
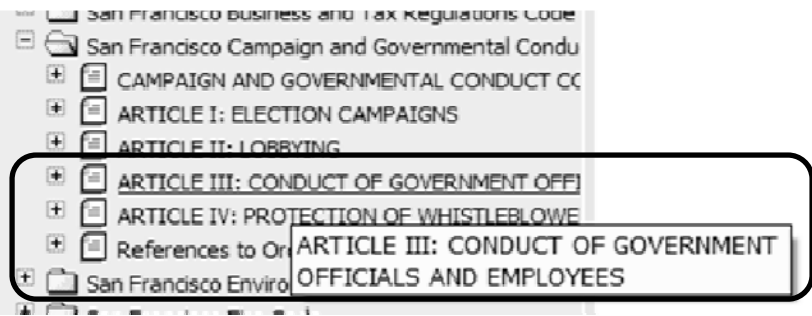


How to Fill Out the SEI

- A listing of disclosure requirements for each schedule of the SEI
- Examples of Do's and Don'ts

Looking Up a Designated Filer Position

<p>To find out if you must file financial disclosure statements, see if your position is listed in the San Francisco Campaign and Governmental Conduct Code (Code) Section 3.1-100-3.1-500.</p> <p>Go to www.sfethics.org. Select "Laws and Advice." Select "San Francisco Campaign and Governmental Conduct Code."</p>	
<p>Select "Article III: Chapter 1."</p>	
<p>Select 3.1-103 to find out if an elected official, department head, or member of a board or commission must file the Form 700, Sunshine Ordinance Declaration, and a Certificate of Ethics Training with the Ethics Commission.</p>	<p><u>Sec. 3.1-102.</u> Filing Requirements.</p> <p><u>Sec. 3.1-102.5.</u> Failure to File.</p> <p><u>Sec. 3.1-103.</u> Filing Officers.</p> <p><u>Sec. 3.1-104.</u> Filing Officer Reports.</p> <p><u>Sec. 3.1-105.</u> Notice of Appointment and Resignation.</p>
<p>Select by department to see a listing of designated filers such as advisory board and committee members and designated employees who must file with their department, board, or committee.</p>	<p><u>Sec. 3.1-218.</u> Emergency Management, Department of.</p> <p><u>Sec. 3.1-225.</u> Environment, Department of the.</p> <p><u>Sec. 3.1-230.</u> Ethics Commission.</p> <p><u>Sec. 3.1-240.</u> Film Commission.</p>

With which agency do you file with?

Listed in Code Section	File with
Position ONLY listed in Code §§ 3.1-110 to 3.1-500	File SEIs with your Department, board, or commission.
Position listed in Code § 3.1-103	File SEIs, Certificates of Ethics Training, and Sunshine Ordinance Declarations with the Ethics Commission.*

*The following positions are not required to file Sunshine Ordinance Declarations or Certificate of Ethics Training:

- Community College District
 - Board of Trustees
 - Chancellor
- Health Authority
 - Chief Executive Officer
 - Board Member
- Housing Authority
 - Executive Director
 - Commissioner
- Law Library
 - Law Librarian-Secretary
 - Board of Trustees
- SFUSD
 - Board of Education
 - Superintendent



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Smith (FIRST) S. (MIDDLE) O.

1. Office, Agency, or Court

Agency Name

B&G Dept.

Division, Board, Department, District, if applicable

Analyst

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State

☐ Multi-County _____

☒ City of San Francisco

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of San Francisco

☐ Other _____

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

☐ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is _____, through December 31, 2011.

☐ Assuming Office: Date assumed _____

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

☒ Leaving Office: Date Left _____ (Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: _____

☐ 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)

123 Current-Accurate Blvd.

DAYTIME TELEPHONE NUMBER

(415) 123-4567

E-MAIL ADDRESS (OPTIONAL)

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 4/1/2011 4/1/2012
(month, day, year)

Signature _____

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

ORIGINAL

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Smith Sarah O.

