



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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04-02-2025 | 12:02:46 PDT

Disclosure Report for Permit Consultants

SFEC Form 3410B

(S.F. Campaign and Governmental Conduct Code § 3.400A et seq.)

A Public Document

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
PERIOD COVERED	
January 1 to March 31	2025

2. PERMIT CONSULTANT AND EMPLOYER INFORMATION

NAME OF PERMIT CONSULTANT	NAME OF EMPLOYER
Jules Mancilla	Jules Mancilla Inc
BUSINESS ADDRESS	
4060 23rd St SF 94114	
BUSINESS TELEPHONE	BUSINESS EMAIL ADDRESS
4156020464	julesmancillainc@gmail.com

3. CLIENT INFORMATION

Enter the name, business address, contact person (if applicable), e-mail address, and business telephone number of each client for whom you performed permit consulting services during the reporting period. Also enter the amount of compensation you or your employer received or expected to receive from each client for permit consulting services during the reporting period.

#	CLIENT INFORMATION	
1	NAME OF CLIENT Sword to Plowshares	
	BUSINESS ADDRESS OF CLIENT 1060 Howard Street, San Francisco, CA 94103, USA	
	EMAIL ADDRESS OF CLIENT steven.culbertson@stp-sf.org	BUSINESS TELEPHONE OF CLIENT 4156020464
	AMOUNT OF COMPENSATION \$ 3000	CLIENT CONTACT PERSON Steven Culberson

2	NAME OF CLIENT 650 Divs / Monique Davis	
	BUSINESS ADDRESS OF CLIENT 2475 Stokewood Way, Rancho Cordova, CA 95670	
	EMAIL ADDRESS OF CLIENT moniqued@artemis-construction.com	BUSINESS TELEPHONE OF CLIENT 4153467625
	AMOUNT OF COMPENSATION \$ 2000	CLIENT CONTACT PERSON Monique Davis
3	NAME OF CLIENT 26 Mizpah Trust	
	BUSINESS ADDRESS OF CLIENT 65 Lippard Avenue, San Francisco, CA 94131	
	EMAIL ADDRESS OF CLIENT pagerockwell@gmail.com	BUSINESS TELEPHONE OF CLIENT 4156020464
	AMOUNT OF COMPENSATION \$ 1900	CLIENT CONTACT PERSON Page R.
4	NAME OF CLIENT Hellman Family Trust	
	BUSINESS ADDRESS OF CLIENT 16 W Clay	
	EMAIL ADDRESS OF CLIENT dbering@lyrallc.com	BUSINESS TELEPHONE OF CLIENT 4156020464
	AMOUNT OF COMPENSATION \$ 2100.00	CLIENT CONTACT PERSON Daniel Bering
<input checked="" type="checkbox"/>	ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED Attach additional sheets to this statement to disclose additional clients.	

4. CONTACTS WITH CITY OFFICERS AND EMPLOYEES

Describe each permit sought or obtained for a client (include the application number for the permit) during the reporting period and identify the client for whom you sought or obtained that permit. Also, provide the name each officer or employee of the Department of Building Inspection, the Entertainment Commission, the Planning Department, or the Department of Public Works you contacted in attempting to obtain the permit during the reporting period.

PERMIT INFORMATION		
1	PERMIT APPLICATION NUMBER	CLIENT REPRESENTED
	202503101927	Hellman Family Trust
	# OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT
	A Clinton Choy	BSM / DPW
	B	
	C	
2	PERMIT APPLICATION NUMBER	CLIENT REPRESENTED
	2024-006987 PRJ	351 Hill Trust
	# OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT
	A Elizabeth Gordon Jonckheer	SF Planning
	B	
	C	
3	PERMIT APPLICATION NUMBER	CLIENT REPRESENTED
	2024-006987 PRJ	351 Hill Trust
	# OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT
	A Elizabeth Gordon Jonckheer	SF Planning
	B	
	C	

#	PERMIT INFORMATION		
3	PERMIT APPLICATION NUMBER 2022-012386PRJ		
	#	OFFICER OR EMPLOYEE CONTACTED	CLIENT REPRESENTED
	A	Dakota Spycher	Sword to Plowshares
	B		
	C		
	D		
E			
4	PERMIT APPLICATION NUMBER 2025-000673PRJ		CLIENT REPRESENTED
	#	OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT
	A	Max Putra	SF Planning
	B		
	C		
	D		
E			
<input checked="" type="checkbox"/>	ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED Attach additional sheets to this statement to disclose additional permits.		

5. POLITICAL CONTRIBUTIONS

Enter the information below for each political contribution of \$100 or more made by the permit consultant or the permit consultant's employer during the reporting period to:

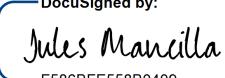
- an elected official of the City and County,
- a candidate for such office,
- a committee controlled by such officer or candidate,
- a committee primarily formed to support or oppose such officer or candidate, or
- any committee primarily formed to support or oppose a ballot measure to be voted on only in San Francisco.

#	NAME OF OFFICER, CANDIDATE, OR COMMITTEE	DATE OF CONTRIBUTION	AMOUNT OF CONTRIBUTIONS
1	No One	01/01/2025	\$ 10
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
<input type="checkbox"/>	ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED Attach additional sheets to this statement to disclose additional contributions.		

6. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

NAME AND SIGNATURE OF PERSON FILING REPORT	DATE SIGNED
<p>DocuSigned by:</p>  <p>Jules Mancilla F586BFE558B0409...</p> <p>Jules Mancilla</p>	04-02-2025 12:02:46 PDT



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Quarterly Report for Permit Consultants Contacts with City Officers and Employees Supplemental Attachment

SFEC Form 3410B-AP4

4. CONTACTS WITH CITY OFFICERS AND EMPLOYEES

Describe each permit sought or obtained for a client (include the application number for the permit) during the reporting period and identify the client for whom you sought or obtained that permit. Also, provide the name each officer or employee of the Department of Building Inspection, the Entertainment Commission, the Planning Department, or the Department of Public Works you contacted in attempting to obtain the permit during the reporting period.

#	PERMIT INFORMATION		
	PERMIT APPLICATION NUMBER	CLIENT REPRESENTED	
	2025-002672PRJ	Monique Davis / 650 Divisadero	
#	OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT	
A	Jennifer Lung, Carly Grob	SF Planning	
B			
C			
D			
E			
#	PERMIT APPLICATION NUMBER		CLIENT REPRESENTED
	OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT	
A			
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	PERMIT APPLICATION NUMBER	CLIENT REPRESENTED
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Quarterly Report for Permit Consultants Client Information Supplemental Attachment

SFEC Form 3410B-AP3

3. CLIENT INFORMATION CONTINUED

Enter the name, business address, contact person (if applicable), e-mail address, and business telephone number of each client for whom you performed permit consulting services during the reporting period. Also enter the amount of compensation you or your employer received or expected to receive from each client for permit consulting services during the reporting period.

#	CLIENT INFORMATION	
	NAME OF CLIENT 351 Hill Family trust	
	BUSINESS ADDRESS OF CLIENT 79 Elgin Park, San Francisco, CA 94103	
	EMAIL ADDRESS OF CLIENT yokomk@mac.com	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$ 825.00	CLIENT CONTACT PERSON Yoko Takada
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
	EMAIL ADDRESS OF CLIENT	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
	EMAIL ADDRESS OF CLIENT	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON

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	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
	EMAIL ADDRESS OF CLIENT	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
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	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
	EMAIL ADDRESS OF CLIENT	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON