVITY, IF ANY, OF SOURCE

## YOUR BUSINESS POSITION

Special Project Organizer - Building Tenant Organizer

## GROSS INCOME RECEIVED

☐ \$500 - \$1,000☐ \$10,001 - \$100,000☐ No Income - Business Position Only☒ \$1,001 - \$10,000☐ OVER \$100,000

## CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

## NAME OF LENDER\*

N/A

## ADDRESS (Business Address Acceptable)

## BUSINESS ACTIVITY, IF ANY, OF LENDER

## HIGHEST BALANCE DURING REPORTING PERIOD

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

## INTEREST RATE

\_\_\_\_\_% ☐ None

## TERM (Months/Years)

## SECURITY FOR LOAN

☐ None ☐ Personal residence☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_☐ Other \_\_\_\_\_  
(Describe)

## Comments:

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

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

CITY & COUNTY OF SAN FRANCISCO

Division, Board, Department, District, if applicable

HOMELESSNESS OVERSIGHT COMMISSION

Your Position

MEMBER

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

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

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of SAN FRANCISCO

☒ City of SAN FRANCISCO

☐ Other \_\_\_\_\_

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

☒ **Annual:** The period covered is January 1, 2022, through December 31, 2022.  
-or- The period covered is 01 / 31 / 2022, through December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

☐ The period covered is January 1, 2022, through the date of leaving office.

☒ **Assuming Office:** Date assumed 05 / 01 / 2023

-or- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

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

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached  
☐ **Schedule A-2 - Investments** – schedule attached  
☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached  
☐ **Schedule D - Income – Gifts** – schedule attached  
☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

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

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

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

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

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



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

GREGGORY D JOHNSON

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

CCSROC

ADDRESS (Business Address Acceptable)

470 ELLIS STREET - SAN FRANCISCO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ORGANIZER

YOUR BUSINESS POSITION

SPECIAL PROJECTS ORGANIZER

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

\_\_\_\_\_  
(Describe)

☒ Other STIPEND FOR OUTREACH, ETC

\_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

\_\_\_\_\_  
(Describe)

☐ Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_

Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_

(Describe)

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

BOARD of SUPERVISORS



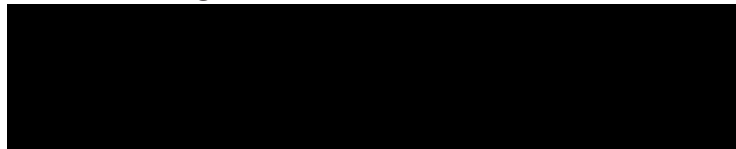
City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

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

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

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

**Jason Michael Albertson**

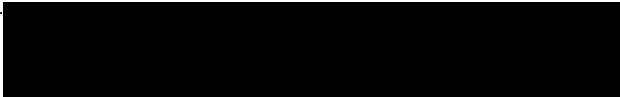


Zip Code: 94110

Occupation: Psychiatric Social Worker

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

Business Address: 1076 Howard Street, SF, CA 94103

Business Email: Jason.Albertson@sfdph.org Home E 

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☐ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

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

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

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

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

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

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

**Business and/or Professional Experience:**

## Service Provider:

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

**Civic Activities:**

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

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

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

Date: 12/10/2022

Applicant's Signature (required): Jason Michael Albertson

*(Manually sign or type your complete name.)*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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

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

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

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of SAN FRANCISCO

☒ City of SAN FRANCISCO

☐ Other \_\_\_\_\_

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

☒ Annual: The period covered is January 1, 2022, through  
December 31, 2022.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2022.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

☐ The period covered is January 1, 2022, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate: Date of Election \_\_\_\_/\_\_\_\_/\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: \_\_\_\_\_

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

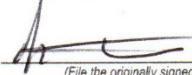
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

or ☐ None - No reportable interests on any schedule

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

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

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

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

*David A. Borsari*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

*San Francisco*

CITY

*856 Peralta Ave, SF, CA \**

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

*/ / 22*

ACQUIRED

*/ / 22*

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

*\* 94110*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

*Mendocino*

CITY

*41500 Comanche-Ukiah Road \**

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

*/ / 22*

ACQUIRED

*/ / 22*

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

*\* Mendocino, California  
95460*

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

*\_\_\_\_\_ %* ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

*\_\_\_\_\_ %* ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

JASON ALBERTSON

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

SALARY - CITY AND COUNTY  
OF SAN FRANCISCO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☒ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

COMMUNITY PROPERTY / DOMESTIC PARTNER  
EMPLOYER: EDgewood COMMUNITY

BUSINESS ACTIVITY, IF ANY, OF SOURCE

SERVICES. PRIVATE PRACTICE INCOME

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☒ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE A-1**  
**Investments**

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

Investments must be itemized.

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY  
529 college fund

GENERAL DESCRIPTION OF THIS BUSINESS  
ROYAL BANK OF CANADA

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

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

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

► NAME OF BUSINESS ENTITY  
ROYAL BANK OF CANADA

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

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

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

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

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

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

► NAME OF BUSINESS ENTITY  
SAN FRANCISCO EMPLOYMENT

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

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

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

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

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

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

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

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

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

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

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

TRACY ALBUQUERQUE

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADVERSE 529 COLLEGE FUND

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ACCT HOLDER

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☒ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

\_\_\_\_\_  
(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ROYAL BANK OF CANADA

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

RECIPIENT DISTRIBUTION ACCT

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☒ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

\_\_\_\_\_  
(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

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





BOARD of SUPERVISORS



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

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

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

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

Neil Sims



Zip Code: 94114

Occupation: Retired

Work Phone: \_\_\_\_\_ Employer: none

Business Address: 912 Cole Street #143 Zip Code: 94117

Business Email: none Home Email: \_\_\_\_\_

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_  
18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

I have a long history of interest and engagement in low income housing and services to underserved populations. I currently sit as a member of the board of directors of HomeRise, [www.homerisesf.org](http://www.homerisesf.org). HomeRise is a recognized leader in the development and operation of Permanent Supportive Housing for those experiencing homelessness. Today, HomeRise operates 18 residential properties in the City and County of San Francisco, providing housing and a continuum of supportive services to more than 2300 individuals. Nearly 300 of our residents are children. I currently serve as Chairman of the Board Governance Committee and actively participate as a member of the Board Fund Development Committee.

I was an early member and past President of the board of Openhouse, [www.openhouse-sf.org](http://www.openhouse-sf.org). Openhouse currently houses more than 100 low-income seniors and provides supportive services to its residents and several thousand additional seniors who are aging in place with the help of Openhouse staff and volunteers.

I am a former Commissioner for the San Francisco Department of Disability and Aging Services, DAS. In that capacity, I worked closely with Shireen McSpadden who served as Executive Director of the department.

**Business and/or Professional Experience:**

I am retired from Boyden Executive Search. I lead the Technology Sector Practice in the Americas for the firm.

**Civic Activities:**

My civic engagement has largely been focused on the issues facing low income members of our community as described above.

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

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

Date: Feb. 9. 2023 Applicant's Signature (required): Neil Sims

*(Manually sign or type your complete name.)*

*NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

Date Initial Filing Received  
*Filing Official Use Only*

Feb. 23, 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Sims Neil Alan

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

Agency Name *(Do not use acronyms)*

Department of Homelessness and Supportive Housing

Division, Board, Department, District, if applicable

Your Position

Homelessness Oversight Commission

Commissioner

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

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

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
*(Statewide Jurisdiction)*

☐ Multi-County \_\_\_\_\_

☒ County of San Francisco

☒ City of San Francisco

☐ Other \_\_\_\_\_

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

☒ **Annual:** The period covered is January 1, 2022, through December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Check one circle.)*

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2022.

☐ The period covered is January 1, 2022, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 3

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

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

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

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

Date Signed Feb 24, 2023

*(month, day, year)*

Signature

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

**SCHEDULE A-1**  
**Investments**

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

*Investments must be itemized.*  
*Do not attach brokerage or financial statements.*

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><b>NEIL SIMS</b>  |

|  |
|--|
| ▶ NAME OF BUSINESS ENTITY<br><b>MORGAN STANLEY INVESTMENTS</b>   |
| GENERAL DESCRIPTION OF THIS BUSINESS<br><b>INVESTMENT PORTFOLIO</b>  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000  |
| NATURE OF INVESTMENT<br><input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____<br>(Describe)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499<br><input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:<br>_____/_____/22      ____/_____/22<br>ACQUIRED      DISPOSED   |

|  |
|--|
| ▶ NAME OF BUSINESS ENTITY<br><b>LPL INVESTMENTS</b>  |
| GENERAL DESCRIPTION OF THIS BUSINESS<br><b>INVESTMENT PORTFOLIO</b>  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  |
| NATURE OF INVESTMENT<br><input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____<br>(Describe)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499<br><input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:<br>_____/_____/22      ____/_____/22<br>ACQUIRED      DISPOSED   |

|  |
|--|
| ▶ NAME OF BUSINESS ENTITY<br><b>SCHWAB</b>   |
| GENERAL DESCRIPTION OF THIS BUSINESS<br><b>INVESTMENT PORTFOLIO</b>  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  |
| NATURE OF INVESTMENT<br><input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____<br>(Describe)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499<br><input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:<br>_____/_____/22      ____/_____/22<br>ACQUIRED      DISPOSED   |

|   |
|---|
| ▶ NAME OF BUSINESS ENTITY   |
| GENERAL DESCRIPTION OF THIS BUSINESS  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  |
| NATURE OF INVESTMENT<br><input type="checkbox"/> Stock <input type="checkbox"/> Other _____<br>(Describe)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499<br><input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:<br>_____/_____/22      ____/_____/22<br>ACQUIRED      DISPOSED  |

|   |
|---|
| ▶ NAME OF BUSINESS ENTITY   |
| GENERAL DESCRIPTION OF THIS BUSINESS  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  |
| NATURE OF INVESTMENT<br><input type="checkbox"/> Stock <input type="checkbox"/> Other _____<br>(Describe)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499<br><input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:<br>_____/_____/22      ____/_____/22<br>ACQUIRED      DISPOSED  |

|   |
|---|
| ▶ NAME OF BUSINESS ENTITY   |
| GENERAL DESCRIPTION OF THIS BUSINESS  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  |
| NATURE OF INVESTMENT<br><input type="checkbox"/> Stock <input type="checkbox"/> Other _____<br>(Describe)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499<br><input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE:<br>_____/_____/22      ____/_____/22<br>ACQUIRED      DISPOSED  |

Comments: ALL ACCOUNTS HELD IN THE NAME OF THE FAMILY TRUST OF NEIL A SIMS AND TIMOTHY L LUC



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
NEIL SIMS

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Central Self Storage Pacific

ADDRESS (Business Address Acceptable)

1148 Alpine Road, Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Self-Storage Facility

YOUR BUSINESS POSITION

Investor in LLC

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

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

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

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

BOARD of SUPERVISORS



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

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

Homeless Oversight Commission

Name of Board/Commission/Committee/Task Force: \_\_\_\_\_

Seats 6 and 7

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

Bevan Dufty

Full Name: \_\_\_\_\_

San Francisco, CA \_\_\_\_\_

94114

Zip Code: \_\_\_\_\_

Director

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

BART

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

P.O. Box 12688, Oakland, CA

94604-2688

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

bevan.dufty@bart.gov

Business Email: \_\_\_\_\_ Home \_\_\_\_\_

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

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: \_\_\_\_\_

18 Years of Age or Older: Yes ☒ No ☐

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

Covid-19 Vaccinated: Yes ☒ No ☐

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

Over my 23 years with the City and County of San Francisco, I have been a Board Aide, Director of Neighborhood Services, District 8 Supervisor and Director of HOPE serving as a policy advisor to Mayor Lee on innovating our response to homelessness.

Most relevant to Seat #6 (services/advocacy for homeless population at large), I created the first Navigation Center which was the biggest change in how we design and run emergency shelter. Focusing on low or no-barriers to entry, on-site City services and a defined path to permanent housing as long as individuals were willing to work with case managers and committed no acts of violence. I worked closely with the Coalition on Homelessness (COH) and providers to develop the biggest change to emergency shelter in 100 years. We also worked on #311 90-day shelter reservations and I co-chaired Home for Heroes bringing Veterans homelessness in SF close to functional zero.

**Business and/or Professional Experience:**

I have a 47-year career in government and public service. My first job was as an Intern with Congresswoman Shirley Chisholm (D-NY) I was promoted and I then worked for Congressman Julian Dixon (D-CA) as his Chief Legislative Assistant. After leaving DC, I worked for the Los Angeles County Transportation Commission securing funds for the earliest days of the LA Metrorail project.

I was a Legislative Aide to former Supervisor Susan Leal and then worked for Mayor Willie Brown as Director of Neighborhood Services. Many of our clients were struggling and in need of housing, benefits and employment. We helped thousands over my 5 1/2 years leading a diverse staff of 15. I began the Mayor's Open Door Day where monthly we gave out tickets for 10 minutes appointments the following Saturday morning. Again, many individuals with Public Housing problems or lacking housing came and received help and support.

**Civic Activities:**

I am an elected member of the SF Democratic County Central Committee.

Many of my clients still come to me for help or just to check-in.

One of my proudest accomplishments is successfully changing California's Lifeline program from being limited to landlines in 2013. I organized a group of homeless service providers and we began attending California Public Utilities Commission (CPUC) hearing to ask why only landlines qualified for low-income individuals -- when many of them didn't have homes for a landline. CPUC had hundreds of millions in finding provided by telecommunications companies that we going unused. We got mobile service added and its been a game changer ever since.

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

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

Date: February 8, 2023 Applicant's Signature (required): Bevan Dufty  
(Manually sign or type your complete name.  
NOTE: By typing your complete name, you are  
hereby consenting to use of electronic signature.)

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

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

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

Date Initial Filing Received  
Filing Official Use Only

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

Please type or print in ink.

NAME OF FILER (LAST) Duffy (FIRST) Bevan (MIDDLE) Doyle  
BY [Signature]

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

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Homelessness Oversight Commission

Your Position

Member

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

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

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of San Francisco

☒ City of San Francisco

☐ Other \_\_\_\_\_

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

☐ **Annual:** The period covered is January 1, 2022, through December 31, 2022.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2022.

☐ The period covered is January 1, 2022, through the date of leaving office.

-or-

☒ **Assuming Office:** Date assumed 3/1/2023

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

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

Date Signed 02/22/2023  
(month, day, year)

Signature

[Signature: Bevan Duffy]

(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><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Bevan Duffy</u>  |

| 1. INCOME RECEIVED  | 1. INCOME RECEIVED   |
|---|--|
| NAME OF SOURCE OF INCOME<br><u>Another Planet Entertainment, Inc.</u>   | NAME OF SOURCE OF INCOME   |
| ADDRESS (Business Address Acceptable)<br><u>1815 4th Street, Suite C Berkeley CA 94710</u>  | ADDRESS (Business Address Acceptable)  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Managing Lessor, Castro Theatre</u>  | BUSINESS ACTIVITY, IF ANY, OF SOURCE   |
| YOUR BUSINESS POSITION<br><u>Community Strategy &amp; Engagement</u>  | YOUR BUSINESS POSITION   |
| GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000   | GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$10,001 - \$100,000   |
| <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> OVER \$100,000   | <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary<br><input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary<br><input type="checkbox"/> Spouse's or registered domestic partner's income<br>(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 _____<br>(Real property, car, boat, etc.)  | <input type="checkbox"/> Sale of _____<br>(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   | <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  |
| _____<br>(Describe)   | _____<br>(Describe)  |
| <input type="checkbox"/> Other _____<br>(Describe)  | <input type="checkbox"/> Other _____<br>(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   | TERM (Months/Years) |
| _____   | _____% <input type="checkbox"/> None                                      | _____               |
| ADDRESS (Business Address Acceptable)         | SECURITY FOR LOAN   |                     |
| _____   | <input type="checkbox"/> None <input type="checkbox"/> Personal residence |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER          | <input type="checkbox"/> Real Property _____<br>Street address            |                     |
| _____   | _____ City  |                     |
| HIGHEST BALANCE DURING REPORTING PERIOD       | <input type="checkbox"/> Guarantor _____                                  |                     |
| <input type="checkbox"/> \$500 - \$1,000      | <input type="checkbox"/> Other _____<br>(Describe)                        |                     |
| <input type="checkbox"/> \$1,001 - \$10,000   |   |                     |
| <input type="checkbox"/> \$10,001 - \$100,000 |   |                     |
| <input type="checkbox"/> OVER \$100,000       |   |                     |

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



## HOMELESSNESS OVERSIGHT COMMISSION (Effective May 1, 2023)

### Deadline to make appointments March 1st

The below listed summary of seats, term expirations and membership information shall serve as notice of **vacancies, upcoming term expirations** and information on currently held seats, appointed by the Board of Supervisors. Appointments by other bodies are listed, if available. Seat numbers listed in **bold** are open for immediate appointment. However, you are able to submit applications for all seats and your application will be maintained for one year, in the event that an unexpected vacancy or opening occurs.