1. Office, Agency, or Court

Agency Name Blue & Green Department Analyst
Division, Board, Department, District, if applicable Your Position
Accounts Payable Division

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State ☐ 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, 2011, through December 31, 2011.
-or- The period covered is ____/____/____, through December 31, 2011.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☒ 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)
123 Current Address Street, San Francisco CA 94102
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 123-4567 ssmith@smith.com

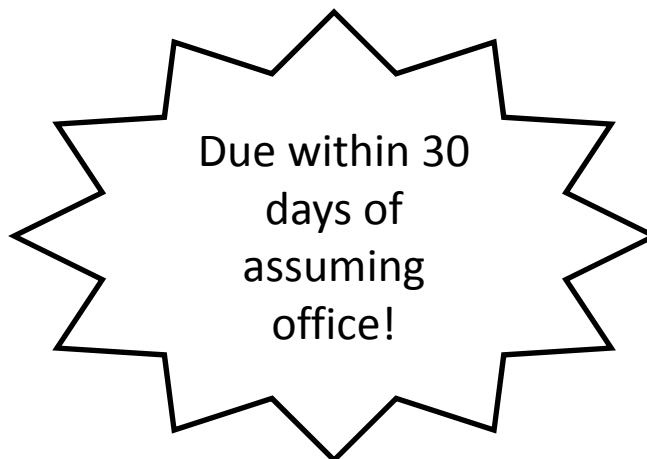
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3/15/2012 Signature Sarah Smith
(month, day, year) (File the originally signed statement with your filing official.)

Look for the revised FPPC forms on the FPPC website sometime each January.

Assuming Office Statement



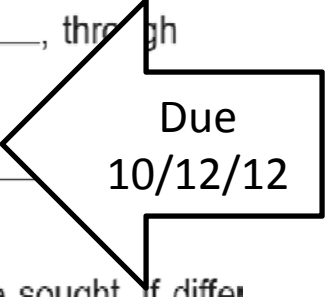
3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☒ **Assuming Office:** Date assumed 9 / 12 / 2012



Due
10/12/12

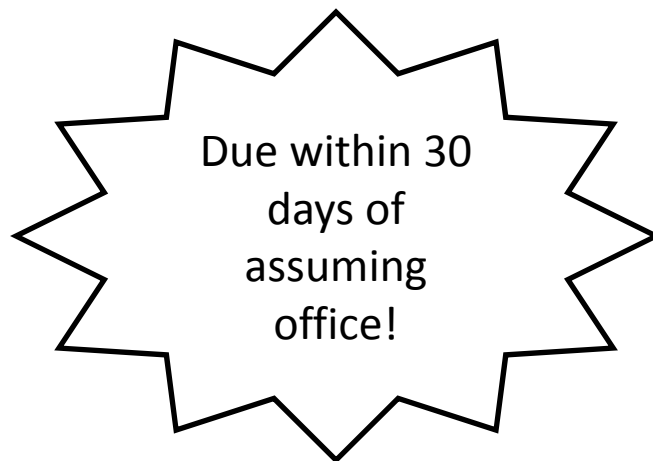
☐ **Candidate:** Election Year _____ Office sought, if different _____

If you file your SEI with the Ethics Commission, you must also file a Sunshine Ordinance Declaration and a Certificate of Ethics Training.

Very few exceptions apply. (See page 3.)

Combined Assuming Office and Annual Statement

- If the filer assumes office from **January 1 through April 1**, he or she may file an annual filing with his or her assuming office filing.



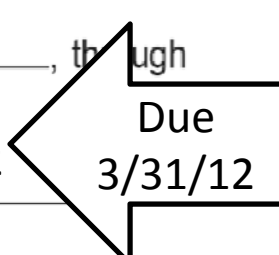
3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☒ **Assuming Office:** Date assumed 3/1/2012

A large arrow pointing from the right towards the date "3/31/12". Inside the arrow's body, the text "Due 3/31/12" is written.

Due
3/31/12

☐ **Candidate:** Election Year _____ Office sought, if differ

Annual Statement with a Different Period Covered

- If the filer assumes office from **April 2 to September 30**, he or she will file a typical assuming office statement covering current reportable investments and income and gifts received in the past 12 months.
- The filer's next annual filing will look different because he or she will only provide information about financial interests not yet disclosed.
- For example, if a filer assumed office on 9/5/11 and filed an assuming office statement within 30 days, next April the annual statement will cover the period 9/6/11 through 12/31/11.

