

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)
MC GARRY SEAN THOMAS
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

PLANNING 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 _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.☐ The period covered is January 1, 2023, through the date
of leaving office.☒ **Assuming Office:** Date assumed ____/____/____☐ -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)

49 SOUTH VAP NESS, STE 1400 SAN FRANCISCO CA 94103

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(628) 652-1520

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 6-11-2024
(month, day, year)Signature [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

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

NOR CAL CARPENTERS UNION

ADDRESS (Business Address Acceptable)

265 HEFFERBERGER RD OAKLAND CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LABOR UNION

YOUR BUSINESS POSITION

SENIOR FIELD REPRESENTATIVE

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

CARPENTERS LOCAL UNION NO. 22

ADDRESS (Business Address Acceptable)

2085 THIRD ST SAN FRANCISCO CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EXECUTIVE BOARD MEMBER / DELEGATE

YOUR BUSINESS POSITION

UNION MEMBER - DELEGATE - OFFICER

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: _____