#### Membership and Seat Qualifications

| Seat # | Appointing Authority | Seat Holder | Term Ending | Qualification  |
|--------|----------------------|-------------|-------------|--|
| 1      | Mayor                | Vacant      | May 1, 2025 | Appointed by the Mayor subject to confirmation by the Board of Supervisors within 60 days and must be held by a person who has personally experienced homelessness; four-year term.*   |
| 2      | Mayor                | Vacant      | May 1, 2027 | Appointed by the Mayor subject to confirmation by the Board of Supervisors within 60 days and with experience in providing services to or engaging in advocacy on behalf of persons experiencing homelessness; four-year term.*                    |
| 3      | Mayor                | Vacant      | May 1, 2027 | Appointed by the Mayor subject to confirmation by the Board of Supervisors within 60 days and must be held by a person with expertise in mental health service delivery or substance use treatment; four-year term.*                               |
| 4      | Mayor                | Vacant      | May 1, 2025 | Appointed by the Mayor subject to confirmation by the Board of Supervisors within 60 days and must be held by a person with a record of participation in a merchants' or small business association, or neighborhood association; four-year term.* |

|   |     |        |             |   |
|---|-----|--------|-------------|---|
| 5 | BOS | Vacant | May 1, 2027 | Appointed by the Board of Supervisors and shall be held by a person who has personally experienced homelessness; four-year term.  |
| 6 | BOS | Vacant | May 1, 2025 | Appointed by the Board of Supervisors and shall be held by a person with significant experience providing services to or engaging in advocacy on behalf of persons experiencing homelessness; four-year term. |
| 7 | BOS | Vacant | May 1, 2027 | Appointed by the Board of Supervisors and shall be held by a person with significant experience working with homeless families with children and/or homeless youth; four-year term.                           |

\*At least one of the Mayor's appointees shall have experience in budgeting, finance, and auditing.

#### **BOARD OF SUPERVISORS (BOS) APPLICATION FORMS AVAILABLE HERE**

- English - [https://sfbos.org/sites/default/files/vacancy\\_application.pdf](https://sfbos.org/sites/default/files/vacancy_application.pdf)
- 中文 - [https://sfbos.org/sites/default/files/vacancy\\_application\\_CHI.pdf](https://sfbos.org/sites/default/files/vacancy_application_CHI.pdf)
- Español - [https://sfbos.org/sites/default/files/vacancy\\_application\\_SPA.pdf](https://sfbos.org/sites/default/files/vacancy_application_SPA.pdf)
- Filipino - [https://sfbos.org/sites/default/files/vacancy\\_application\\_FIL.pdf](https://sfbos.org/sites/default/files/vacancy_application_FIL.pdf)

(For seats appointed by other Authorities please contact the Board / Commission / Committee / Task Force (see below) or the appointing authority directly.)

Pursuant to Board of Supervisors Rules of Order 2.19 (Motion No. 05-92) all applicants applying for this body must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not received.

**FORM 700 AVAILABLE HERE (Required)**  
<https://www.fppc.ca.gov/Form700.html>

*Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.*

Applications and other documents may be submitted to [BOS-Appointments@sfgov.org](mailto:BOS-Appointments@sfgov.org)

**Next Steps:** Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of the individual(s) who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

---

The Homeless Oversight Commission shall consist of seven seats:

Seats 1-4 shall be appointed by the Mayor subject to confirmation by the Board of Supervisors:

- Seat 1 shall be held by a person who has personally experienced homelessness.
- Seat 2 shall be held by a person with significant experience providing services to or engaging in advocacy on behalf of persons experiencing homelessness.
- Seat 3 shall be held by a person with expertise in mental health service delivery or substance use treatment.
- Seat 4 shall be held by a person with a record of participation in a merchants' or small business association, or neighborhood association. In addition to the aforementioned qualifications.

At least one of the Mayor's appointees shall have experience in budgeting, finance, and auditing.

Seats 5-7 shall be appointed by the Board of Supervisors:

- Seat 5 shall be held by a person who has personally experienced homelessness.
- Seat 6 shall be held by a person with significant experience providing services to or engaging in advocacy on behalf of persons experiencing homelessness.
- Seat 7 shall be held by a person with significant experience working with homeless families with children and/or homeless youth.

The Commission shall have the following powers and duties:

(1) With respect to the Department, the Commission shall exercise all of the powers and duties of boards and commissions as set forth in Sections 4.102, 4.103, and 4.104, including but not limited to, approving applicable departmental budgets, formulating annual and long-term goals consistent with the overall objectives of the City and County, establishing departmental performance standards, holding hearings and taking testimony, conducting public education and outreach concerning programs and services for homeless persons in San Francisco, and issues concerning homelessness, and conducting performance audits of the Department to assess the efficiency and effectiveness of the Department's delivery of services to persons experiencing homelessness and persons participating in programs overseen by the Department, and the extent to which the



Department has met the annual goals and performance standards established by the Commission.

(2) Notwithstanding the Commission's authority to review and set policies, the Commission shall not have the authority to approve, disapprove, or modify criteria used to ascertain eligibility or priority for programs and/or services operated or provided by the Department, where such criteria are required as a condition of the receipt of state or federal funding.

By no later than May 1, 2023, the City shall enact an ordinance that:

(1) Amends Article XXXI of Chapter 5 of the Administrative Code, to provide that the Commission shall appoint all members of the Local Homeless Coordinating Board ("LHCB") and that the LHCB's sole duties shall be to serve as the Continuum of Care governing body and to advise the Commission on issues relating to the City's participation in the Continuum of Care program. This subsection (h)(1) shall not preclude the City by ordinance from amending said Article XXXI in a manner that is not inconsistent with this subsection or as necessary to comply with federal requirements relating to the Continuum of Care.

(2) Amends Article XII of Chapter 20 of the Administrative Code, to provide that the Shelter Monitoring Committee shall advise the Commission in lieu of advising the LHCB. This subsection (h)(2) shall not preclude the City by ordinance from amending said Article XII in a manner that is not inconsistent with this subsection.

(3) Amends Article XLI of Chapter 5 of the Administrative Code and Section 2810 of Article 28 of the Business and Tax Regulations Code, to provide that the Our City, Our Home Oversight Committee ("Oversight Committee") shall advise and make recommendations to the Commission and the Health Commission, in addition to advising and making recommendations to the Mayor and the Board of Supervisors, on administration of the Our City, Our Home Fund ("Fund") and on monies appropriated from the Fund, which monies are subject to the City budget approval process set forth in Article IX of the Charter, and to provide that the needs assessment conducted by the Oversight Committee shall inform the Department's strategic planning process. This subsection (h)(3) shall not preclude the City by ordinance from amending said Article XLI and said Section 2810 in a manner that is not inconsistent with this subsection, Section 2811 of the Business and Tax Regulations Code, and Articles XIII A and XIII C of the California Constitution, as may be amended from time to time.

(i) The references in subsection (h) to the LHCB, Shelter Monitoring Committee, and Oversight Committee do not change their character as bodies created by ordinance. Accordingly, they are not subject to provisions in the Charter or Municipal Code that apply exclusively to bodies enumerated in the Charter or created by the Charter, including but not limited to Charter Sections 4.101.1 and 4.101.5.

(j) Within one year of the effective date of the ordinance adopted by the Board of Supervisors in compliance with subsection (h), the City Attorney shall cause subsections (h)-(j) of this Section 4.133 to be removed from the Charter.

Authority: Charter Section 4.133

Sunset Date: None

Contact: TBD

Updated: February 22, 2023

# ***GENDER ANALYSIS OF COMMISSIONS AND BOARDS***

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City and County of San Francisco  
London N. Breed  
Mayor

Department on the Status of Women  
Emily M. Murase, PhD  
Director



## Acknowledgements

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The data collection and analysis for this report was conducted by Public Policy Fellow Diana McCaffrey with support from Policy and Projects Director Elizabeth Newman, Associate Director Carol Sacco, and Director Emily Murase, PhD, at the San Francisco Department on the Status of Women.

The San Francisco Department on the Status of Women would like to thank the various policy body members, Commission secretaries, and department staff who graciously assisted in collecting demographic data and providing information about their respective policy bodies.

### **San Francisco Commission on the Status of Women**

President Debbie Mesloh

Vice President Breanna Zwart

Commissioner Shokooh Miry

Commissioner Carrie Schwab-Pomerantz

Commissioner Andrea Shorter

Commissioner Julie D. Soo

Emily M. Murase, PhD, Director

Department on the Status of Women

This report is available at the San Francisco Department on the Status of Women website, <https://sfgov.org/dosw/gender-analysis-reports>.

## Contents

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|  |    |
|--|----|
| Table of Figures .....   | 3  |
| Executive Summary.....   | 4  |
| I. Introduction .....  | 7  |
| II. Gender Analysis Findings .....   | 8  |
| A. Gender .....  | 8  |
| B. Race and Ethnicity.....   | 11 |
| C. Race and Ethnicity by Gender .....                                      | 14 |
| D. LGBTQ Identity.....   | 16 |
| E. Disability Status.....  | 16 |
| F. Veteran Status.....   | 17 |
| G. Policy Bodies by Budget.....  | 18 |
| H. Comparison of Advisory Body and Commission and Board Demographics ..... | 19 |
| I. Demographics of Mayoral, Supervisorial, and Total Appointees .....      | 20 |
| III. Conclusion.....   | 21 |
| IV. Methodology and Limitations.....                                       | 23 |
| Appendix .....   | 24 |

## Table of Figures

---

|  |    |
|--|----|
| Figure 1: Summary Data of Policy Body Demographics, 2019.....  | 8  |
| Figure 2: 10-Year Comparison of Representation of Women on Policy Bodies .....   | 8  |
| Figure 3: Commissions and Boards with Highest Percentages of Women, 2019 Compared to 2017, 2015..<br>.....   | 9  |
| Figure 4: Commissions and Boards with Lowest Percentage of Women, 2019 Compared to 2017, 2015..<br>.....   | 10 |
| Figure 5: Advisory Bodies with the Highest and Lowest Percentage of Women, 2019.....   | 10 |
| Figure 6: 10-Year Comparison of People of Color’s Representation of Policy Bodies .....  | 11 |
| Figure 7: Race and Ethnicity of Appointees Compared to San Francisco Population, 2019.....   | 12 |
| Figure 8: Commissions and Boards with Highest Percentage of People of Color, 2019 Compared to 2017,<br>2015 .....  | 12 |
| Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2019 Compared to 2017,<br>2015 .....   | 13 |
| Figure 10: Advisory Bodies with the Highest and Lowest Percentage of People of Color, 2019.....  | 14 |
| Figure 11: 10-Year Comparison of Representation of Women of Color on Policy Bodies.....  | 14 |
| Figure 12: Appointees by Race/Ethnicity and Gender, 2019 .....   | 15 |
| Figure 13: San Francisco Population by Race/Ethnicity, 2019 .....  | 15 |
| Figure 14: LGBTQ Identity of Appointees, 2019 .....  | 16 |
| Figure 15: LGBTQ Population of Appointees, 2019 .....  | 16 |
| Figure 16: San Francisco Adult Population with a Disability by Gender, 2017 .....  | 17 |
| Figure 17: Appointees with One or More Disabilities by Gender, 2019 .....  | 17 |
| Figure 18: San Francisco Adult Population with Military Service by Gender, 2017.....   | 17 |
| Figure 19: Appointees with Military Service, 2019.....   | 17 |
| Figure 20: Percent of Women, Women of Color, and People of Color on Commissions and Boards with<br>Largest and Smallest Budgets in Fiscal Year 2018-2019 ..... | 18 |
| Figure 21: Demographics of Commissions and Boards with Largest Budgets, 2019 .....   | 19 |
| Figure 22: Demographics of Commissions and Boards with Smallest Budgets, 2019 .....  | 19 |
| Figure 23: Demographics of Appointees on Commission and Boards and Advisory Bodies, 2019 .....   | 20 |
| Figure 24: Demographics of Mayoral, Supervisorial, and Total Appointees, 2019 .....  | 20 |
| Figure 25: Policy Body Demographics, 2019.....   | 24 |
| Figure 26: San Francisco Population Estimates by Race/Ethnicity, 2017 .....  | 26 |
| Figure 27: San Francisco Population Estimates by Race/Ethnicity and Gender, 2017 .....   | 26 |

## Executive Summary

In 2008, San Francisco voters overwhelmingly approved a City Charter Amendment (section 4.101) establishing as City policy for the membership of Commissions and Boards to reflect the diversity of San Francisco’s population, and that appointing officials be urged to support the nomination, appointment, and confirmation of these candidates. Additionally, it requires the San Francisco Department on the Status of Women to conduct and publish a gender analysis of Commissions and Boards every two years.

The *2019 Gender Analysis of Commissions and Boards* includes more policy bodies such as task forces, committees, and advisory bodies, than previous analyses, which were limited to Commissions and Boards. Data was collected from 84 policy bodies and from a total of 741 members mostly appointed by the Mayor and Board of Supervisors. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney.<sup>1</sup> The first category, referred to as “Commissions and Boards,” are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission. The second category, referred to as “Advisory Bodies,” are policy bodies with advisory function whose members do *not* submit financial disclosures to the Ethics Commission. This report examines policy bodies and appointees both comprehensively as a whole and separately by the two categories.

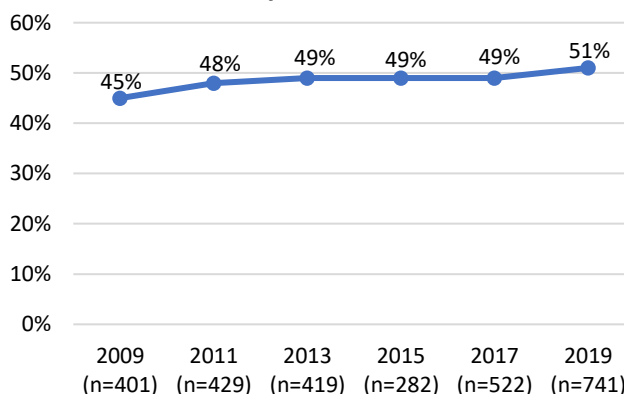
The *2019 Gender Analysis* evaluates the representation of women; people of color; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; people with disabilities; and veterans on San Francisco policy bodies.

### Key Findings

#### Gender

- Women’s representation on policy bodies is 51%, slightly above parity with the San Francisco female population of 49%.
- Since 2009, there has been a small but steady increase in the representation of women on San Francisco policy bodies.

**10-Year Comparison of Representation of Women on Policy Bodies**



Source: SF DOSW Data Collection & Analysis.

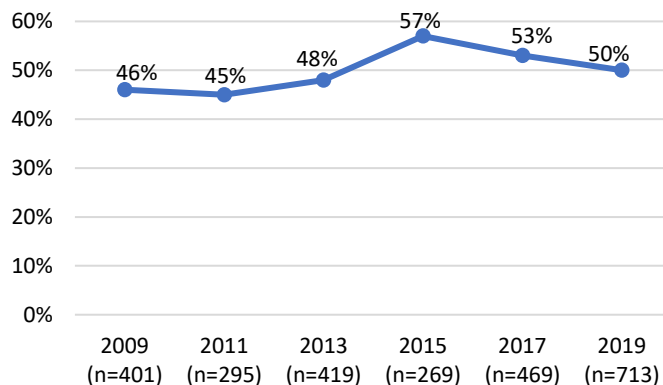
<sup>1</sup> “List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute,” Office of the City Attorney, <https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf>, (August 25, 2017).



## Race and Ethnicity

- People of color are underrepresented on policy bodies compared to the population. Although people of color comprise 62% of San Francisco's population, just 50% of appointees identify as a race other than white.
- While the overall representation of people of color has increased between 2009 and 2019, as the Department collected data on more appointees, the representation of people of color has decreased over the last few years. The percentage of appointees of color decreased from 53% in 2017 to 49% in 2019.
- As found in previous reports, Latinx and Asian groups are underrepresented on San Francisco policy bodies compared to the population. Latinx individuals are 14% of the population but make up only 8% of appointees. Asian individuals are 31% of the population but make up only 18% of appointees.

**10-Year Comparison of Representation of People of Color on Policy Bodies**

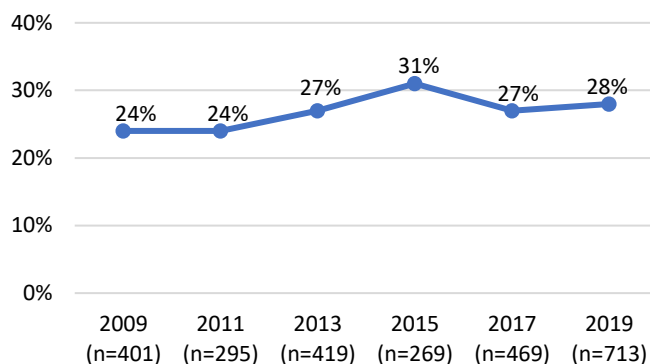


Source: SF DOSW Data Collection & Analysis.

## Race and Ethnicity by Gender

- On the whole, women of color are 32% of the San Francisco population, and 28% of appointees. Although still below parity, 28% is a slight increase compared to 2017, which showed 27% women of color appointees.
- Meanwhile, men of color are underrepresented at 21% of appointees compared to 31% of the San Francisco population.
- Both White women and men are overrepresented on San Francisco policy bodies. White women are 23% of appointees compared to 17% of the San Francisco population. White men are 26% of appointees compared to 20% of the population.
- Black and African American women and men are well-represented on San Francisco policy bodies. Black women are 9% of appointees compared to 2.4% of the population, and Black men are 5% of appointees compared to 2.5% of the population.
- Latinx women are 7% of the San Francisco population but 3% of appointees, and Latinx men are 7% of the population but 5% of appointees.
- Asian women are 17% of the San Francisco population but 11% of appointees, and Asian men are 15% of the population but just 7% of appointees.

**10-Year Comparison of Representation of Women of Color on Policy Bodies**



Source: SF DOSW Data Collection & Analysis.