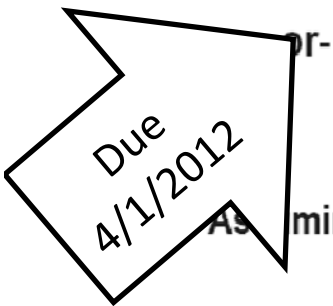
3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

The period covered is 9 / 6 / 11, through December 31, 2011.

Assuming Office: Date assumed / /

☐ **Candidate:** Election Year Office sought, if different



When is it Not Necessary to File an Annual Statement?

- If the filer assumed office from **October 1 to December 31, 2011**, and filed an assuming office filing within 30 days, the filer is not required to file on April 1, 2012.
- The filer will file his or her annual filing on April 1, 2013.
- For example, if a filer assumed office on 10/3/11 and filed an assuming office statement covering 10/4/10 to 10/3/11, the filer will file an annual filing on 4/1/13 covering 10/4/11 to 12/31/12.

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

☐ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☒ **Assuming Office:** Date assumed 10 / 3 / 11

☐ **Candidate:** Election Year _____ Office sought, if different _____

Next annual statement due 4/1/13, covering 10/4/2011 through 12/31/2012.

Leaving Office on or Before April 1

- If the filer leaves office on or **before April 1**, he or she may file an annual filing with his or her leaving office filing



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

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

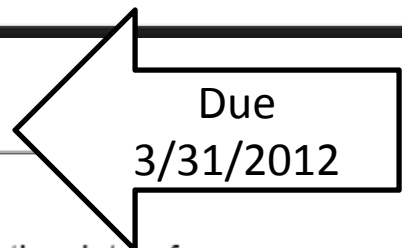
☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Election Year _____ Office sought, if different _____

☒ **Leaving Office:** Date Left 3/1/12
(Check one)

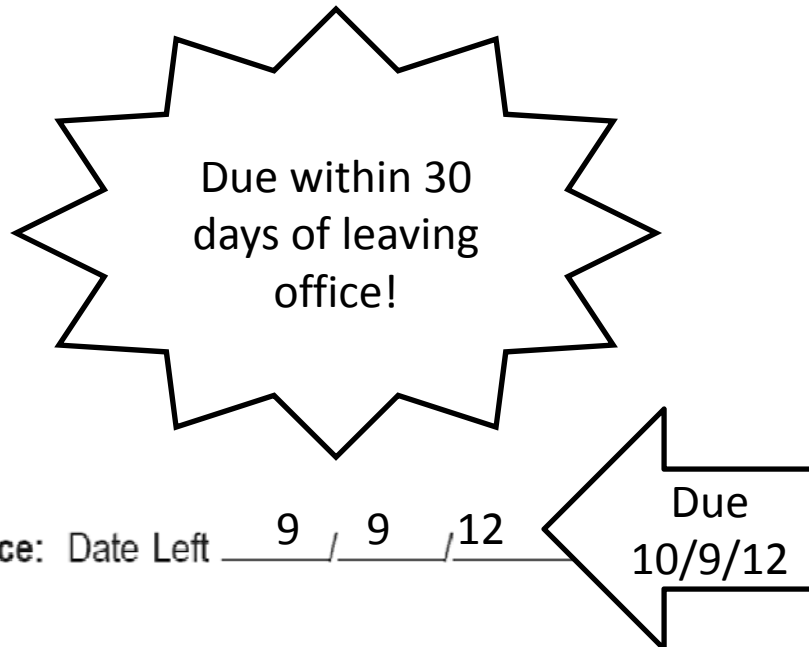
☒ The period covered is January 1, 2011, through the date of leaving office.

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



Leaving Office After April 1

- If a filer leaves office **after April 1** and filed an annual statement on 4/1/12, the filer must file a leaving office statement.



- ☒ **Leaving Office:** Date Left 9 / 9 / 12 Due
10/9/12
(Check one)
- ☐ The period covered is January 1, 2011, through the date of leaving office.
- ☒ The period covered is 1 / 1 / 12, through the date of leaving office.



