



San Francisco Ethics Commission

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

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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

Original

DATE OF ORIGINAL FILING (for amendment only)

PERIOD COVERED

January 1 to March 31 2025

2. PERMIT CONSULTANT AND EMPLOYER INFORMATION

NAME OF PERMIT CONSULTANT

Jules Mancilla

NAME OF EMPLOYER

Jules Mancilla Inc

BUSINESS ADDRESS

4060 23rd St SF 94114

BUSINESS TELEPHONE

4156020464

BUSINESS EMAIL ADDRESS

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

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 Culbertson

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
	A	Clinton Choy
	B	BSM / DPW
	C	
	D	
2	PERMIT APPLICATION NUMBER	CLIENT REPRESENTED
	2024-006987 PRJ	351 Hill Trust
	#	OFFICER OR EMPLOYEE CONTACTED
	A	Elizabeth Gordon Jonckheer
	B	SF Planning
	C	
	D	
E		

#	PERMIT INFORMATION	
3	PERMIT APPLICATION NUMBER 2022-012386PRJ	
	CLIENT REPRESENTED Sword to Plowshares	
	#	OFFICER OR EMPLOYEE CONTACTED DEPARTMENT
	A	Dakota Spycher SF Planning
	B	
	C	
	D	
4	PERMIT APPLICATION NUMBER 2025-000673PRJ	
	CLIENT REPRESENTED 26 Mizpah Trust	
	#	OFFICER OR EMPLOYEE CONTACTED DEPARTMENT
	A	Max Putra SF Planning
	B	
	C	
	D	
<div> <input checked="" type="checkbox"/> ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED Attach additional sheets to this statement to disclose additional permits. </div> <div>  </div>		

5. POLITICAL CONTRIBUTIONS			
<p>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:</p> <ul style="list-style-type: none"> • 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	
<p>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.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>	
<p>NAME AND SIGNATURE OF PERSON FILING REPORT</p> <p>DocuSigned by: <i>Jules Mancilla</i> F586BFE558B0409... Jules Mancilla</p>	<p>DATE SIGNED</p> <p>04-02-2025 12:02:46 PDT</p>



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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 2025-002672PRJ	CLIENT REPRESENTED 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		
B		
C		
D		
E		

	PERMIT APPLICATION NUMBER		CLIENT REPRESENTED
	#	OFFICER OR EMPLOYEE CONTACTED	DEPARTMENT
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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

#	CLIENT INFORMATION	
	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
	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