### **Additional Demographics**

- Out of the 74% of appointees who responded to the survey question on LGBTQ identity, 19% identify as lesbian, gay, bisexual, transgender, nonbinary, queer, or questioning, and 81% of appointees identify as straight/heterosexual.
- Out of the 70% of appointees who responded to the question on disability, 11% identify as having one or more disabilities, which is just below the 12% of the adult population with a disability in San Francisco.
- Out of the 67% of appointees who responded to the question on veteran status, 7% have served in the military compared to 3% of the San Francisco population.

### **Proxies for Influence: Budget & Authority**

- Although women are half of all appointees, those Commissions and Boards with the largest budgets have fewer women and especially fewer women of color. Meanwhile, women exceed representation on Boards and Commissions with the smallest budgets and women of color reach parity with the population on the smallest budgeted Commissions and Boards.
- Although still underrepresented relative to the San Francisco population, there is a larger percentage of people of color on Commissions and Boards with both the largest and smallest budgets compared to overall appointees.
- The percentage of total women is greater on Advisory Bodies than Commissions and Boards. Women are 54% of appointees on Advisory Bodies and 48% of appointees on Commissions and Boards. However, the percentages of people of color and women of color on Commissions and Boards exceed the percentages of people of color and women of color on Advisory Bodies.

### **Appointing Authorities**

- Mayoral appointments include 55% women, 52% people of color, and 30% women of color, which is more diverse by gender and race compared to both Supervisorial appointments and total appointments.

### **Demographics of Appointees Compared to the San Francisco Population**

|  | Women | People of Color | Women of Color | LGBTQ   | Disability Status | Veteran Status |
|--|-------|-----------------|----------------|---------|-------------------|----------------|
| <b>San Francisco Population</b>                      | 49%   | 62%             | 32%            | 6%-15%* | 12%               | 3%             |
| <b>Total Appointees</b>                              | 51%   | 50%             | 28%            | 19%     | 11%               | 7%             |
| <b>10 Largest Budgeted Commissions &amp; Boards</b>  | 41%   | 55%             | 23%            |         |                   |                |
| <b>10 Smallest Budgeted Commissions &amp; Boards</b> | 52%   | 54%             | 32%            |         |                   |                |
| <b>Commissions and Boards</b>                        | 48%   | 52%             | 30%            |         |                   |                |
| <b>Advisory Bodies</b>                               | 54%   | 49%             | 28%            |         |                   |                |

Sources: 2017 American Community Survey 5-Year Estimates, SF DOSW Data Collection & Analysis, 2019, \*Note: Estimates vary by source. See page 16 for a detailed breakdown.

## I. Introduction

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Inspired by the 4th UN World Conference on Women in Beijing, San Francisco became the first city in the world to adopt a local ordinance reflecting the principles of the U.N. Convention on the Elimination of All Forms of Discrimination (CEDAW), an international bill of rights for women. The CEDAW Ordinance was passed unanimously by the San Francisco Board of Supervisors and signed into law by Mayor Willie L. Brown, Jr. on April 13, 1998.<sup>2</sup> In 2002, the CEDAW Ordinance was revised to address the intersection of race and gender and incorporate reference to the UN Convention on the Elimination of all Forms of Race Discrimination. The Ordinance requires City Government to take proactive steps to ensure gender equity and specifies “gender analysis” as a preventive tool to identify and address discrimination. Since 1998, the Department on the Status of Women has employed this tool to analyze the operations of 10 City Departments using a gender lens.

In 2007, the Department on the Status of Women conducted the first gender analysis to evaluate the number of women appointed to City Commissions and Boards. The findings of this analysis informed a City Charter Amendment developed by the Board of Supervisors for the June 2008 Election. This City Charter Amendment (Section 4.101) was overwhelmingly approved by voters and made it city policy that:

- The membership of Commissions and Boards are to reflect the diversity of San Francisco’s population,
- Appointing officials are to be urged to support the nomination, appointment, and confirmation of these candidates, and
- The Department on the Status of Women is required to conduct and publish a gender analysis of Commissions and Boards every 2 years.

The *2019 Gender Analysis* examines the representation of women; people of color; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; people with disabilities; and veterans on San Francisco policy bodies primarily appointed by the Mayor and the Board of Supervisors. This year’s analysis included more outreach to policy bodies as compared to previous analyses that were limited to Commissions and Boards. As a result, more appointees were included in the data collection and analysis than even before. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney. The first category, referred to as “Commissions and Boards,” are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission, and the second category, referred to as “Advisory Bodies,” are policy bodies with advisory function whose members do not submit financial disclosures to the Ethics Commission. A detailed description of methodology and limitations can be found at the end of this report on page 23.

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<sup>2</sup> San Francisco Administrative Code Chapter 33.A.

[http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco\\_ca\\$sanc=JD\\_Chapter33A](http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$sanc=JD_Chapter33A).

## II. Gender Analysis Findings

Many aspects of San Francisco's diversity are reflected in the overall population of appointees on San Francisco policy bodies. The analysis includes 84 policy bodies, of which 823 of the 887 seats are filled leaving 7% vacant. As outlined below in the summary chart, slightly more than half of appointees are women, half of appointees are people of color, 28% are women of color, 19% are LGBTQ, 11% have a disability, and 7% are veterans.

**Figure 1: Summary Data of Policy Body Demographics, 2019**

| Appointee Demographics           | Percentage of Appointees |
|----------------------------------|--------------------------|
| Women (n=741)                    | 51%                      |
| People of Color (n=706)          | 50%                      |
| Women of Color (n=706)           | 28%                      |
| LGBTQ Identified (n=548)         | 19%                      |
| People with Disabilities (n=516) | 11%                      |
| Veteran Status (n=494)           | 7%                       |

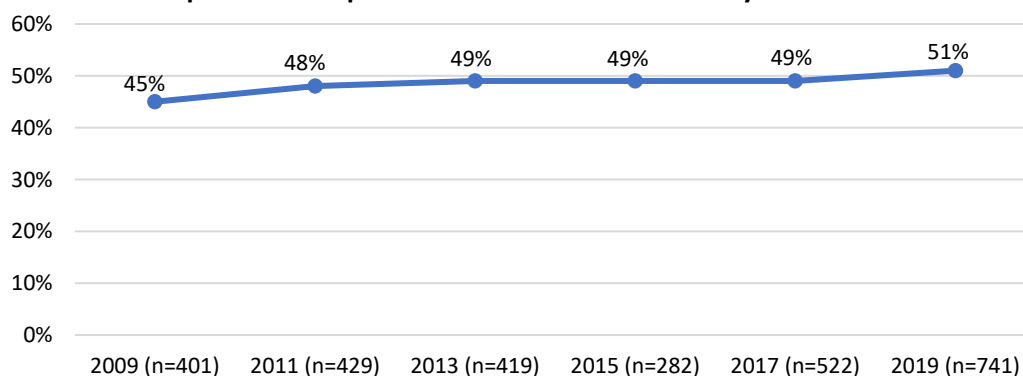
*Source: SF DOSW Data Collection & Analysis.*

However, further analysis reveals underrepresentation of particular groups. Subsequent sections present comprehensive data analysis providing comparison to previous years, detailing the variables of gender, race/ethnicity, LGBTQ identity, disability, veteran status, and policy body characteristics of budget size, decision-making authority, and appointment authority.

### A. Gender

On San Francisco policy bodies, 51% of appointees identify as women, which is slightly above parity compared to the San Francisco female population of 49%. The representation of women remained stable at 49% from 2013 until 2017. This year, the representation of women increased by 2 percentage points, which could be partly due to the larger sample size used in this year's analysis compared to previous years. A 10-year comparison shows that the representation of women appointees has gradually increased since 2009 by a total of six percentage points.

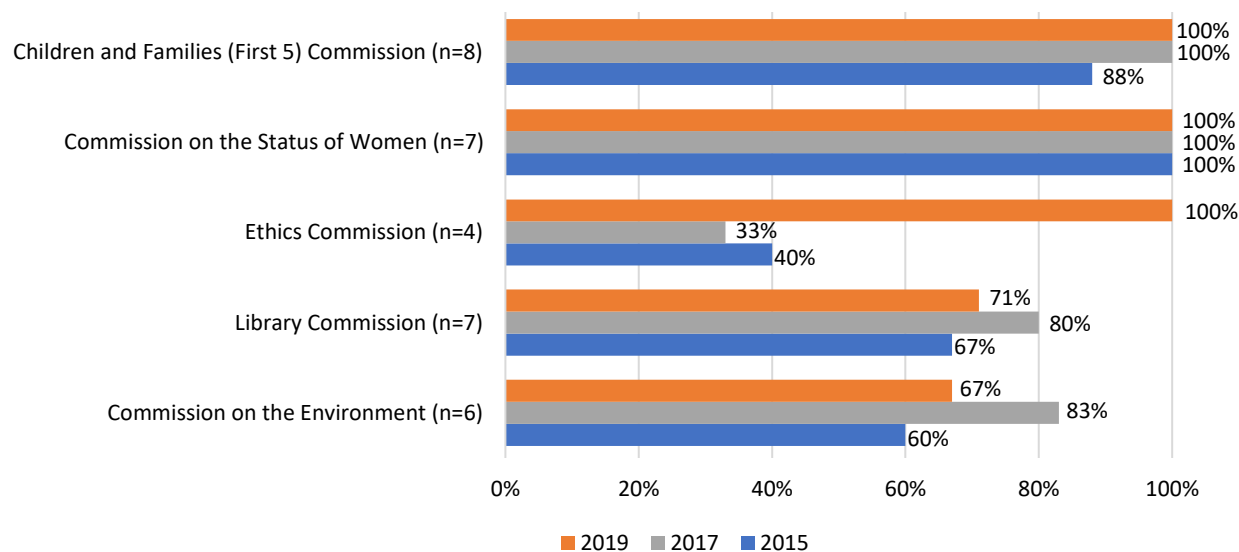
**Figure 2: 10-Year Comparison of Representation of Women on Policy Bodies**



*Source: SF DOSW Data Collection & Analysis.*

Figures 3 and 4 analyze Commissions and Boards. Figure 3 showcases the five Commissions and Boards with the highest representation of women appointees as compared to 2015 and 2013. The Children and Families (First Five) Commission and the Commission on the Status of Women are currently comprised of all women appointees. This finding has been consistent for the Commission on the Status of Women in 2015 and 2017. While the Ethics Commission has 100% women appointees, much more than 2015 and 2017, its small size of five appointees means that minimal changes in its demographic composition greatly impacts percentages. This is also the case for other policy bodies with a small number of members. The Library Commission and the Commission on the Environment are fourth and fifth on the list at 71% and 67% women, respectively, with long standing female majorities on each.

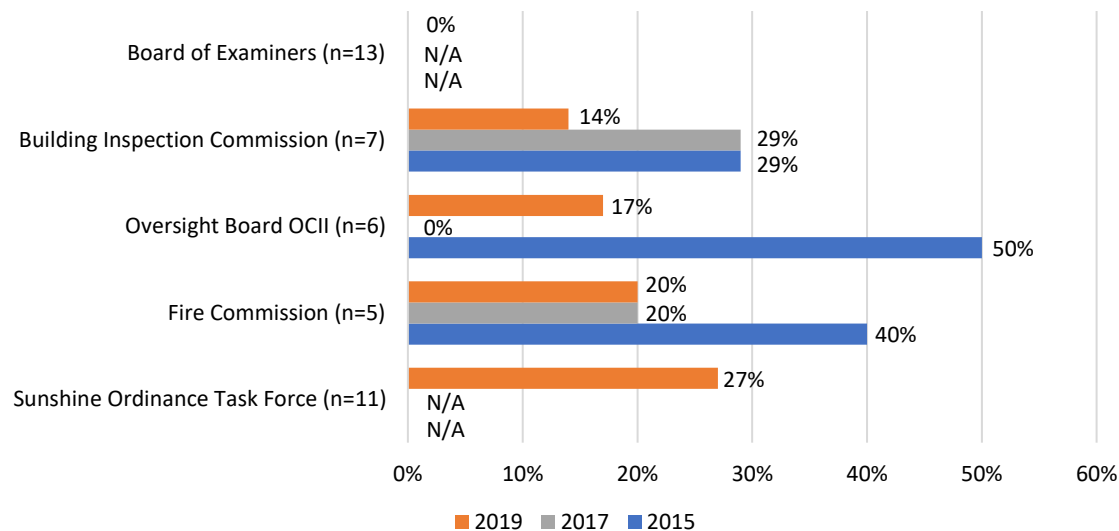
**Figure 3: Commissions and Boards with Highest Percentages of Women, 2019 Compared to 2017, 2015**



Source: SF DOSW Data Collection & Analysis.

Out of the Commissions and Boards in this section, 23 have 40% or less women. The five Commissions and Boards with the lowest representation of women are displayed in Figure 4. The lowest percentage is found on the Board of Examiners where currently *none* of the 13 appointees are women. Unfortunately, demographic data is unavailable for the Board of Examiners for 2017 and 2015. Next is the Building Inspection Commission at 14%, which is a decrease of female representation compared to 2017 and 2015. The Oversight Board of Community Investment and Infrastructure, Fire Commission, and Sunshine Ordinance Task Force also have some of the lowest percentages of women at 17%, 20%, and 27%, respectively. Unfortunately, the Sunshine Ordinance Task Force did not participate in previous analyses and therefore demographics data is unavailable for 2017 and 2015.

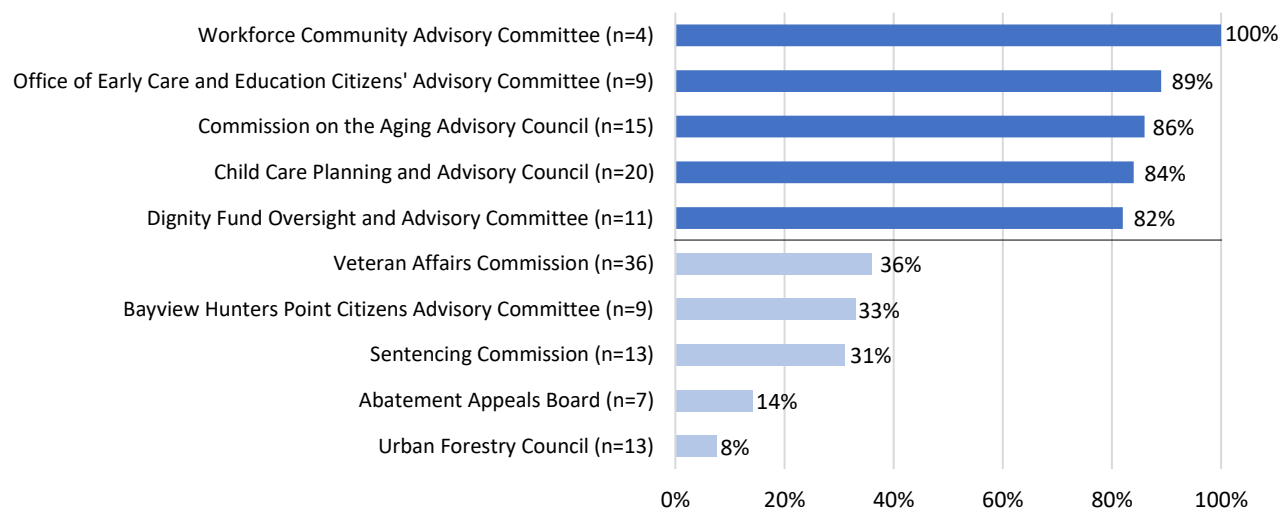
**Figure 4: Commissions and Boards with Lowest Percentage of Women, 2019 Compared to 2017, 2015**



Source: SF DOSW Data Collection & Analysis.

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of women. This is the first year such bodies have been included, thus comparison to previous years is unavailable. Figure 9 below displays the five Advisory Bodies with the highest and the five with the lowest representations of women. The Workforce Community Advisory Committees has the greatest representation of women at 100%, followed by the Office of Early Care and Education Citizen's Advisory Committee at 89%. The Advisory Bodies with the lowest percentage of women are the Urban Forestry Council at 8% of the 13-member body and the Abatement Appeals Board at 14% of the 7-member body.

**Figure 5: Advisory Bodies with the Highest and Lowest Percentage of Women, 2019**

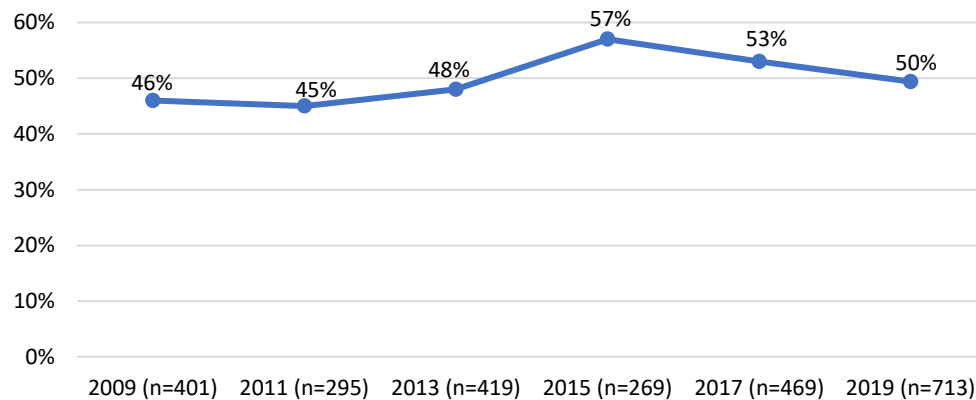


Source: SF DOSW Data Collection & Analysis.