5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
123 Accurate Address Street, SF, CA 94102

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 121-1212 pp@piper.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 4/1/2012
(month, day, year)

Signature Peter Piper
(File the originally signed statement with your filing official)

If You Hold Two Positions, Sign and Date Each Document

- If a filer holds two positions, he or she must provide two copies, **both with original signatures**, listing the two positions for which he or she serves.
- File each original filing with the appropriate agency.

CALIFORNIA FORM 700
PUBLIC POLITICAL, PROFESSIONAL, OR BUSINESS
A PUBLIC DOCUMENT

STATEMENT OF E
COV

**To the Ethics
Commission**

NAME OF FILER (LAST) Piper

1. Office, Agency, or Court
Agency Name Board of Supervisors Supervisor
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.
Agency Golden Gate Transit Authority Position Member

2. Jurisdiction of Office (Check at least one box)
☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of SF
☒ City of SF ☐ Other

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or- The period covered is _____ through _____
☐ Assuming Office: Date assumed _____
☐ Leaving Office: (Use Part 1) _____
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.

4. Schedule Summary
Check applicable schedule or "None."
☒ 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

5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed the 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 4/1/2012 Signature Peter Piper

FPFG Form 700 (2011-2012)
FPFG Toll-Free Hotline: 866/275-8772 www.fppg.ca.gov

CALIFORNIA FORM 700
PUBLIC POLITICAL, PROFESSIONAL, OR BUSINESS
A PUBLIC DOCUMENT

STATEMENT OF E
COV

**To the Golden
Gate Transit
Authority**

NAME OF FILER (LAST) Piper

1. Office, Agency, or Court
Agency Name Golden Gate Transit Authority Member
Division, Board, Department, District, if applicable Your Position

2. Jurisdiction of Office (Check at least one box)
☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of SF
☐ City of SF ☐ Other

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or- The period covered is _____ through _____
☐ Assuming Office: Date assumed _____
☐ Leaving Office: (Use Part 1) _____
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.

4. Schedule Summary
Check applicable schedule or "None."
☐ 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

5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed the 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 4/1/2012 Signature Peter Piper

FPFG Form 700 (2011-2012)
FPFG Toll-Free Hotline: 866/275-8772 www.fppg.ca.gov

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

“Investment” means a financial interest in any business entity 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 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.

Disclosure Required

- Stocks, bonds, warrants, and options that you own, including those held in margin or brokerage accounts and managed investment funds
- Sole proprietorships
- Your own business or your spouse’s or registered domestic partner’s business
- Your spouse’s or registered domestic partner’s investments, even if they are legally separate property
- Partnerships (for example, a law firm or family farm)
- Investments in reportable business entities held in a retirement account

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
 (Ownership Interest is Less Than 10%)
 Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Smith, Sarah</u>
--

Family Business 9% ownership

NAME OF BUSINESS ENTITY
Smith's Machining Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Machining & Metal Fabrication & Custom Design

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:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

Family Business (5% ownership)

NAME OF BUSINESS ENTITY
Smith's Properties, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Property Management

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:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

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:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ishares

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
online investment 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 corporate bond (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Home Depot

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
building/home improvement

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:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Disney Entertainment

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Entertainment

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:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

“Investment” means a financial interest in any business entity 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 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.

Disclosure Not Required

- Diversified mutual funds registered with the Securities and Exchange Commission (SEC) under the Investment Company Act of 1940
- Bank accounts, savings accounts, and money market accounts
- Insurance policies
- Annuities
- Shares in a credit union
- Government bonds (including municipal bonds)
- Retirement accounts invested in non-reportable interests (for example, insurance policies, diversified mutual funds, or government bonds)
- Defined benefit pension plans and profit sharing plans qualified under Internal Revenue Code section 401(a)
- Interests held in a blind trust

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Smith, Sarah

NAME OF BUSINESS ENTITY
TIAA CREF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
retirement

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

NATURE OF INVESTMENT
☐ Stock
☒ Other retirement (mutual funds)
 (Describe)
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule G)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 11
 DISPOSED / / 11

NAME OF BUSINESS ENTITY
Patelco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
credit union

