

San Francisco Ethics Commission  
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For SFEC use

## Filing Officer Report: Providing FPPC Form 700 Non-Filer Information

*(Filing Officers must file this form to the Ethics Commission annually on or before April 10.)*

This form is to certify that my department has completed the following:

- All advisory committee members, and designated employees have filed their SEI forms.  
*(If you checked this box, you only need to fill out the first page.)*
- OR**
- My department has provided names, titles, direct mailing addresses, phone numbers, and email addresses for advisory committee members, and designated employees who **have not filed their SEIs.**  
*(If you checked this box, you must also fill out the second page of this form.)*

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SEI filings for advisory committee members and designated employees are kept at the following location in my department:

[Yellow box for location information]

Full Name(s) of Department, Board, or Commission

[Yellow box for Street Address]

Street Address

[Yellow box for Room Number]

Room Number

[Yellow box for City, State]

City, State

[Yellow box for Zip Code]

Zip Code

[Yellow box for Name of staff person]

Name of staff person who manages and responds to public disclosure requests for SEI filings located at my department

[Yellow box for Title]

Title

[Yellow box for Staff Person's Direct Telephone Number]

Staff Person's Direct Telephone Number

[Yellow box for Staff Person's Email Address]

Staff Person's Email Address

[Yellow box for Department Head Name]

Department Head Name

[Yellow box for Date this form was completed]

Date this form was completed

[Yellow box for Department Head Signature]

Department Head Signature

[Yellow box for Date of Signature]

Date of Signature

# Filing Officer Report

## Contact Information of Non-Filers

Please provide the information for your advisory board members and designated employees **who have not filed an assuming office, annual, or leaving office FPPC Form 700.**

*If you wish, you may provide the information below to the Ethics Commission in MS Excel spreadsheet format.*

|  | First Name   | Last Name     | Position or Title, Name of Board/Commission or Department | Direct Mailing Address                       | City                 | State     | Zip Code     | Assuming Office Date  | Leaving Office Date      | Email                                 |
|--|--------------|---------------|---|--|----------------------|-----------|--------------|-----------------------|--------------------------|---------------------------------------|
| <i>E<br/>X<br/>A<br/>M<br/>P<br/>L<br/>E</i> | <i>Paula</i> | <i>Orange</i> | <i>Commissioner, Happy Trees Commission</i>               | <i>123 Orange Ventures Street, Suite 900</i> | <i>San Francisco</i> | <i>CA</i> | <i>94105</i> | <i>March 15, 2013</i> | <i>December 15, 2013</i> | <i>Paulaorange@orangeventures.com</i> |
| 1  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 2  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 3  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 4  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 5  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 6  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 7  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 8  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 9  |              |               |   |  |                      |           |              |                       |                          |                                       |
| 10   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 11   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 12   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 13   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 14   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 15   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 16   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 17   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 18   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 19   |              |               |   |  |                      |           |              |                       |                          |                                       |
| 20   |              |               |   |  |                      |           |              |                       |                          |                                       |