

San Francisco Ethics Commission
25 Van Ness Ave., Suite 220
San Francisco, CA 94102
Phone: (415) 252-3100
Fax: (415) 252-3112
Email: ethics.commission@sfgov.org
Web: www.sfethics.org



For SFEC use

Certification of Delivery: Notification of SEI-Related Filing Requirements

(Filing Officers file this form to the Ethics Commission annually by March 15. File by fax, email, inter office delivery, or regular mail. Do not send more than once, unless you are amending this filing.)

This form is to certify that:

1. I have previously provided a complete list of the names and e-mail addresses for the department head, elected officials, and members of decision-making boards or commissions related to the department, and I have provided written notice to the Ethics Commission of the name of any person who has assumed or left office within 15 days of the officer's assuming or leaving office.
2. I have provided instructions on how to file the FPPC Form 700, and copies of the Sunshine Ordinance Declaration and the Certificate of Ethics Training to the department head, elected officials, and members of decision-making boards or commissions related to the department, who will then file Form 700 and the related documents with the Ethics Commission.
3. I have provided copies of the FPPC Form 700 to all designated employees, including consultants, and advising board members in my department who are required to file under the Conflict of Interest Code, San Francisco Campaign and Governmental Conduct Code section 3.1-100-3.1-510.
4. I will submit a Filing Officer Report to the Ethics Commission by April 10, listing contact information for all designated individuals in the department who have not filed their SEI.

I certify that my department/commission has notified the following filers of their assuming office, annual, and leaving office SEI-related filing obligations:

- Elected officials, members of boards and commissions, and department heads
- Advisory committee members and designated employees

Department, Board, or Commission Name(s)

Department Head Name

Department Head Signature

Date of Signature (mm/dd/yyyy)

Certification of Delivery-Page 2

Department /Staff Person's Name Filling Out this Form

Title

Staff Person's Telephone Number

Staff Person's Email Address