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

NATURE OF INVESTMENT
☐ Stock
☒ Other shares
 (Describe)
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule G)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 11
 DISPOSED / / 11

NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Bank & Mortgage Lender

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

NATURE OF INVESTMENT
☐ Stock
☒ Other CD
 (Describe)
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule G)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 11
 DISPOSED / / 11

NAME OF BUSINESS ENTITY
Fidelity

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment Advisors

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

NATURE OF INVESTMENT
☐ Stock
☒ Other SEC registered mutual fund
 (Describe)
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule G)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 11
 DISPOSED / / 11

NAME OF BUSINESS ENTITY
US Treasury

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
US Bond Investments

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

NATURE OF INVESTMENT
☐ Stock
☒ Other Bond
 (Describe)
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule G)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 11
 DISPOSED / / 11

NAME OF BUSINESS ENTITY
JMJ, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Property Management (50% ownership)

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

NATURE OF INVESTMENT
☐ Stock
☐ Other
☒ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule G)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 11
 DISPOSED / / 11

Use Schedule A-2

Comments:

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

Use Schedule A-2 to report investments in a business entity or trust (including a living trust), in which you, your spouse or registered domestic partner, or your dependent children 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.

A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. You are not required to report a trust that contains no reportable interests. For example, if you have a trust containing only your personal residence, your savings account, and some municipal bonds, you would not report this trust, because these interests are 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 interest was \$2,000 or more during the reporting period.

Disclosure Required

- Stocks, bonds, warrants, and options that you own, including those held in margin or brokerage accounts and managed investment funds
- Sole proprietorships
- Your own business or your spouse's or registered domestic partner's business
- Your spouse's or registered domestic partner's investments, even if they are legally separate property
- Partnerships (for example, a law firm or family farm)
- Investments in reportable business entities held in a retirement account
- If you, your spouse, your registered domestic partner, or your dependent children 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.
- Business trusts

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Smith, Sarah</u>

1. BUSINESS ENTITY OR TRUST					
Name <u>JMJ, LLC</u>					
Address (Business Address Acceptable) <u>1234 Sutter St.</u>					
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2					
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Property Management</u>					
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table border="0"><tr><td>____/____/11</td><td>____/____/11</td></tr><tr><td>ACQUIRED</td><td>DISPOSED</td></tr></table>	____/____/11	____/____/11	ACQUIRED	DISPOSED
____/____/11	____/____/11				
ACQUIRED	DISPOSED				
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other					
YOUR BUSINESS POSITION <u>Co-owner</u>					

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
<u>Tim Tenant</u>	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST					
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY					
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property <u>JMJ, LLC</u>					
Description of Business Activity or City or Other Precise Location of Real Property <u>323 Investment Avenue</u>					
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table border="0"><tr><td>____/____/11</td><td>____/____/11</td></tr><tr><td>ACQUIRED</td><td>DISPOSED</td></tr></table>	____/____/11	____/____/11	ACQUIRED	DISPOSED
____/____/11	____/____/11				
ACQUIRED	DISPOSED				
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____					
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached					

Comments: _____

1. BUSINESS ENTITY OR TRUST					
Name <u>Sarah Smith Living Trust</u>					
Address (Business Address Acceptable) <u>1234 Home Address St.</u>					
Check one <input checked="" type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2					
GENERAL DESCRIPTION OF BUSINESS ACTIVITY					
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table border="0"><tr><td>____/____/11</td><td>____/____/11</td></tr><tr><td>ACQUIRED</td><td>DISPOSED</td></tr></table>	____/____/11	____/____/11	ACQUIRED	DISPOSED
____/____/11	____/____/11				
ACQUIRED	DISPOSED				
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other					
YOUR BUSINESS POSITION _____					

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST					
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> 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 <u>123 Other-property St.</u>					
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table border="0"><tr><td>____/____/11</td><td>____/____/11</td></tr><tr><td>ACQUIRED</td><td>DISPOSED</td></tr></table>	____/____/11	____/____/11	ACQUIRED	DISPOSED
____/____/11	____/____/11				
ACQUIRED	DISPOSED				
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____					
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached					