## B. Race and Ethnicity

Data on racial and ethnic identity was collected for 706, or 95%, of the 741 surveyed appointees. Although half of appointees identify as a race or ethnicity other than white or Caucasian, people of color are still underrepresented compared to the San Francisco population of 62%. The representation of people of color has increased since 2009 but has decreased following 2015. The number of appointees analyzed increased substantially in 2017 and 2019 compared to 2015, and these larger data samples have coincided with smaller percentages of people of color. The percentage decrease following 2017 could be partially due to the inclusion of more policy and advisory bodies, as the representation of people of color on Commissions and Boards dropped only slightly from 53% in 2017 to 52% in 2019.

**Figure 6: 10-Year Comparison of Representation of People of Color on Policy Bodies**



Source: SF DOSW Data Collection & Analysis.

The racial and ethnic breakdown of policy body members compared to the San Francisco population is shown in Figure 7. This analysis reveals underrepresentation and overrepresentation in San Francisco policy bodies for certain racial and ethnic groups. Half of all appointees are white, an overrepresentation by more than 10 percentage points. The Black and African American community is well represented on appointed policy bodies at 14% compared to 5% of the population of San Francisco. Characterizing this as an overrepresentation is inaccurate given the representation of Black or African American people on policy bodies has been consistent over the years while the San Francisco population has declined over the same period.<sup>3</sup> Furthermore, the most recent nationwide estimate for the Black or African American population is 13%, which is nearly equal to the 14% of Black or African American appointees present on San Francisco policy bodies.<sup>4</sup>

Considerably underrepresented racial and ethnic groups on San Francisco policy bodies compared to the San Francisco population are individuals who identify as Asian or Latinx. While Asians are 31% of the San Francisco population, they only make up 18% of appointees. While the Latinx population of San Francisco is 14%, only 8% of appointees are Latinx. Although there is a small population of Native

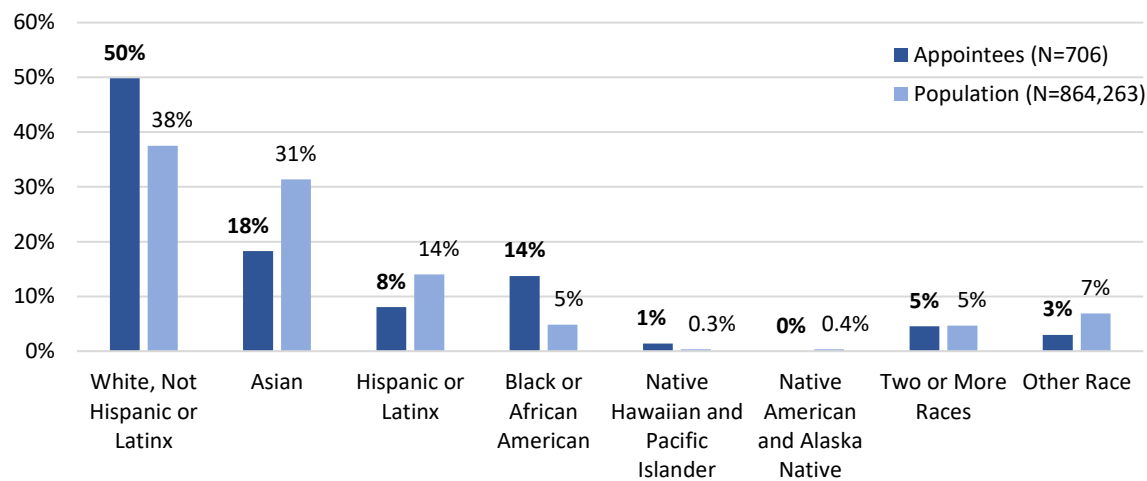
<sup>3</sup> Samir Gambhir and Stephen Menendian, "Racial Segregation in the Bay Area, Part 2," *Haas Institute for a Fair and Inclusive Society* (2018).

<sup>4</sup> US Census Bureau, 2018, Retrieved from <https://www.census.gov/quickfacts/fact/table/US/PST045218>.



Americans and Alaska Natives in San Francisco of 0.4%, none of the surveyed appointees identified themselves as such.

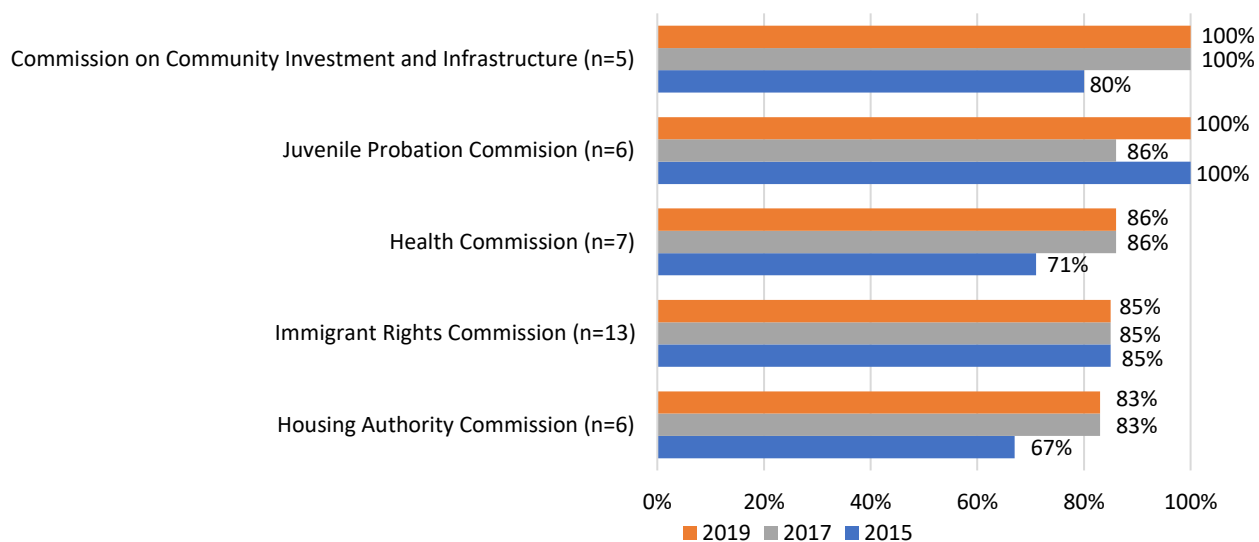
**Figure 7: Race and Ethnicity of Appointees Compared to San Francisco Population, 2019**



Sources: 2017 American Community Survey 5-Year Estimates, SF DOSW Data Collection & Analysis.

The next two graphs illustrate Commissions and Boards, and Advisory Bodies with the highest and lowest percentages of people of color. As shown in Figure 8, the Commission on Community Investment and Infrastructure remained at 100% from 2017, while the Juvenile Probation Commission has returned to 100% this year after a dip in 2017. Next is the Health Commission, Immigrant Rights Commission, and Housing Authority Commission at 86%, 85%, and 83%, respectively. Percentages of people of color on both the Health Commission and the Housing Authority Commission increased following 2015, and have remained consistent since 2017.

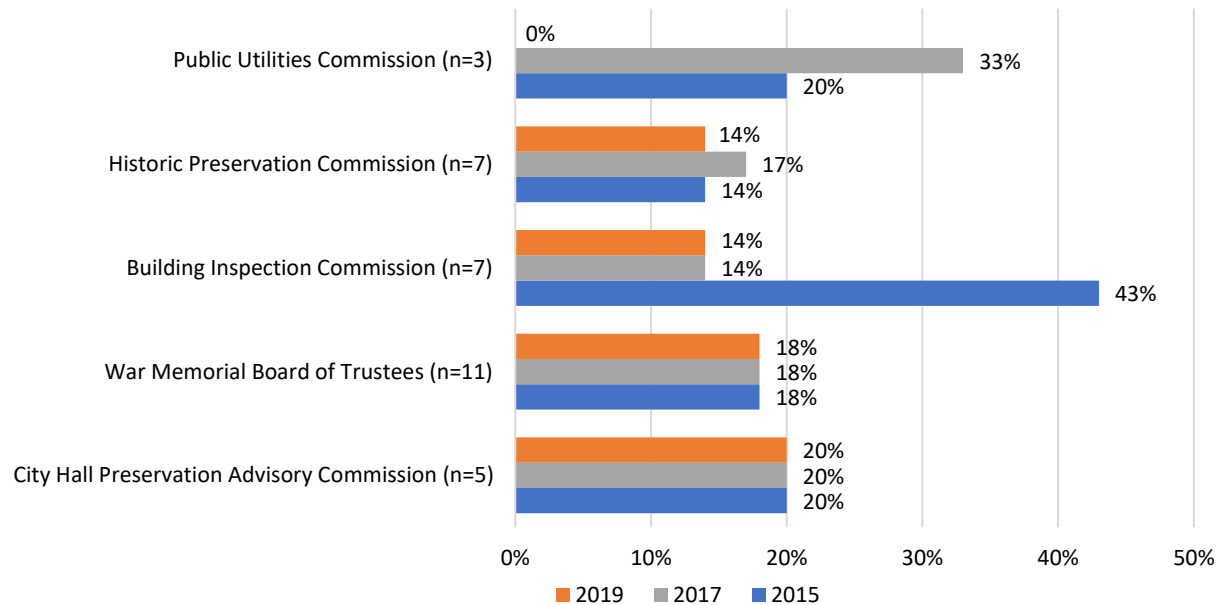
**Figure 8: Commissions and Boards with Highest Percentage of People of Color, 2019 Compared to 2017, 2015**



Source: SF DOSW Data Collection & Analysis.

There are 23 policy bodies that have 40% or less appointees who identified a racial and ethnic category other than white. Although the Public Utilities Commission has two vacancies, *none* of the current appointees identify as people of color. The Historic Preservation Commission and Building Inspection Commission are both at 14% representation for people of color. The Building Inspection Commission had a large drop from 43% in 2015, with the percentage of people of color decreasing to 14% in 2017 and remaining at this percent for 2019. Lastly, the War Memorial Board of Trustees and City Hall Preservation Advisory Commission have 18% and 20%, respectively.

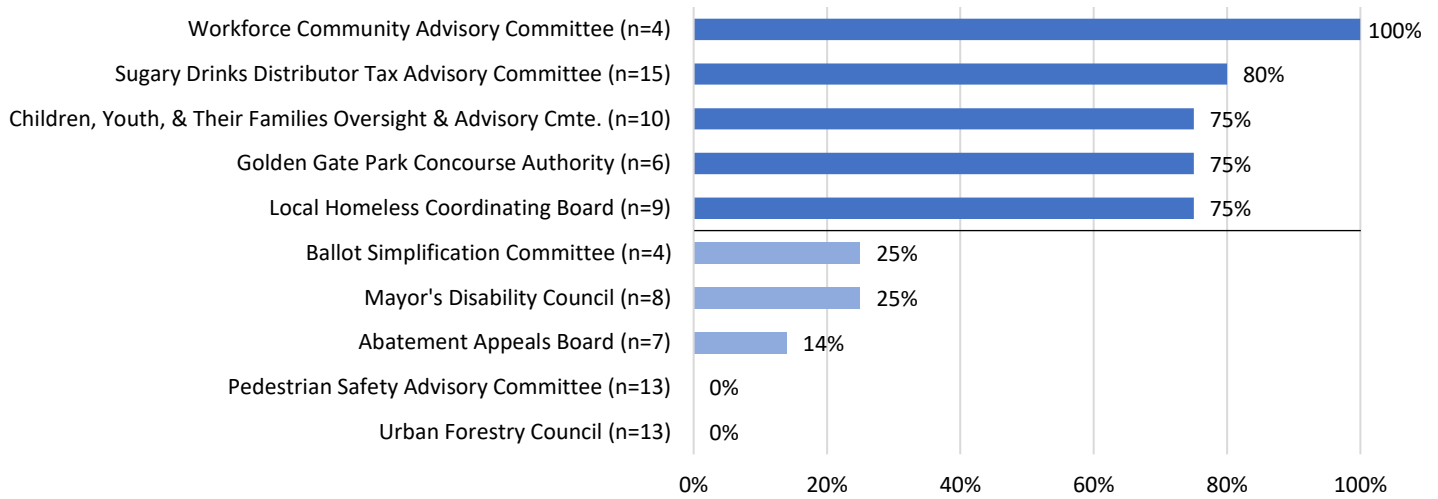
**Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2019 Compared to 2017, 2015**



Source: SF DOSW Data Collection & Analysis.

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of people of color. This is the first year such bodies have been included, thus comparison to previous years is unavailable. All members of the Workforce Community Advisory Committee are people of color. People of color comprise 80% of the Sugary Drinks Distributor Tax Advisory Committee, and 75% of appointees on the Children, Youth and Their Families Oversight and Advisory Committee, the Golden Gate Park Concourse Authority, and the Local Homeless Coordinating Board. Out of the five Advisory Bodies with the lowest representation of people of color, the Ballot Simplification Committee and the Mayor's Disability Council have 25% appointees of color, and the Abatement Appeals Board has 14% appointees of color. The Urban Forestry and the Pedestrian Safety Advisory Committee have no people of color currently serving.

**Figure 10: Advisory Bodies with the Highest and Lowest Percentage of People of Color, 2019**

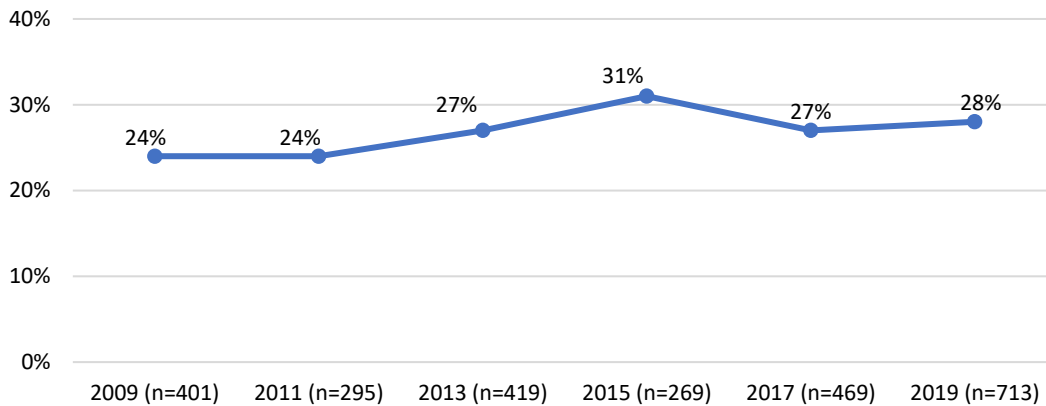


Source: SF DOSW Data Collection & Analysis.

### C. Race and Ethnicity by Gender

White men and women are overrepresented on San Francisco policy bodies, while Asian and Latinx men and women are underrepresented. While women of color continue to be underrepresented at 28% compared to the San Francisco population of 32%, this is a slight increase from 2017 which showed 27% women of color. Meanwhile, men of color are 21% of appointees compared to 31% of the San Francisco population.

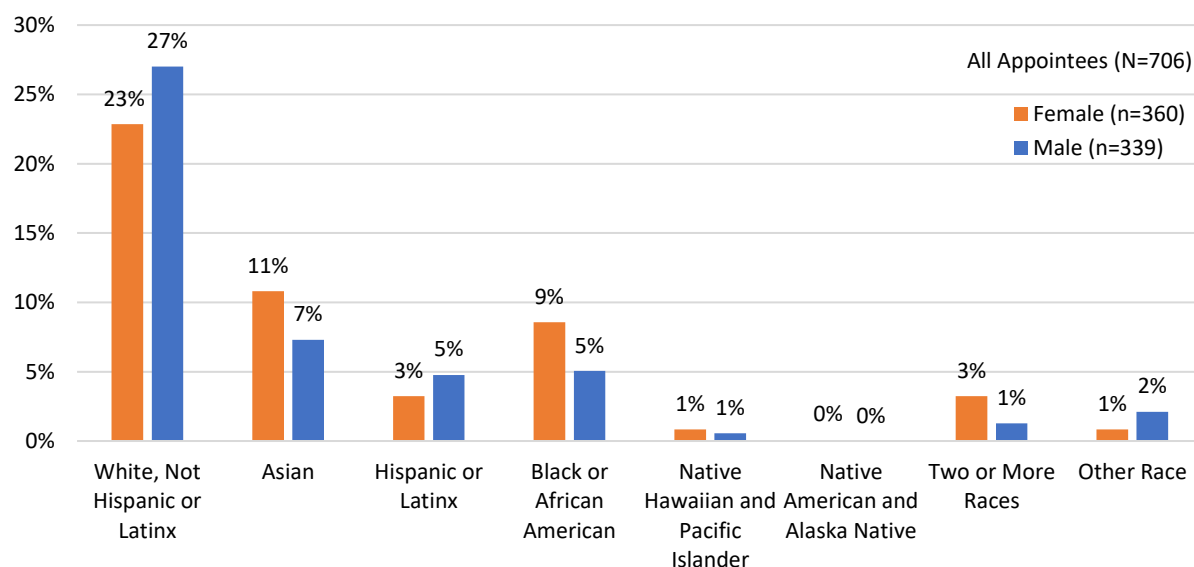
**Figure 11: 10-Year Comparison of Representation of Women of Color on Policy Bodies**



Source: SF DOSW Data Collection & Analysis.