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

Disclosure Not Required

- Diversified mutual funds registered with the Securities and Exchange Commission (SEC) under the Investment Company Act of 1940
- Bank accounts, savings accounts, and money market accounts
- Insurance policies
- Annuities
- Shares in a credit union
- Government bonds (including municipal bonds)
- Retirement accounts invested in non-reportable interests (for example, insurance policies, diversified mutual funds, or government bonds)
- Defined benefit pension plans and profit sharing plans qualified under Internal Revenue Code section 401(a)
- Interests held in a blind trust
- Trusts that have no reportable interests

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Smith, Sarah

► 1. BUSINESS ENTITY OR TRUST

Name
Jmj, LLC

Address (Business Address Acceptable)
1234 Sutter st.

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Property Management

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

IF APPLICABLE, LIST DATE: 11 / 11
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ Other

YOUR BUSINESS POSITION co-owner

► 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.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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

IF APPLICABLE, LIST DATE: 11 / 11
 ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ☒ Other Bank Account

Yrs. remaining

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

Comments:

► 1. BUSINESS ENTITY OR TRUST

Name
Sarah Smith Living Trust

Address (Business Address Acceptable)
1234 Home Street

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE: 11 / 11
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ 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.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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
1234 Home Street

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

IF APPLICABLE, LIST DATE: 11 / 11
 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

(Blind Trust)

SCHEDULE B

Interests in Real Property (Including Rental Income)

Report interests in real property located in your agency's jurisdiction & 2 miles outside 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.

Disclosure Required

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
- A mining lease
- An interest in real property held in a retirement account
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, or your dependent children 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

Disclosure Not Required

- A residence, such as a home or vacation cabin, used exclusively as a personal residence. However, a residence 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.
- Interests in real property held through a blind trust

Required Disclosure (Loans)

- Loans from a private lender that total \$500 or more and are secured by real property may be reportable.

Reportable loans may be disclosed on Schedule B or Schedule C.

- Provide the name and address of the lender.
- Describe the lender's business activity.
- Disclose the interest rate and term of the loan.

Personal loans and loans received not in a lender's regular course of business must be disclosed.

Disclosure Not Required

- You are not required to report loans from commercial lending institutions, 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.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Smith, Sarah

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
660 99th Avenue

CITY
SF, CA 94121

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

IF APPLICABLE, LIST DATE:
ACQUIRED 1/11 DISPOSED 1/11

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.
Peter Renter

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
123 Home Street

CITY
SF, CA 94132

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

IF APPLICABLE, LIST DATE:
ACQUIRED 1/11 DISPOSED 1/11

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☒ personal residence 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.

* You are not required to report 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. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
Mary Money-Maker

ADDRESS (Business Address Acceptable)
333 Gold Avenue

BUSINESS ACTIVITY, IF ANY, OF LENDER
Project Manager

INTEREST RATE None TERM (Months/Years) 3 years

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*
Bank of America

ADDRESS (Business Address Acceptable)
1640 Van Ness Avenue

BUSINESS ACTIVITY, IF ANY, OF LENDER
Banking & Investment

INTEREST RATE 4.1% TERM (Months/Years) 30 year loan

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)

Other Loans Received Which Do Not Involve Real Property

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. Also report your job title with each reportable business entity, even if you received no income during the reporting period. You must also report the source of income to your spouse or registered domestic partner if your community property share is \$500 or more during the reporting period. A source of 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. Reportable sources of income may be further limited by your agency's conflict-of-interest code.

Disclosure Required

- Salary/wages, per diem, reimbursement for expenses are generally reportable. See exception below.
- 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
- 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, including loan repayments from a campaign committee
- An honorarium received prior to becoming a public official
- Incentive compensation

Disclosure Not Required

- Payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency including:
 - Salary
 - Reimbursement for expenses or per diem
 - Social Security
 - Disability
- Other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency

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

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Smith, Sarah

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Jameson Marketing

ADDRESS (Business Address Acceptable)

335 Commercial Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advertising

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$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
☐ Loan repayment ☐ Partnership

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

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

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

EDD (unemployment)

ADDRESS (Business Address Acceptable)

800 Capitol Mall, MC 83

BUSINESS ACTIVITY, IF ANY, OF SOURCE

distributes Calif. unemployment

YOUR BUSINESS POSITION

recipient

GROSS INCOME RECEIVED

- ☐ \$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
☐ Loan repayment ☐ Partnership

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

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

☒ Other unemployment check
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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*

Patty Green

ADDRESS (Business Address Acceptable)

1234 Lender Street

BUSINESS ACTIVITY, IF ANY, OF LENDER

Insurance Broker

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

6.1 % ☐ None

TERM (Months/Years)

5 years

SECURITY FOR LOAN

- ☐ None ☒ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

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. **Gifts are reportable regardless of where the donor is located.** 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 not known, 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.

Disclosure Required

- Remember, your gift limit is \$420 in 2011.

Below are examples of gifts you must disclose:

- Tickets/passes to sporting or entertainment events
- Tickets/passes to amusement parks
- Parking passes
- Food, beverages, and accommodations, including those provided in direct connection with your attendance at a convention, conference, meeting, social event, meal, or like gathering, where you did not give a speech, participate in a panel or seminar, or provide a similar service
- Rebates/discounts not made in the regular course of business to members of the public without regard to official status
- ½ of the value of your wedding gifts
- 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.
- Transportation and lodging (see Schedule E)
- Forgiveness of a loan received by you

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Smith, Sarah</u>
--

▶ NAME OF SOURCE <u>Group Gift from Coworkers</u>		
ADDRESS (Business Address Acceptable) <u>333 office Street</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>B & G Dept.</u>		
DATE (mm/dd/yy) <u>10, 30, 11</u>	VALUE <u>\$150</u>	DESCRIPTION OF GIFT(S) <u>retirement gift</u>
____/____/____	\$ _____	(Each person contributed \$50)
____/____/____	\$ _____	

▶ NAME OF SOURCE <u>Sally Summers</u>		
ADDRESS (Business Address Acceptable) <u>333 office Street</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Inspector</u>		
DATE (mm/dd/yy) <u>9, 1, 11</u>	VALUE <u>\$ 50</u>	DESCRIPTION OF GIFT(S) <u>Birthday gift</u>
____/____/____	\$ _____	other examples: • get well gift
____/____/____	\$ _____	• holiday gift
____/____/____	\$ _____	• bereavement gift

▶ NAME OF SOURCE <u>X12 Parking</u>		
ADDRESS (Business Address Acceptable) <u>222 Lot Street</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Parking Lot</u>		
DATE (mm/dd/yy) <u>6, 6, 11</u>	VALUE <u>\$ 50</u>	DESCRIPTION OF GIFT(S) <u>Parking Passes</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE <u>Carla Cooper</u>		
ADDRESS (Business Address Acceptable) <u>23235 Home Blvd.</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Gardener</u>		
DATE (mm/dd/yy) <u>1, 2, 11</u>	VALUE <u>\$ 60</u>	DESCRIPTION OF GIFT(S) <u>forgiveness of a loan/bill</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE <u>Lina Little</u>		
ADDRESS (Business Address Acceptable) <u>3636 36th Avenue</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Nurse</u>		
DATE (mm/dd/yy) <u>8, 8, 11</u>	VALUE <u>\$ 200</u>	DESCRIPTION OF GIFT(S) <u>1/2 value of wedding gift</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D

Income – Gifts

Disclosure Not Required

- Gifts that were not used and which, within 30 days after receipt, were returned to the donor or delivered to a charitable organization 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, aunt, uncle, niece, nephew, or first cousin. Included in this exception are gifts from your spouse or domestic partner's children, parents, brothers and sisters, and the spouse or registered domestic partner of the individuals listed above. 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 hospitality involving food, drink, or occasional lodging provided in an individual's home when the individual or a member of the individual's family was present
- Gifts of similar value exchanged between you and an individual, other than a lobbyist, on holidays, birthdays, or similar occasions
- Gifts of informational material provided to assist you in the performance of your official duties (for example, books, pamphlets, reports, calendars, periodicals, or educational seminars)
- A bequest or inheritance. However, inherited investments or real property may be reportable on other schedules.
- Personalized plaques and trophies with an individual value of less than \$250
- Campaign contributions
- A single ticket to a 510 (c)(3) or political fundraising event received for your own use from the organization or the committee holding the fundraiser.
- Gifts given to members of your immediate family unless you enjoy direct benefit of the gift, use the gift or exercise discretion or control over the use or disposition of the gift.
- A pass or ticket that provided a one-time admission to an event (theater performance, sporting event) that was not used and was not transferred to another person.
- Food, beverages, and necessary accommodations provided directly in connection with an event at which you gave a speech, participated in a panel or seminar, or provided a similar service, if such costs were paid for by a federal, state, or local government agency and you are not an elected officer or a section 87200 filer