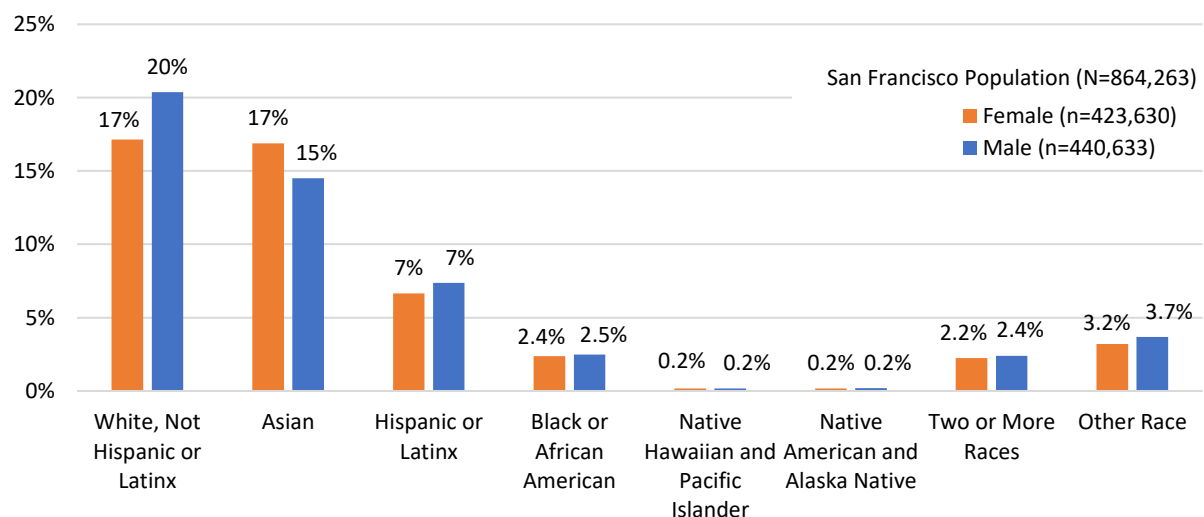
The following figures present the breakdown for appointees and the San Francisco population by race and ethnicity and gender. White men and women are overrepresented, holding 27% and 23% of appointments, respectively, compared to 20% and 17% of the population, respectively. Asian men and women are both greatly underrepresented with Asian women making up 11% of appointees compared to 17% of the population while Asian men comprise 7% of appointees and 15% of the population. Latinx men and women are also underrepresented, particularly Latinx women, who are 3% of appointees and 7% of the population, while Latinx men are 5% of appointees and 7% of the population. Black or African American men and women are well-represented with Black women comprising 9% of appointees and Black men comprising 5% of appointees. Pacific Islander men and women, and multiethnic women also exceed parity with the population. Although Native American men and women make up only 0.4% of San Francisco's population, none of the surveyed appointees identified themselves as such.

**Figure 12: Appointees by Race/Ethnicity and Gender, 2019**



Source: SF DOSW Data Collection & Analysis.

**Figure 13: San Francisco Population by Race/Ethnicity, 2019**



Source: 2017 American Community Survey 5-Year Estimates.

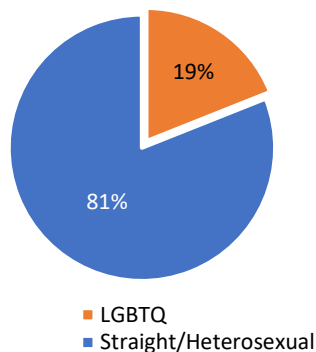
## D. LGBTQ Identity

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) identity data was collected from 548, or 75%, of the 741 surveyed appointees, which is much more data on LGBTQ identity compared to previous reports. Due to limited and outdated information on the population of the LGBTQ community in San Francisco, it is difficult to adequately assess the representation of the LGBTQ community. However, compared to available San Francisco, larger Bay Area, and national data, the LGBTQ community is well represented on San Francisco policy bodies. Recent research estimates the national LGBT population is 4.5%.<sup>5</sup> The LGBT population of the San Francisco and greater Bay Area is estimated to rank the highest of U.S. cities at 6.2%,<sup>6</sup> while a 2006 survey found that 15.4% of adults in San Francisco identify as LGBT<sup>7</sup>.

Of the appointees who responded to this question, 19% identify as LGBTQ and 81% identify as straight or heterosexual. Of the LGBTQ appointees, 48% identify as gay, 23% as lesbian, 17% as bisexual, 7% as queer, 5% as transgender, and 1% as questioning. Data on LGBTQ identity by race was not captured. Efforts to capture data on LGBTQ identity by race for future reports would enable more intersectional analysis.

**Figure 14: LGBTQ Identity of Appointees, 2019**

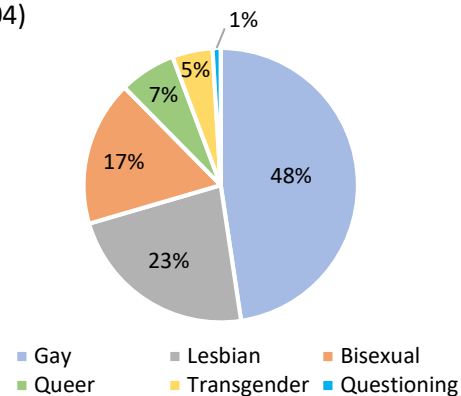
(N=548)



Source: SF DOSW Data Collection & Analysis.

**Figure 15: LGBTQ Population of Appointees, 2019**

(N=104)



Source: SF DOSW Data Collection & Analysis.

## E. Disability Status

Overall, 12% of adults in San Francisco have one or more disabilities, and when broken down by gender, 6.2% are women and 5.7% are men. Disability data for transgender and gender non-conforming individuals in San Francisco is currently unavailable. Data on disability was obtained from 516, or 70%, of the 714 appointees who participated in the survey. Of the 516 appointees, 11.2% reported to have one

<sup>5</sup> Frank Newport, "In U.S., Estimate of LGBT Population Rises to 4.5%," *GALLUP* (May 22, 2018) <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>.

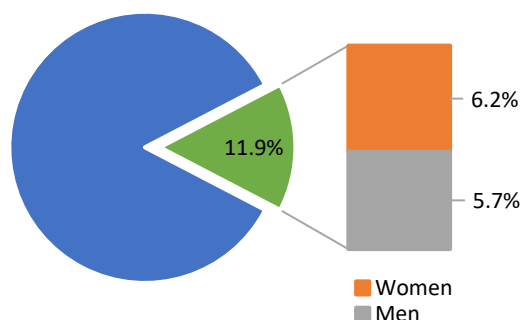
<sup>6</sup> Gary J. Gates and Frank Newport, "San Francisco Metro Area Ranks Highest in LBGT Percentage," *GALLUP* (March 20, 2015) [https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm\\_source=Social%20Issues&utm\\_medium=newsfeed&utm\\_campaign=tiles](https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm_source=Social%20Issues&utm_medium=newsfeed&utm_campaign=tiles).

<sup>7</sup> Gary J. Gates, "Same Sex Couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey," *The Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law* (2006).

or more disabilities, which is near parity with the San Francisco population. Of the 11.2% appointees with one or more disabilities, 6.8% are women, 3.9% are men, 0.4% are trans women, and 0.2% are trans men.

**Figure 16: San Francisco Adult Population with a Disability by Gender, 2017**

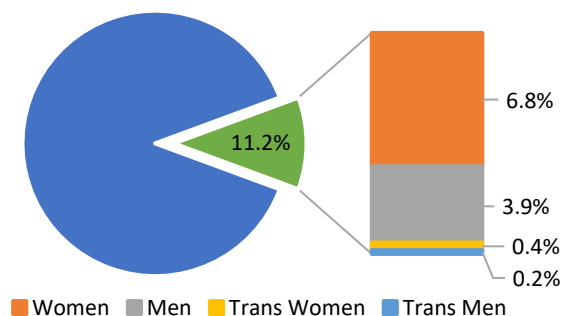
(N=744,243)



Source: 2017 American Community Survey 5-Year Estimates.

**Figure 17: Appointees with One or More Disabilities by Gender, 2019**

(N=516)



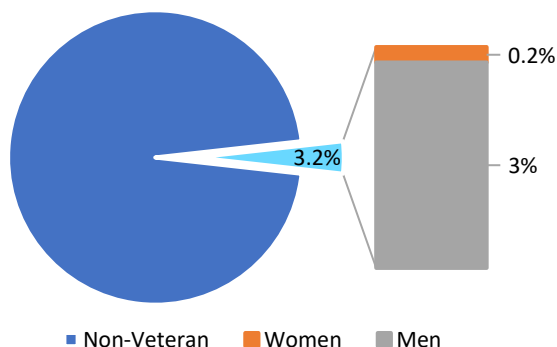
Source: SF DOSW Data Collection & Analysis.

## F. Veteran Status

Overall, 3.2% of the adult population in San Francisco has served in the military. There is a considerable difference by gender, as male veterans are 3% and female veterans are 0.2% of the population. Data on veteran status was obtained from 494, or 67%, of appointees who participated in the survey. Of the 494 appointees who responded to this question, 7.1% have served in the military. Like the San Francisco population, there is a large difference by gender, as men comprise 5.7% and women make up only 1.2% of the total number of veteran appointees. Of participating appointees, 0.2% of veterans are trans women. Veteran status data on transgender and gender non-conforming individuals in San Francisco is currently unavailable.

**Figure 18: San Francisco Adult Population with Military Service by Gender, 2017**

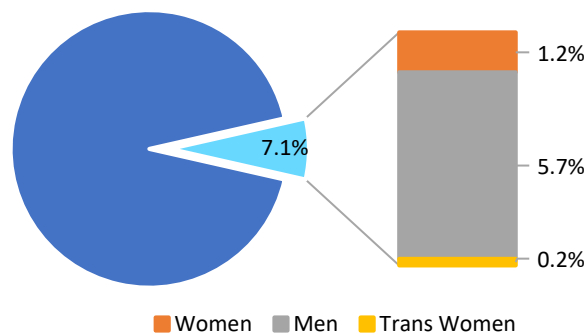
(N=747,896)



Source: 2017 American Community Survey 5-Year Estimates.

**Figure 19: Appointees with Military Service, 2019**

(N=494)



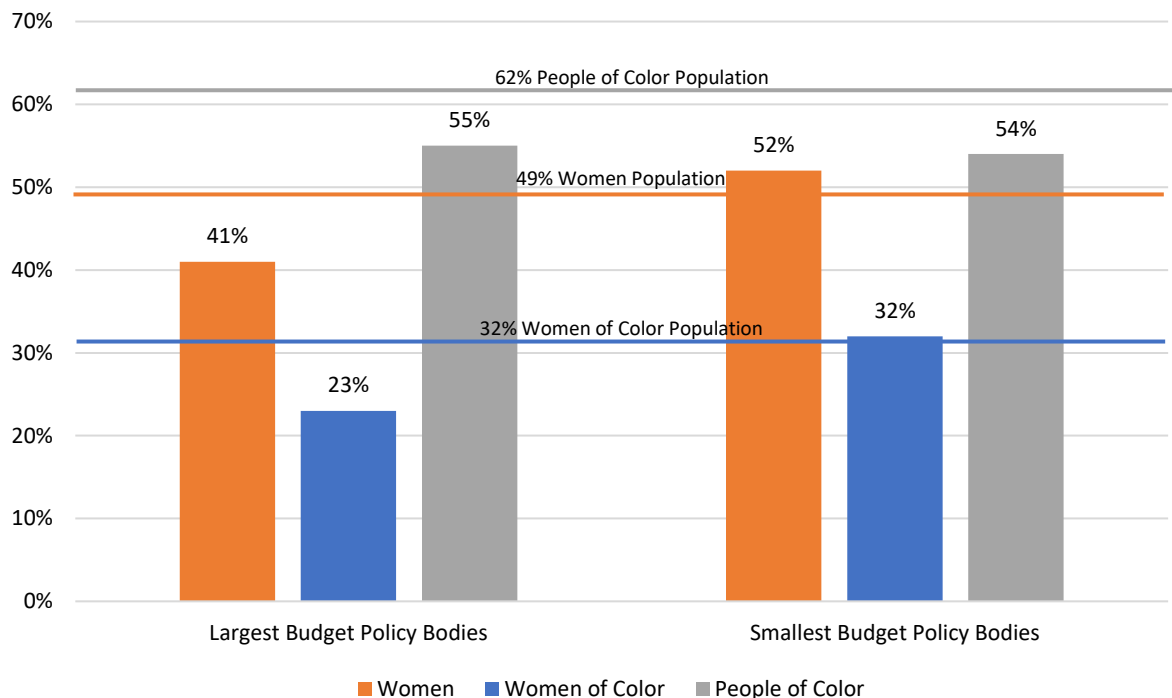
Source: SF DOSW Data Collection & Analysis.

## G. Policy Bodies by Budget

This report also examines whether policy bodies with the largest and smallest budget sizes and other characteristics are demographically representative of the San Francisco population. In this section, budget size is used as a proxy for influence. Although this report has expanded the scope of analysis to include more policy bodies compared to previous reports, this section of analysis was limited to Commissions and Boards with decision-making authority and whose members file financial disclosures with the Ethics Commission. The purpose of this analysis is to evaluate the demographics for the spectrum of budgetary influence of policy bodies with decision-making authority in San Francisco.

Overall, appointees from the 10 largest budgeted Commissions and Boards are 55% people of color, 41% women, and 23% women of color. Appointees from the 10 smallest budgeted Commissions and Boards are 54% people of color, 52% women, and 32% women of color. Although still below parity with the San Francisco population, the representation of people of color on both the largest and smallest budgeted policy bodies is greater than the percentage of people of color for all appointees combined (50%). For women and women of color, their representation meets or exceeds parity with the population on the 10 smallest budgeted bodies. However, it falls far below parity for the 10 largest budgeted bodies. The representation of total women and women of color is greater on smaller budgeted policy bodies by 27%, and 39%, respectively.

**Figure 20: Percent of Women, Women of Color, and People of Color on Commissions and Boards with Largest and Smallest Budgets in Fiscal Year 2018-2019**



Source: SF DOSW Data Collection & Analysis.



**Figure 21: Demographics of Commissions and Boards with Largest Budgets, 2019**

| Body  | FY18-19 Budget         | Total Seats | Filled seats | Women      | Women of Color | People of Color |
|---|------------------------|-------------|--------------|------------|----------------|-----------------|
| Health Commission                                       | \$2,200,000,000        | 7           | 7            | 29%        | 14%            | 86%             |
| Public Utilities Commission                             | \$1,296,600,000        | 5           | 3            | 67%        | 0%             | 0%              |
| MTA Board of Directors and Parking Authority Commission | \$1,200,000,000        | 7           | 7            | 57%        | 14%            | 43%             |
| Airport Commission                                      | \$1,000,000,000        | 5           | 5            | 40%        | 20%            | 40%             |
| Commission on Community Investment and Infrastructure   | \$745,000,000          | 5           | 5            | 60%        | 60%            | 100%            |
| Police Commission                                       | \$687,139,793          | 7           | 7            | 43%        | 43%            | 71%             |
| Health Authority (Plan Governing Board)                 | \$666,000,000          | 19          | 15           | 33%        | 27%            | 47%             |
| Human Services Commission                               | \$529,900,000          | 5           | 5            | 40%        | 0%             | 40%             |
| Fire Commission   | \$400,721,970          | 5           | 5            | 20%        | 20%            | 40%             |
| Aging and Adult Services Commission                     | \$334,700,000          | 7           | 7            | 43%        | 14%            | 57%             |
| <b>Total</b>  | <b>\$9,060,061,763</b> | <b>72</b>   | <b>66</b>    | <b>41%</b> | <b>23%</b>     | <b>55%</b>      |

Source: SF DOSW Data Collection & Analysis.

**Figure 22: Demographics of Commissions and Boards with Smallest Budgets, 2019**

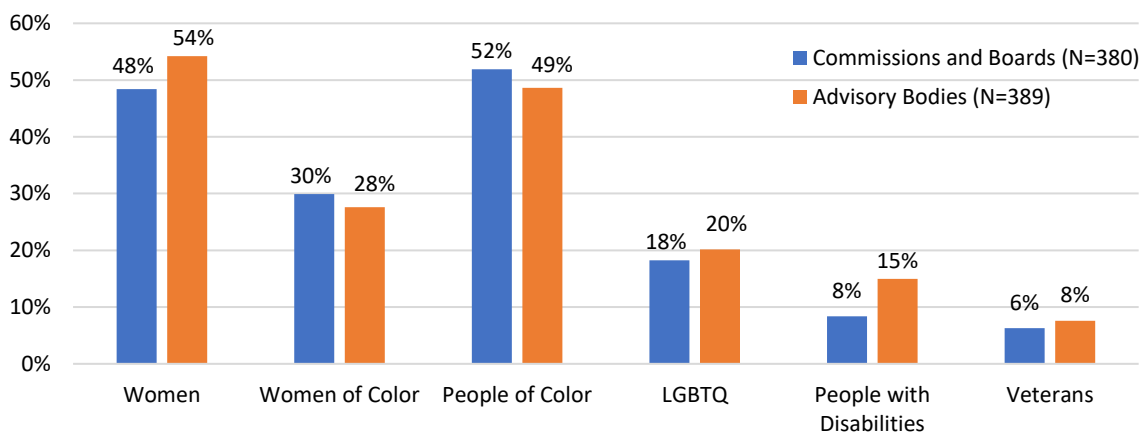
| Body                                  | FY18-19 Budget      | Total Seats | Filled Seats | Women      | Women of color | People of Color |
|---------------------------------------|---------------------|-------------|--------------|------------|----------------|-----------------|
| Rent Board Commission                 | \$8,543,912         | 10          | 9            | 44%        | 11%            | 33%             |
| Commission on the Status of Women     | \$8,048,712         | 7           | 7            | 100%       | 71%            | 71%             |
| Ethics Commission                     | \$6,458,045         | 5           | 4            | 100%       | 50%            | 50%             |
| Human Rights Commission               | \$4,299,600         | 12          | 10           | 50%        | 50%            | 70%             |
| Small Business Commission             | \$2,242,007         | 7           | 7            | 43%        | 29%            | 43%             |
| Civil Service Commission              | \$1,262,072         | 5           | 4            | 50%        | 0%             | 25%             |
| Board of Appeals                      | \$1,072,300         | 5           | 5            | 40%        | 20%            | 40%             |
| Entertainment Commission              | \$1,003,898         | 7           | 7            | 29%        | 14%            | 57%             |
| Assessment Appeals Board No.1, 2, & 3 | \$663,423           | 24          | 18           | 39%        | 22%            | 44%             |
| Youth Commission                      | \$305,711           | 17          | 16           | 56%        | 44%            | 75%             |
| <b>Total</b>                          | <b>\$33,899,680</b> | <b>99</b>   | <b>87</b>    | <b>52%</b> | <b>32%</b>     | <b>54%</b>      |

Source: SF DOSW Data Collection & Analysis.