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Smith, Sarah

▶ NAME OF SOURCE

Anonymous

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)

VALUE

DESCRIPTION OF GIFT(S)

2,2,11 \$200 dinner

Pay for it within 30 days!

▶ NAME OF SOURCE

Sally Silver

ADDRESS (Business Address Acceptable)

1234 Circle Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Clerk (subordinate staff)

DATE (mm/dd/yy)

VALUE

DESCRIPTION OF GIFT(S)

3,2,11 \$20 non-cash birthday gift

▶ NAME OF SOURCE

Peter Tenant

ADDRESS (Business Address Acceptable)

1259 Renting Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

DATE (mm/dd/yy)

VALUE

DESCRIPTION OF GIFT(S)

6,9,11 \$950 TV

Be specific!

▶ NAME OF SOURCE

Mark Smith

ADDRESS (Business Address Acceptable)

1234 Home street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Marketing

DATE (mm/dd/yy)

VALUE

DESCRIPTION OF GIFT(S)

5,9,11 \$300 Valentine's Day gift from spouse

▶ NAME OF SOURCE

Cody Carter

ADDRESS (Business Address Acceptable)

2311 Sanctuary Lane

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Manager

DATE (mm/dd/yy)

VALUE

DESCRIPTION OF GIFT(S)

1,10,11 \$49 birthday gift (lunch)

▶ NAME OF SOURCE

Community Center

ADDRESS (Business Address Acceptable)

5555 Larkin Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

non-profit 501(c)(3)

DATE (mm/dd/yy)

VALUE

DESCRIPTION OF GIFT(S)

6,2,11 \$100 fundraising ticket

only one per organization

Comments:

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

Disclosure Required

- Travel payments reportable on Schedule E include advances and reimbursements for travel and related expenses, including lodging and meals. Gifts of travel may be subject to a \$420 gift limit.

Disclosure Not Required

- Travel payments received from any state, local, or federal government agency for which you provided services equal or greater in value than the payments received
- Unless you are an elected officer or section 87200 filer, payments for admission to an event
Payments for admission to an event at which you make a speech, participate on a panel, or make a substantive formal presentation, transportation, and necessary lodging, food, or beverages, and nominal non-cash benefits provided to you in connection with the event so long as both the following apply:
 - The speech is for official agency business and you are representing your government agency in the course and scope of your official duties.
 - The payment is a lawful expenditure made only by a federal, state, or local government agency for purposes related to conducting that agency's official business.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Smith, Sarah</u>

- You must 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

<p>▶ NAME OF SOURCE <u>Smithsonian Institution</u></p> <p>ADDRESS (Business Address Acceptable) <u>Si Building, Room 153, MR Colol</u></p> <p>CITY AND STATE <u>Washington, D.C. 20013 - 7012</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Museum</u></p> <p>DATE(S): ____/____/____ AMT: \$ <u>300</u> (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <u>lodging in exchange for 7 day</u> <u>panel participation</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ AMT: \$ (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>
<p>▶ NAME OF SOURCE <u>Hilton Nashville Downtown</u></p> <p>ADDRESS (Business Address Acceptable) <u>121 4th Avenue South</u></p> <p>CITY AND STATE <u>Nashville, TN 37201</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>hotel/hospitality</u></p> <p>DATE(S): <u>1.2.11 - 1.5.11</u> AMT: \$ <u>60</u> (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>a special discount for conference</u> <u>facilitation & training</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ AMT: \$ (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>

Comments: _____