## H. Comparison of Advisory Body and Commission and Board Demographics

The comparison of the two policy body categories in this section provides another proxy for influence, as Commissions and Boards whose members file disclosures of economic interest have greater decision-making authority in San Francisco than Advisory Bodies whose members do not file economic interest disclosures. The percentages of total women, LGBTQ people, people with disabilities, and veterans are larger for total appointees on Advisory Bodies. However, the percentages of women of color and people of color on Commissions and Boards slightly exceeds the percentages of women of color and people of color on Advisory Bodies.

**Figure 23: Demographics of Appointees on Commission and Boards and Advisory Bodies, 2019**

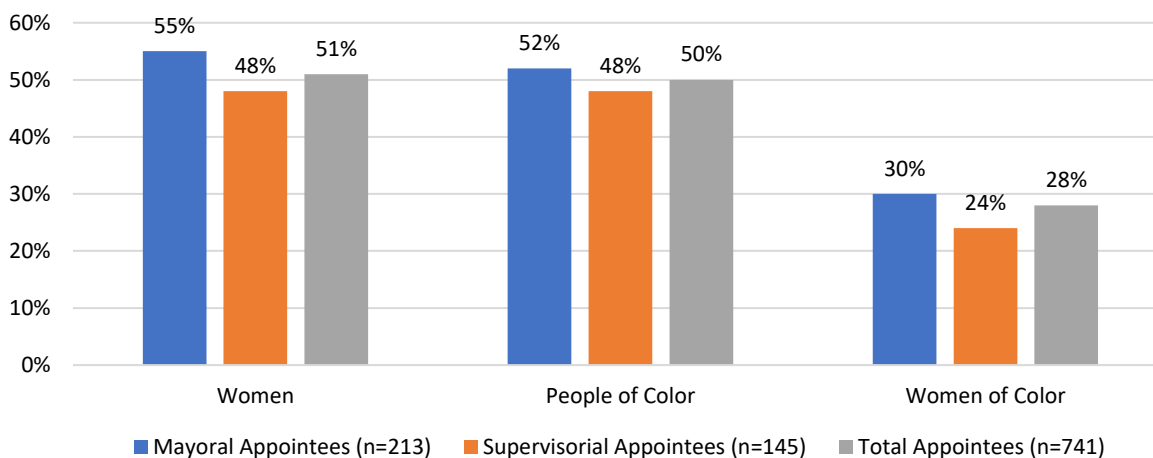


Source: SF DOSW Data Collection & Analysis.

### I. Demographics of Mayoral, Supervisorial, and Total Appointees

Figure 24 compares the representation of women, women of color, and people of color for appointments made by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointments are more diverse, and consist of more women, women of color, and people of color compared to Supervisorial appointments. Mayoral appointments include 55% women, 30% women of color, and 52% people of color, while Supervisorial appointments are 48% women, 24% women of color, and 48% people of color. The total of all approving authorities combined average out at 51% women, 28% women of color, and 50% people of color. This disparity in diversity between Mayoral and Supervisorial appointments may be due in part to the appointment section process for each authority. The 11-member Board of Supervisors only sees applicants for specific bodies through the 3-member Rules Committee or by designees, stipulated in legislation (e.g. “renter,” “landlord,” “consumer advocate”), whereas the Mayor typically has the ability to take total appointments into account during selections, and can therefore better address gaps in diversity.

**Figure 24: Demographics of Mayoral, Supervisorial, and Total Appointees, 2019**



Source: SF DOSW Data Collection & Analysis.

### III. Conclusion

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Since the first gender analysis of Commissions and Boards in 2007, the representation of women appointees on San Francisco policy bodies has gradually increased. The *2019 Gender Analysis* finds the percentage of women appointees is 51%, which slightly exceeds the population of women in San Francisco.

When appointee demographics are analyzed by gender and race, women of color continue to be underrepresented on San Francisco policy bodies compared to the San Francisco population. Most notably underrepresented are Asian women who make up 17% of the population but only 11% of appointees, and Latinx women who make up 7% of the population but only 3% of appointees. Additionally, men of color are underrepresented relative to their San Francisco population, primarily Asian and Latinx men.

Furthermore, when analyzing the demographic composition of larger and smaller budgeted Commissions and Boards, women are underrepresented on those with the largest budgets, and overrepresented or reach parity with the population on smaller budgeted Commissions and Boards. These two trends are amplified for women of color appointees. Women comprise 41% of total appointees on the largest budgeted policy bodies, which is 8 percentage points below the population, and women of color comprise 23% of total appointees on the largest budgeted policy bodies, 9 percentage points below their San Francisco population. Comparatively, women are 52% of total appointees on the smallest budgeted policy bodies, and women of color are 32% of appointees, which is equal to the San Francisco population. However, the issue of largest and smallest budgeted policy bodies does not seem to impact the representation of people of color. People of color make up 55% of appointees on the largest budgeted policy bodies and 54% of appointees on the smallest budgeted policy bodies compared to 50% of total appointees. Nonetheless, these percentages still fall below the San Francisco population of people of color at 62%.

In addition to using budget size as a proxy for influence, this report analyzed demographic characteristics of appointees on Commissions and Boards who file disclosures of economic interest and have decision-making authority, and appointees on Advisory Bodies who do not file economic interest disclosures. Over half (54%) of appointees on Advisory Bodies are women, while 48% of appointees on Commissions and Boards are women. Although 48% is only slightly below the San Francisco population of women, women comprise a decently higher percentage of appointees on Advisory Bodies compared to Commissions and Boards.

This year's report features more data on LGBTQ identity, veteran status, and disability than previous gender analyses. The *2019 Gender Analysis* found a relatively high representation of LGBTQ individuals on San Francisco policy bodies. For the appointees that provided LGBTQ identity information, 19% identify as LGBTQ with the largest subset being gay men at 48%. It is recommended for future gender analyses to collect LGBTQ data by race and gender to provide additional intersectional analysis. The representation of appointees with disabilities is 11%, just below the 12% population. Veterans are highly represented on San Francisco policy bodies at 7% compared to the veteran population of 3%.

Additionally, this report evaluates and compares the representation of women, women of color, and people of color appointees by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointees include 55% women, 30% women of color, and 52% people

of color, which overall is more diverse by gender and race compared to both Supervisorial appointees and total appointees.

This report is intended to advise the Mayor, Board of Supervisors, and other appointing authorities, as they select appointments for policy bodies of the City and County of San Francisco. In spirit of the 2008 City Charter Amendment that establishes this biennial Gender Analysis report requirement and the importance of diversity on San Francisco policy bodies, efforts to address gaps in diversity and inclusion should remain at the forefront when making appointments in order to accurately reflect the population of San Francisco.

## IV. Methodology and Limitations

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This report focuses on City and County of San Francisco Commissions, Boards, Task Forces, Councils, and Committees that have the majority of members appointed by the Mayor and Board of Supervisors and that have jurisdiction limited to the City. The gender analysis reflects data from the policy bodies that provided information to the Department on the Status of Women through digital and paper survey.

Data was requested from 90 policy bodies and acquired from 84 different policy bodies and a total of 741 appointees. A Commissioner or Board member's gender identity, race/ethnicity, sexual orientation, disability status, and veteran status were among data elements collected on a voluntary basis. Data on lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) identity, disability, and veteran status of appointees were incomplete or unavailable for some appointees but are included to the extent possible. As the fundamental objective of this report is to surface patterns of underrepresentation, every attempt has been made to reflect accurate and complete information in this report. Data for some policy bodies was incomplete, and all appointees who responded were included in the total demographic categories. Only policy bodies with full data on gender and race for all appointees were included in sections comparing demographics of individual bodies. It should be noted that for policy bodies with a small number of members, the change of a single individual greatly impacts the percentages of demographic categories. As such, these percentages should be interpreted with this in mind.

The surveyed policy bodies fall under two categories designated by the San Francisco Office of the City Attorney document entitled *List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute*.<sup>8</sup> This document separates San Francisco policy bodies into two different categories. The first category includes Commissions and Boards with decision-making authority and whose members are required to submit financial disclosures with the Ethics Commission, and the second category encompasses Advisory Bodies whose members do not submit financial disclosures with the Ethics Commission. Depending on the analysis criteria in each section of this report, the surveyed policy bodies and appointees are either examined comprehensively as a whole or examined separately in the two categories designated by the Office of the City Attorney.

Data from the U.S. Census 2013-2017 American Community Survey 5-Year Estimates provides a comparison to the San Francisco population. Figures 26 and 27 in the Appendix display these population estimates by race/ethnicity and gender.

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<sup>8</sup> "List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute," Office of the City Attorney, <https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf>, (August 25, 2017).

## Appendix

**Figure 25: Policy Body Demographics, 2019<sup>9</sup>**

| Policy Body  | Total Seats | Filled Seats | FY18-19 Budget  | Women | Women of Color | People of Color |
|--|-------------|--------------|-----------------|-------|----------------|-----------------|
| Abatement Appeals Board  | 7           | 7            | \$76,500,000    | 14%   | 0%             | 14%             |
| Aging and Adult Services Commission                                  | 7           | 7            | \$334,700,000   | 57%   | 33%            | 57%             |
| Airport Commission   | 5           | 5            | \$1,000,000,000 | 40%   | 50%            | 40%             |
| Arts Commission  | 15          | 15           | \$37,000,000    | 67%   | 50%            | 60%             |
| Asian Art Commission   | 27          | 27           | \$30,000,000    | 63%   | 71%            | 59%             |
| Assessment Appeals Board No.1  | 8           | 5            | \$663,423       | 20%   | 0%             | 20%             |
| Assessment Appeals Board No.2  | 8           | 8            | -               | 50%   | 75%            | 63%             |
| Assessment Appeals Board No.3  | 8           | 4            | -               | 50%   | 50%            | 50%             |
| Ballot Simplification Committee                                      | 5           | 4            | \$0             | 75%   | 33%            | 25%             |
| Bayview Hunters Point Citizens Advisory Committee                    | 12          | 9            | \$0             | 33%   | 100%           | 67%             |
| Board of Appeals   | 5           | 5            | \$1,072,300     | 40%   | 50%            | 40%             |
| Board of Examiners   | 13          | 13           | \$0             | 0%    | 0%             | 46%             |
| Building Inspection Commission                                       | 7           | 7            | \$76,500,000    | 14%   | 0%             | 14%             |
| Child Care Planning and Advisory Council                             | 25          | 19           | \$26,841        | 84%   | 50%            | 50%             |
| Children and Families Commission (First 5)                           | 9           | 8            | \$28,002,978    | 100%  | 75%            | 75%             |
| Children, Youth, and Their Families Oversight and Advisory Committee | 11          | 10           | \$155,224,346   | 50%   | 80%            | 75%             |
| Citizen's Committee on Community Development                         | 9           | 8            | \$39,696,467    | 75%   | 67%            | 63%             |
| City Hall Preservation Advisory Commission                           | 5           | 5            | \$0             | 60%   | 33%            | 20%             |
| Civil Service Commission   | 5           | 4            | \$1,262,072     | 50%   | 0%             | 25%             |
| Commission on Community Investment and Infrastructure                | 5           | 5            | \$745,000,000   | 60%   | 100%           | 100%            |
| Commission on the Aging Advisory Council                             | 22          | 15           | \$0             | 80%   | 33%            | 31%             |
| Commission on the Environment  | 7           | 6            | \$27,280,925    | 67%   | 50%            | 50%             |
| Commission on the Status of Women                                    | 7           | 7            | \$8,048,712     | 100%  | 71%            | 71%             |
| Dignity Fund Oversight and Advisory Committee                        | 11          | 11           | \$3,000,000     | 82%   | 33%            | 45%             |
| Eastern Neighborhoods Citizens Advisory Committee                    | 19          | 13           | \$0             | 38%   | 40%            | 44%             |
| Elections Commission   | 7           | 7            | \$15,238,360    | 57%   | 25%            | 29%             |
| Entertainment Commission   | 7           | 7            | \$1,003,898     | 29%   | 50%            | 57%             |
| Ethics Commission  | 5           | 4            | \$6,458,045     | 100%  | 50%            | 50%             |
| Film Commission  | 11          | 11           | \$0             | 55%   | 67%            | 50%             |
| Fire Commission  | 5           | 5            | \$400,721,970   | 20%   | 100%           | 40%             |
| Golden Gate Park Concourse Authority                                 | 7           | 6            | \$0             | 50%   | 67%            | 75%             |

<sup>9</sup> Figure 25 only includes policy bodies with complete data on gender for all appointees. Some bodies had incomplete data on race/ethnicity of appointees. For these, percentages for people of color are calculated out of known race/ethnicity.

| Policy Body   | Total Seats | Filled Seats | FY18-19 Budget  | Women | Women of Color | People of Color |
|---|-------------|--------------|-----------------|-------|----------------|-----------------|
| Health Authority (Plan Governing Board)                         | 19          | 15           | \$666,000,000   | 33%   | 80%            | 50%             |
| Health Commission   | 7           | 7            | \$2,200,000,000 | 43%   | 50%            | 86%             |
| Health Service Board  | 7           | 6            | \$11,632,022    | 33%   | 0%             | 50%             |
| Historic Preservation Commission                                | 7           | 7            | \$53,832,000    | 43%   | 33%            | 14%             |
| Housing Authority Commission                                    | 7           | 6            | \$60,894,150    | 50%   | 100%           | 83%             |
| Human Rights Commission   | 12          | 10           | \$4,299,600     | 60%   | 100%           | 70%             |
| Human Services Commission                                       | 5           | 5            | \$529,900,000   | 40%   | 0%             | 40%             |
| Immigrant Rights Commission                                     | 15          | 13           | \$0             | 54%   | 86%            | 85%             |
| In-Home Supportive Services Public Authority                    | 13          | 9            | \$70,729,667    | 44%   | 50%            | 56%             |
| Juvenile Probation Commission                                   | 7           | 6            | \$48,824,199    | 33%   | 100%           | 100%            |
| Library Commission  | 7           | 7            | \$160,000,000   | 71%   | 40%            | 57%             |
| Local Homeless Coordinating Board                               | 9           | 9            | \$40,000,000    | 56%   | 60%            | 75%             |
| Mayor's Disability Council                                      | 11          | 8            | \$0             | 75%   | 17%            | 25%             |
| Mental Health Board   | 17          | 15           | \$184,962       | 73%   | 64%            | 73%             |
| MTA Board of Directors and Parking Authority Commission         | 7           | 7            | \$1,200,000,000 | 57%   | 25%            | 43%             |
| Office of Early Care and Education Citizens' Advisory Committee | 9           | 9            | \$0             | 89%   | 50%            | 56%             |
| Oversight Board (COII)  | 7           | 6            | \$745,000,000   | 17%   | 100%           | 67%             |
| Pedestrian Safety Advisory Committee                            | 17          | 13           | \$0             | 46%   | 17%            | 8%              |
| Planning Commission   | 7           | 6            | \$53,832,000    | 50%   | 67%            | 33%             |
| Police Commission   | 7           | 7            | \$687,139,793   | 43%   | 100%           | 71%             |
| Port Commission   | 5           | 5            | \$192,600,000   | 60%   | 67%            | 60%             |
| Public Utilities Citizen's Advisory Committee                   | 17          | 13           | \$0             | 54%   | 14%            | 31%             |
| Public Utilities Commission                                     | 5           | 3            | \$1,296,600,000 | 67%   | 0%             | 0%              |
| Public Utilities Rate Fairness Board                            | 7           | 6            | \$0             | 33%   | 100%           | 67%             |
| Public Utilities Revenue Bond Oversight Committee               | 7           | 5            | \$0             | 40%   | 50%            | 40%             |
| Recreation and Park Commission                                  | 7           | 7            | \$230,900,000   | 29%   | 50%            | 43%             |
| Reentry Council   | 24          | 23           | \$0             | 43%   | 70%            | 70%             |
| Rent Board Commission   | 10          | 9            | \$8,543,912     | 44%   | 25%            | 33%             |
| Residential Users Appeal Board                                  | 3           | 2            | \$0             | 0%    | 0%             | 50%             |
| Retirement System Board   | 7           | 7            | \$95,000,000    | 43%   | 67%            | 29%             |
| Sentencing Commission   | 13          | 13           | \$0             | 31%   | 25%            | 67%             |
| Small Business Commission                                       | 7           | 7            | \$2,242,007     | 43%   | 67%            | 43%             |
| SRO Task Force  | 12          | 12           | \$0             | 42%   | 25%            | 55%             |
| Sugary Drinks Distributor Tax Advisory Committee                | 16          | 15           | \$0             | 67%   | 70%            | 80%             |
| Sunshine Ordinance Task Force                                   | 11          | 11           | \$0             | 27%   | 67%            | 36%             |
| Sweatfree Procurement Advisory Group                            | 11          | 7            | \$0             | 43%   | 67%            | 43%             |
| Treasure Island Development Authority                           | 7           | 6            | \$18,484,130    | 50%   | N/A            | N/A             |



| Policy Body  | Total Seats | Filled Seats | FY18-19 Budget | Women | Women of Color | People of Color |
|--|-------------|--------------|----------------|-------|----------------|-----------------|
| Treasure Island/Yerba Buena Island Citizens Advisory Board | 17          | 13           | \$0            | 54%   | N/A            | N/A             |
| Urban Forestry Council                                     | 15          | 13           | \$153,626      | 8%    | 0%             | 0%              |
| Veterans Affairs Commission                                | 17          | 11           | \$0            | 36%   | 50%            | 55%             |
| War Memorial Board of Trustees                             | 11          | 11           | \$18,185,686   | 55%   | 33%            | 18%             |
| Workforce Community Advisory Committee                     | 8           | 4            | \$0            | 100%  | 100%           | 100%            |
| Youth Commission   | 17          | 16           | \$305,711      | 56%   | 78%            | 75%             |

Source: SF DOSW Data Collection & Analysis, 2019.

**Figure 26: San Francisco Population Estimates by Race/Ethnicity, 2017**

| Race/Ethnicity                         | Total    |         |
|--|----------|---------|
|  | Estimate | Percent |
| <b>San Francisco County California</b> | 864,263  | -       |
| White, Not Hispanic or Latino          | 353,000  | 38%     |
| Asian                                  | 295,347  | 31%     |
| Hispanic or Latinx                     | 131,949  | 14%     |
| Some other Race                        | 64,800   | 7%      |
| Black or African American              | 45,654   | 5%      |
| Two or More Races                      | 43,664   | 5%      |
| Native Hawaiian and Pacific Islander   | 3,226    | 0.3%    |
| Native American and Alaska Native      | 3,306    | 0.4%    |

Source: 2017 American Community Survey 5-Year Estimates.

**Figure 27: San Francisco Population Estimates by Race/Ethnicity and Gender, 2017**

| Race/Ethnicity                       | Total    |         | Female   |         | Male     |         |
|--------------------------------------|----------|---------|----------|---------|----------|---------|
|                                      | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| San Francisco County California      | 864,263  | -       | 423,630  | 49%     | 440,633  | 51%     |
| White, Not Hispanic or Latino        | 353,000  | 38%     | 161,381  | 17%     | 191,619  | 20%     |
| Asian                                | 295,347  | 31%     | 158,762  | 17%     | 136,585  | 15%     |
| Hispanic or Latinx                   | 131,949  | 14%     | 62,646   | 7%      | 69,303   | 7%      |
| Some Other Race                      | 64,800   | 7%      | 30,174   | 3%      | 34,626   | 4%      |
| Black or African American            | 45,654   | 5%      | 22,311   | 2.4%    | 23,343   | 2.5%    |
| Two or More Races                    | 43,664   | 5%      | 21,110   | 2.2%    | 22,554   | 2.4%    |
| Native Hawaiian and Pacific Islander | 3,226    | 0.3%    | 1,576    | 0.2%    | 1,650    | 0.2%    |
| Native American and Alaska Native    | 3,306    | 0.4%    | 1,589    | 0.2%    | 1,717    | 0.2%    |

Source: 2017 American Community Survey 5-Year Estimates.

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**From:** [Michael W. Bien](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Cc:** [Gay C. Grunfeld](#)  
**Subject:** Recommendation for Gay Crosthwait Grunfeld for Homeless Oversight Commission  
**Date:** Friday, March 10, 2023 12:41:23 PM

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I have lived and worked in San Francisco since 1980. (My home address is 359 Dorantes Avenue, San Francisco 94116; my work address is below.)

I have known and worked closely with Gay Grunfeld for more than 15 years. She is brilliant, dedicated, hard-working and reliable. She is highly motivated to volunteer her time for the cause of improving San Francisco for people who live and work here and is willing to take on the complex challenges posed by the population of unhoused people in San Francisco. I wholeheartedly recommend her for appointment to the Homeless Oversight Commission.

Michael Bien

ROSEN BIEN GALVAN & GRUNFELD LLP  
101 Mission St. Sixth Floor  
San Francisco, CA 94105  
(415) 433-6830 (telephone)  
(415) 433-7104 (fax)  
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[www.rbgg.com](http://www.rbgg.com)

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**From:** [Adrienne Harrold](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Message of Support for Gay C. Grunfeld's Application to Homeless Oversight Commission  
**Date:** Friday, March 10, 2023 1:36:26 PM

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Dear Mr. Young,

I write in support of Gay C. Grunfeld's application for a seat on the city's Homeless Oversight Commission.

I am a San Francisco resident with deep ties to the city, as my mother grew up in San Francisco—the daughter of Chinese immigrants who owned a restaurant and then a laundry in Pac Heights, first living in Chinatown and then the Inner Richmond.

I'm a civil rights attorney at RBGG (the first in my family to be a lawyer), where Gay is the managing partner. Gay is a big reason why I came to RBGG—because of her skill and leadership advocating on behalf of incarcerated clients and people who are discriminated against, and because of her tremendous mentorship of junior attorneys from diverse backgrounds like myself. Under her guidance, I specifically work with many people with disabilities or mental illness who are on parole in San Francisco, and it is unfortunately common for them to experience homelessness. Gay has helped me understand the local organizations who help unhoused individuals, and what resources might be available. One of my clients on parole includes, for example, an elderly veteran who was homeless, has a mobility disability that requires him to use a walker, and who was in and out of jail on technical parole violations (such as not being able to keep his GPS monitoring device charged because he did not have regular access to an electrical outlet)—we helped advocate for him to get housing, and he was able to be placed in a veterans transitional housing facility in SF.

Gay would make an excellent member on the Commission not only because of her deep knowledge of this issue, but also because she is a true pleasure to work with as a colleague.

Thank you for considering her application, and do not hesitate to reach out if I can help provide additional information.

Best,  
Adrienne

**Adrienne Pon Harrold**  
ROSEN BIEN GALVAN & GRUNFELD LLP  
101 Mission Street, Sixth Floor  
San Francisco, CA 94105  
(415) 433-6830  
[aharrold@rbgg.com](mailto:aharrold@rbgg.com) | [she/her](#) | [rbgg.com](http://rbgg.com)

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**From:** [Marnie Regen](#)  
**To:** [Dorsey, Matt \(BOS\)](#); [Tam, Madison \(BOS\)](#); [Walton, Shamann \(BOS\)](#); [Burch, Percy \(BOS\)](#); [ashsha.safai@sfgov.org](mailto:ashsha.safai@sfgov.org); [Barnes, Bill \(BOS\)](#); [Young, Victor \(BOS\)](#)  
**Subject:** Support for Tracey Mixon for HSH Oversight Commission  
**Date:** Friday, March 10, 2023 1:59:32 PM

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Greetings Rules Committee:

On behalf of Larkin Street Youth Services, please accept our sincere endorsement of Tracey Mixon to serve on the HSH Oversight Commission. Tracey is a dedicated, empathetic, and tireless advocate for families experiencing homelessness. Tracey also has lived expertise that can positively help inform processes and decisions that the Oversight Commission will take on in the coming year.

Please accept Tracey's candidacy for HSH Oversight Commission.

Thank you for your consideration!

-Marnie Regen, on behalf of Larkin Street Youth Services

Marnie Regen  
*she/her pronouns*  
Division Director, Government Relations  
Larkin Street Youth Services  
134 Golden Gate Avenue  
San Francisco CA 94109  
Cell (415) 579-1780  
Office (415) 673-0911 x310  
[larkinstreetyouth.org](http://larkinstreetyouth.org)



*Larkin Street creates a continuum of services that inspires youth to move beyond the street. We nurture potential, promote dignity, and support bold steps by all. We live and work on the unceded ancestral homeland of the [Ramaytush Ohlone peoples](#) who are the original inhabitants of the San Francisco Peninsula. We acknowledge that colonization continues to harm indigenous people and while a land acknowledgement is a first step in honoring the resiliency and resistance of the Ramaytush Ohlone people throughout the San Francisco Bay Area, our equity efforts cannot stop there. To learn about returning land to indigenous peoples please visit [LANDBACK](#) and [Sogorea Te' Land Trust](#).*

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**From:** [Benjamin Bien-Kahn](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Recommendation for Gay Grunfeld's Appointment to Homeless Oversight Commission  
**Date:** Friday, March 10, 2023 2:11:58 PM

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Dear Mr. Young,

I am writing in support of Gay Grunfeld's candidacy for a seat on San Francisco's Homeless Oversight Commission.

I am a San Francisco native who returned to the city after moving away for college and law school. I lived in the Richmond district from 2011 - 2021, and now live in the Sunset, where I grew up. I care deeply about being able to find a real solution to homelessness in our city.

I support Gay Grunfeld's candidacy for the Homeless Oversight Commission because of her demonstrated commitment to the city, and to addressing the tragedy of homelessness. I have worked with Ms. Grunfeld for many years representing California parolees with disabilities. She made finding adequate housing for recently released incarcerated people with disabilities a top priority for our team, including both advocacy for individuals at risk of being released without housing, and systemic reforms to improve the pre-release planning and post-release assistance for people reentering society from prison. The Homeless Oversight Commission would greatly benefit from her experience and expertise.

Sincerely,  
Ben Bien-Kahn

March 10, 2023

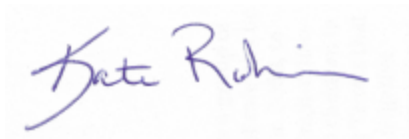
Dear Supervisors,

I have personally and professionally gained so much strength from working with Tracey Mixon; she is a true leader in the communities she serves. Tracey embodies servant leadership, dedication, and collaboration, and she uses her lived experiences to both represent and improve the lives of unhoused individuals in San Francisco. For these reasons and many more, I highly recommend Tracey for the Homelessness Oversight Commission.

Tracey worked for several years as a TLCBD Safe Passage Corner Captain when I was the program director. She is an advocate through and through - always modeling for others that lifting others up improves your own life in addition to the ones you serve. Tracey works tirelessly for families experiencing homelessness, as she experienced it firsthand. She brings true empathy and intelligence to her work and is a critical voice to represent her community.

Please consider me a reference if you have any questions regarding Tracey's experience and character. You will be inspired.

Thank you for your consideration,



Kate Robinson

Executive Director of TLCBD

**From:** [Chris Byers](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Homelessness Oversight Commission  
**Date:** Friday, March 10, 2023 2:47:03 PM

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Dear Mr. Young,

I write to provide my full support for the candidacy of Gay Crosthwait Grunfeld to join the Homelessness Oversight Commission (HOC). I have lived in San Francisco for over thirty-five years and care deeply about our city and homelessness. I can think of no one better suited to attempt to address this issue than Gay. She is a wonderful person, lawyer and problem-solver and has spent much of her life acting on behalf of underrepresented people in our community. The City would be lucky to have her serve on the HOC.

Sincerely,

Chris Byers  
76 Shore View Ave.  
San Francisco, CA

**From:** [Devora Depper](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** San Francisco Homelessness Oversight Commission  
**Date:** Friday, March 10, 2023 3:17:09 PM

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Dear Mr. Young,

I am writing in support of Gay C. Grunfeld's application to serve on the San Francisco Homelessness Oversight Commission. I have both resided and maintained a small business in San Francisco for over forty years. I am a psychologist and have observed with sadness, compassion, and concern the intractable problem of homelessness in our city. I can think of no finer candidate to serve on this commission. Ms. Grunfeld embodies the best possible qualities to serve. She is a longtime resident of San Francisco. She has dedicated her career to serving this population with hard work, and exceptional competence. She brings intellect, drive, experience, and compassion to this most difficult problem in our city.

If you need any further information regarding this matter, please do not hesitate to contact me further.

Sincerely,  
Devora S. Depper Ph.D.  
629 9th Ave.  
SF, CA

**From:** [Emi](#)  
**To:** [Young, Victor \(BOS\)](#); [Dorsey, Matt \(BOS\)](#); [Walton, Shamann \(BOS\)](#); [ashsha.safai@sfgov.org](mailto:ashsha.safai@sfgov.org)  
**Cc:** [Tam, Madison \(BOS\)](#); [Burch, Percy \(BOS\)](#); [Barnes, Bill \(BOS\)](#)  
**Subject:** Letter of Recommendation in Support of Gay C. Grunfeld for the Homeless Oversight Commission  
**Date:** Friday, March 10, 2023 7:23:49 PM

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Dear Supervisors Dorsey, Walton and Safai:

I am a long-time resident of San Francisco. I have lived here continuously since 1982. I care deeply about this City and its community. I am aware of the importance of our Commissions in helping the City operate effectively. I served as a member and President of the Civil Service Commission from 1991-1994.

Homelessness is at a crisis. We spend a billion dollars a year on the homeless, yet their numbers have increased not decreased. We need the most capable among us to tackle this endemic problem. I heartily support the candidacy of Gay C. Grunfeld to the Homeless Oversight Commission.

Gay is without question, one of the best and the brightest; she has the skills, talent, compassion and expertise to help our City solve our homelessness issues. I have known Gay professionally and personally since 1985. She is brilliant, hard-working, result-oriented, and committed to serving the public good.

San Francisco needs to include Gay on the Homeless Oversight Commission. Please convey my strong recommendation of Gay to the Board of Supervisors. Our City will be better for her involvement on the HOC.

Sincerely, Emi Uyehara

**From:** [Sandra Ricci](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** "Gay C. Grunfeld"  
**Date:** Saturday, March 11, 2023 8:15:21 AM

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Dear Victor,

I have been a resident of San Francisco for 15 years. I love this city and get angry when I hear people saying they are leaving because of the homeless situation. I do believe the homeless problem has grown to an insurmountable situation. It is for this reason that I support Gay Grunfeld's application for a seat on the newly created Homeless Oversight Commission. She is a smart, no nonsense, woman who I know would do an incredible job in this role.

I look forward to seeing her approved.

Thank you,  
Sandra Ricci

**From:** [Janet Hobson](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Gay Crosthwait Grunfeld: Nominated for New Homeless Commission  
**Date:** Saturday, March 11, 2023 9:21:58 AM

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I would like to recommend

- Gay Crosthwait Grunfeld for a seat on the new Homeless Commission.

Sincerely  
Janet Hobson



March 11, 2023

The Honorable Matt Dorsey  
Chair, Rules Committee  
San Francisco City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102  
[Matt.Dorsey@sfgov.org](mailto:Matt.Dorsey@sfgov.org)



*Submitted via electronic mail*

**Re: File #230154 — Appointment to the Homeless Oversight Committee — Tracey Mixon — SUPPORT**

Dear Chair Dorsey and Committee Members,

On behalf of GLIDE, we proudly and enthusiastically offer our support for Tracey Mixon to the Homeless Oversight Committee. Tracey's career has been founded in improving opportunities for people experiencing homelessness, and we have the utmost respect for and faith in her as an advocate, organizer, and provider for the people of San Francisco.

Tracey's expertise is keen and lived. Formerly unhoused with her young daughter, she knows what it is like to be where many of our neighbors and loved ones currently are, and how to implement effective interventions to help people when they are at their most vulnerable and experiencing moments of crisis. A lifelong San Franciscan, too, she knows just as intimately how to balance wider community concerns and what is required when coordinating compassionate mutual aid and care.

As a Peer Organizer with Coalition on Homelessness, Tracey has grown into her current role leading citywide street outreach to a diverse cross-section of homeless and insecurely housed individuals, families, and youth. She also works directly with low-income working people, senior citizens, and people with disabilities living on small, fixed incomes in supportive housing and encampments, educating people on their rights and assisting them with housing, benefits, and medical systems navigation.

Tracey has been honored by the Board of Supervisors multiple times in recognition of her accomplishments and continued community support. At the start of the COVID-19 pandemic, Tracey's swift mobilizing resulted in homeless families being moved from potentially dangerous congregate settings into safer living conditions, and she more recently helped lead the charge to preserve the Oasis Family Shelter. Tracey was also an instrumental force in the passage of Prop C (2018), securing increased resources to improve opportunities and outcomes for thousands of San Franciscans.

Prior to joining Coalition on Homelessness, Tracey was a volunteer coordinator at GLIDE, forging personal connections with stakeholders and enhancing ongoing essential service efforts. A Tenderloin resident, her outreach and advocacy extend beyond her professional capacity, too. She served as a Corner Captain for Tenderloin Safe Passage, and is a member of the Planning Department's Tenderloin Community Advisory Group where she is highly respected for centering the experiences and uplifting the voices of her neighbors.

Tracey's skills and accomplishments as an advocate, organizer, and provider, and her exceptional dedication and compassion — especially for those living at the extreme edge of poverty and

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330 Ellis Street  
San Francisco, CA 94102

T: (415) 674-6070  
F: (415) 771-8420  
[www.glide.org](http://www.glide.org)

marginalization — all make her an ideal Homeless Oversight Committee candidate. Tracey's qualifications are exemplary and we are confident her inclusion will be an asset to the City. For questions about the organization's position, please write to me at [wsaver@glide.org](mailto:wsaver@glide.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Wesley Saver', with a stylized, cursive script.

Wesley Saver  
Senior Policy Manager, GLIDE

Cc: Sup. Shamann Walton, District 10, via [Shamann.Walton@sfgov.org](mailto:Shamann.Walton@sfgov.org)  
Sup. Ahsha Safai, District 11, via [Ahsha.Safai@sfgov.org](mailto:Ahsha.Safai@sfgov.org)  
Victor Young, Committee Clerk, via [Victor.Young@sfgov.org](mailto:Victor.Young@sfgov.org)

**From:** [Murray](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Gay Grunfeld  
**Date:** Saturday, March 11, 2023 12:15:04 PM

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Dear Mr Young

I am a San Francisco resident and have been since 2007. I enthusiastically and without reservation support the candidacy of Gay Grunfeld. Gay will work tirelessly to try and address the homeless challenges in our great city. There would be no other candidate, nearly as strong as Gay. She is exceptional and we will be the better for her participation.

Best regards.

Sent from my iPhone

From: [Kathy](#)  
To: [Young, Nicole \(HOC\)](#)  
Subject: I whole heartedly support the candidacy of Gay Crosthwait Grunfeld to the Homeless Oversight Commission  
Date: Saturday, March 11, 2023 4:04:21 PM

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Dear Mr. Young,

I have lived in the Outer Richmond of San Francisco for almost 30 years. I love this city. I care deeply about the homeless, injustice and the inequalities of our society. The Bay Area has so much to be proud of, but it is abundantly clear we have a problem with homelessness and social injustice. I can think of no better person than Ms. Crosthwait Grunfeld to join the Homeless Oversight Commission (HOC). She is compassionate, smart, tenacious and holds a can-do attitude that can get this very complicated and entrenched job done. She is an exceptional attorney, a hard working and dedicated supporter of civil rights, a wonderful wife and mother, and a thoughtful neighbor and friend. I provide my full support for her candidacy to the HOC.

Sincerely,

Katharine Vila

**Katharine Vila, Ph.D.**  
1801 Bush Street, Suite 131C  
San Francisco, CA. 94109  
(PSY 22345)  
(415) 820-1414  
[Kathy@KathyVila.com](mailto:Kathy@KathyVila.com)  
[https://url.vanan.click/v2/\\_\\_\\_\\_www.kathyvila.com\\_\\_\\_\\_.YXAzOnNmZHQyOmeE6boz1YmQ4M2Q4NjEwMDZlYWYyNDZkZDUyMDg2MjA3MGU3Mj02OjM4MjQ6NmYSNTBhNDhhNjYlZjBkYTEiInZlZmY5YjIwYjQxOTI5YjI2ZDRjMWUwMjg3NzhzZGMwOWE3MDQeYTYtcGZmI5ODp0OIQ](https://url.vanan.click/v2/____www.kathyvila.com____.YXAzOnNmZHQyOmeE6boz1YmQ4M2Q4NjEwMDZlYWYyNDZkZDUyMDg2MjA3MGU3Mj02OjM4MjQ6NmYSNTBhNDhhNjYlZjBkYTEiInZlZmY5YjIwYjQxOTI5YjI2ZDRjMWUwMjg3NzhzZGMwOWE3MDQeYTYtcGZmI5ODp0OIQ)

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**From:** [Rick Ahnger](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Gay Grunfeld - Homeless Oversight Commission  
**Date:** Sunday, March 12, 2023 4:34:26 PM

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Hello Mr. Young - I live in the city near the Haight and close to UCSF. We experience the homelessness issue on a daily basis on our street and in our neighborhood.

I write in support of Gay Grunfeld for a role on the Homeless Oversight Commission.

This is the most important issue in our city and I think this candidate would offer a valuable perspective in attempting to solve this intractable problem we all deal with.

Please put this candidate on the Commission.

Thank you for your time.

Rick Ahnger  
415-902-5660

SIDNEY S. HOLLAR  
Attorney at Law  
5214F Diamond Heights Blvd., #127  
San Francisco, CA 94131  
sidneyhollar@gmail.com  
415.425.1313

March 12, 2023

VIA ELECTRONIC MAIL ONLY

Mr. Victor Young  
Clerk, Board of Supervisors  
City and County of San Francisco  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689  
Victor.young@sfgov.org

Re: Letter of support for Gay Grunfeld's application for board appointment to Homeless Oversight Commission, Seat 6

Dear Mr. Young,

I am writing to highly recommend Gay Grunfeld for a Board of Supervisors appointment to the newly created Homeless Oversight Commission. I have known Ms. Grunfeld professionally and personally for 35 years. I worked with her on the board of the San Francisco Women Lawyers Alliance, and also as a consultant with her law firm, Rosen, Bien, Galvin, and Grunfeld.

Ms. Grunfeld is brilliant, compassionate, hard-working, and a natural leader who is able to work collaboratively with others. Ms. Grunfeld is also diligent, humble, and fearless. In working with the commission, she would bring these traits, as well as her extensive background, to help develop creative solutions to this very difficult issue.

I am a long time resident of San Francisco and represent teenagers in juvenile delinquency court. Many of my clients and their families are unhoused, or at risk of becoming unhoused.

Please feel free to contact me if you have any questions. Thank you for your consideration.

Sincerely,

*sidney hollar*

Sidney S. Hollar



**From:** [Penny Godbold](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Support for Gay Grunfeld  
**Date:** Sunday, March 12, 2023 7:28:07 PM

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Dear Victor,

I am writing to express my wholehearted support for Gay Grunfeld's application for a seat on the new Homeless Oversight Commission. I have worked with Gay for years. I personally know that her commitment to this issue combined with her determination, professionalism and strong work ethic make her the perfect fit for this role.

I have been a San Francisco resident for nearly two decades and I have raised my children here. It makes me incredibly sad when my own kids are too scared to stray far from home near Haight Ashbury simply because they do not feel comfortable on the streets. My elderly mother no longer feels safe traveling alone to our home for dinner after dark.

After years of failed efforts to address the problem, it is time for true reform. Homelessness is a stain on our beautiful city and must be addressed swiftly, humanely and with compassion. But make no mistake, it must be addressed.

.  
Gay Grunfeld is just the woman for the job!

Thank you,  
Penny Godbold

**From:** [carol.kingsley](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Subject:** Support for Gay Grunfeld to Homeless Oversight Commission  
**Date:** Sunday, March 12, 2023 11:14:33 PM  
**Attachments:** [image001\\_2.png](#)

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Dear Supervisors:

I highly recommend the appointment of applicant Gay Grunfeld to the Homeless Oversight Commission.

I have been a resident of San Francisco for 40 years where I have raised my son and worked as a lawyer, mediator and arbitrator. I have had the privilege to serve on the San Francisco Ethics Commission and the San Francisco Police Commission.

I have known Gay Grunfeld for more than 35 years and had the pleasure of working with her on the Board of San Francisco Women Lawyer Alliance, an organization dedicated to supporting the rights of women and children. Gay and I both served terms as President of SFWLA. Gay was the organizer and driving force behind the establishment of a children's waiting room in the Hall of Justice in San Francisco by SFWLA. Over the decades since, I have witnessed Gay's consistent commitment to matters of social justice and dedication to working on behalf of underserved people. Gay is compassionate, brilliant, hard working and a delightful person to work with. She is also highly ethical. Gay is a very valuable contributor wherever she is working, and I have no doubt she would apply her considerable experience and know-how to be an exemplarily member of the Homeless Oversight Commission.

Please do not hesitate to contact me with any questions.

*Carol Kingsley*

CAROL M. KINGSLEY  
KINGSLEY MEDIATION AND ARBITRATION SERVICES  
ONE SANSOME STREET, 35TH FLOOR  
SAN FRANCISCO, CA 94104  
PHONE AND FAX; 415-681-4329  
[WWW.KINGSLEYMEDIATIONS.COM](http://WWW.KINGSLEYMEDIATIONS.COM)

[ckingsley@kingsleymediations.com](mailto:ckingsley@kingsleymediations.com)

AMERICAN ARBITRATION ASSOCIATION  
ARBITRATION AND MEDIATION PANELS



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March 10, 2023

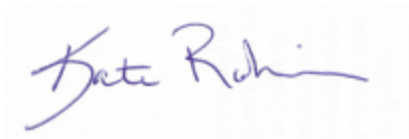
Dear Supervisors,

I have personally and professionally gained so much strength from working with Tracey Mixon; she is a true leader in the communities she serves. Tracey embodies servant leadership, dedication, and collaboration, and she uses her lived experiences to both represent and improve the lives of unhoused individuals in San Francisco. For these reasons and many more, I highly recommend Tracey for the Homelessness Oversight Commission.

Tracey worked for several years as a TLCBD Safe Passage Corner Captain when I was the program director. She is an advocate through and through - always modeling for others that lifting others up improves your own life in addition to the ones you serve. Tracey works tirelessly for families experiencing homelessness, as she experienced it firsthand. She brings true empathy and intelligence to her work and is a critical voice to represent her community.

Please consider me a reference if you have any questions regarding Tracey's experience and character. You will be inspired.

Thank you for your consideration,



Kate Robinson

Executive Director of TLCBD

**Board of Supervisors, Rules Committee**  
**Appointment to Homelessness Oversight Commission, Seat #6**

Dear Chair Matt Dorsey, Vice Chair Shamann Walton, and Member Ahsha Safai:

I am writing to strongly support the appointment of **Andrea Salinas, LMFT**, to the Homelessness Oversight Commission, Seat #.

Ms. Salinas is a clinical social worker supervisor for UCSF CityWide Focus Case Management, Cross Current Team. She provides clinical supervision for the LGBTQ and Women Focus Team. She supports the clinicians on her team to provide culturally competent services to the clinic's severely mentally ill and dual-diagnosed clients. Most clients are justice-involved and unhoused with psychiatric challenges and substance dependency.

Ms. Salinas listens, collaborates, and advocates. Her understanding of Harm Reduction challenges, such lack of appropriate treatment, stable housing, racism and stigma of the incarcerated and street homelessness makes her one of the best subject matter experts among the stakeholders. She never fears diverse perspectives from advocates, families, policymakers, and the general public.

Ms. Salinas has worked tirelessly to support those cycling in/out of the Criminal Justice System and Psychiatric Emergency Services/ZSFG and Emergency Departments of various hospitals and unable to maintain stable housing. Ms. Salinas has a proven record as a competent and compassionate clinician for CityWide with deep roots and experience with the broader community.

Ms. Salinas' expertise, wisdom, and experience were well respected by others who have worked with her. From my work experience in collaborating with her in Psychiatric Court (2013 –present), Behavioral Health Court (2017 – 2019), MHSF Implementation Working Group (December 2020 – May 2022), and Workgroup to Re-envision the Jail Replacement Project (March – October 2016), her years of skillful clinical background, persistent problem-solving skills within the Criminal Justice system and community enriched our discussion and recommendations addressing racial, immigrant and gender bias in Criminal Justice System, clinical context, and community services. Furthermore, her direct service experience with severely mentally ill clients enables her to provide insightful, sustainable, and workable recommendations.

Based on her professional and broad community-based experiences, I strongly support the appointment of Andrea Salinas to the Homelessness Oversight Commission, Seat #6.

Do not hesitate to contact me for further information at 415-823-333 or [kara.chien@sfgov.org](mailto:kara.chien@sfgov.org)

Sincerely yours,

*Kara Ka Wah Chien*

Kara Ka Wah Chien  
Managing Attorney  
Mental Health Unit  
(415) 823-3333  
[Kara.chien@sfgov.org](mailto:kara.chien@sfgov.org)



**From:** [R. Paul McCloskey](#)  
**To:** [Young, Victor \(BOS\)](#); [Tam, Madison \(BOS\)](#); [Barnes, Bill \(BOS\)](#)  
**Cc:** [DorseyStaff \(BOS\)](#); [Waltonstaff \(BOS\)](#)  
**Subject:** Re: Board of Supervisors - Rules Committee Meeting  
**Date:** Monday, March 13, 2023 3:16:17 PM

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Good Morning to all,

I had planned on attending the meeting in person and now, I'm more than a little upset that I didn't. I had applied to both seats 5 & 6. That was confirmed with Bill Barnes when I spoke with him last week and I believe I even brought it up with Ms. Tam as well during my Zoom meeting with her. When I tested positive for Covid last night I actually considered attending in person in a mask anyway because it is just that important to me.

They called my name this morning for seat 5 and caught me by total and destructive surprise. I had just returned from the restroom and my notes were scattered all over. That, on top of feeling as sick as I possibly could sure didn't help.

I blew it. I know that. No one's fault but my own, but I was so relieved because I knew that I could redeem that failure in my being called for seat 6. Which, as you know, I wasn't called. I don't know whether this was by some misstep on my part or the committee's. However I hope you read the rest of this email because even though I'm sure I wouldn't have been chosen anyway, I want you to know that I did not jump in to this lightly, nor was I underqualified.

I had no idea that I could ask people to join me and speak as to the content of my character, I knew I had blown it for seat 5 when I certainly would have. Vice Chair Walton didn't even ask me the question he asked everyone else, and, if I may, my answer to; "How would I hold HSH accountable" would have been:

To hold anyone or any entity accountable you first have to filter through and identify what the issue is. Not the broad spectrum problems. The specific issues within the overall problem. Nobody ever tripped over a mountain. It's all the little mole hills that get us. Second, determine who or what is responsible. Third, bring the issues and responsible parties out in the open with a strong follow up to ensure that repeats are not to be expected.

As far as my qualifications for extensive outreach. 28 years of extensive outreach including but not limited to feeding the homeless both in a formal setting such as St. Anthony dining room or getting up at 3 in the morning to make a hundred breakfast burritos for passing out on whatever corner looked like they were hungry. Years of treatment outreach, going anywhere and talking to anyone who wanted help and walking them through getting into treatment. Manager of the South Napa Shelter. I became a Minister with the Universal Life Church 11 years ago so that I was able to legally perform wedding ceremonies for friends and acquaintances, and blessings for the homeless or anyone else who asked. I had done a few, and was chuckling about that with a friend who was in St Luke's for a surgery when a nurse overheard our conversation, she asked if I could perform last rites for a patient in ICU. I told her I had never done that before. She pleaded with me and after a few phone calls, I reluctantly acquiesced. That started a 8 year long journey of 117 rituals of Last Rites. On call at hospitals, the police, it didn't matter what time day or night. If I was called, I went. And of those 117 Rites, all but 1 were homeless. Finally, It took me 55 years to find the woman that one. That woman who, without in my life I would simply, not be. And she is still out there I don't understand why but that's not important

What is important is that I am connected to the homeless in this city on a visceral level. Something I saw in only 1 of the candidates for seat 6. Last year, Church bestowed an honorary PhD upon me for humanitarian efforts. There was a lot of great people at the meeting today with wonderful qualifications and I hope, sincerely that this commission does something to alleviate the problem of homelessness. I only sent this email to make up for the fact that I got caught with my pants down (almost literally) and I'm pretty sure I will beat myself up for a long time for dropping the ball on something so close to the heart. I wish and hope you can tell me what went wrong and why I wasn't called for seat 6. As I had mentioned a while back to Mr Barnes, I am still willing to assist in other commissions and/or committees.

All the best

R Paul McCloskey

On Mon, Mar 13, 2023 at 9:31 AM R. Paul McCloskey <[paulriposte@gmail.com](mailto:paulriposte@gmail.com)> wrote:  
Hey Victor

No that's fine thanks for letting me know. Turns out I can't attend in person. I wasn't feeling well last night so I gave myself one of those home Covid tests and after the vaccine and all the boosters, I have it. I sincerely hope that doesn't limit my chances as I did intend to be there in person and when I met by Teams with supervisor Safai's assistant, he indicated that it was best to be there in person. I guess we'll see how it goes.

All the best

R Paul McCloskey

On Sun, Mar 12, 2023, 9:16 PM Young, Victor (BOS) <[victor.young@sfgov.org](mailto:victor.young@sfgov.org)> wrote:

Paul:

The meeting will occur in City Hall, Room 250. However, we are still allow applicants to appear via Microsoft Teams if it is needed for now.

Please let me know if you need any additional information.

**Victor Young**  
Assistant Clerk

Board of Supervisors  
phone 415-554-7723 | fax 415-554-5163

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**From:** R. Paul McCloskey <[paulriposte@gmail.com](mailto:paulriposte@gmail.com)>  
**Sent:** Sunday, March 12, 2023 3:32 PM  
**To:** Young, Victor (BOS) <[victor.young@sfgov.org](mailto:victor.young@sfgov.org)>  
**Subject:** Re: Board of Supervisors - Rules Committee Meeting

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hey Victor,

I'm confused. Is it going to be an "In person meeting"? I was under the impression it was/.

Please get back to me as soon as possible to confirm. Im don't want to miss the Teams meeting to show up at city hall, and nothings going on.

All the best

*R. Paul McCloskey*

On Sun, Mar 12, 2023 at 12:48 PM Young, Victor (BOS) <[victor.young@sfgov.org](mailto:victor.young@sfgov.org)> wrote:

Greetings,

**If you wish to add participants, please reach out to the Clerk of the Committee.**

You have received a **Microsoft Teams Videoconferencing Meeting** invitation to the Rules Committee meeting as there is legislation on the agenda that affects your department (for Department Heads) or (staff liaisons) or you are an applicant for appointment.

Even if you do not anticipate attending, you may want to accept the invitation to be present in case a member of the Rules Committee has a question on your scheduled item, or you change your mind. As you may already

know, Teams Meeting may only be sent out prior to the meeting occurring and cannot be sent out once the meeting begins.

If you are unsure on whether your attendance is needed, go to the website and review the Agenda or confer with the Chair or the Clerk or Secretary of the body on any expectations.

**DO NOT forward this invitation**

**DO NOT distribute the conference number or access code.**

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Individuals who wish to provide Public Comment can do so by dialing  
**1(415) 655-0001 and enter Meeting ID: 2489 884 3434 # #**

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