



# San Francisco Ethics Commission

**STATEMENT OF ECONOMIC INTERESTS - FORM 700  
2017 ANNUAL FILING**

**Filer Information Session**

**March 2017**

# AGENDA

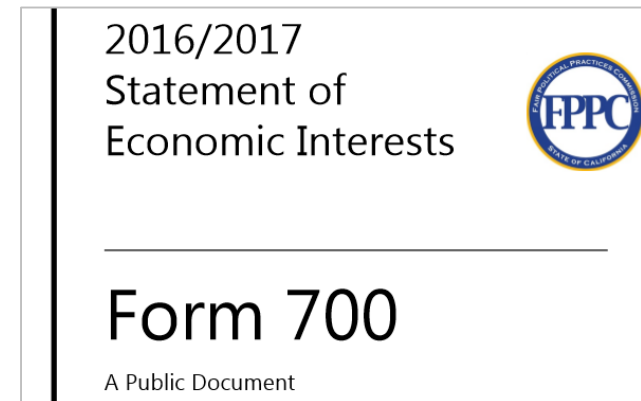
- Overview - Statement of Economic Interests
- Form 700 Filing Process
- Form 700 Review
- Q&A

# **OVERVIEW**

## **Statement of Economic Interests**

# STATEMENT OF ECONOMIC INTERESTS - FORM 700

- Political Reform Act
- Why Statement of Economic Interests Form 700s are filed
- How Form 700 disclosure supports Transparency and Accountability



## WHO FILES FORM 700?

- Elected Officials, Departments Heads, Board Members and Commissioners
- Designated Employees

Learn more online:

[San Francisco Campaign & Governmental Conduct Code](#)

# FILING REQUIREMENTS AND DUE DATES

- Assuming Office – Within 30 days
- Annual – Apr 3<sup>rd</sup> 2017\*
- Leaving Office – Within 30 days

\***Exception:** If you assumed office between Oct 1 2016 and March 31 2017, and filed an assuming office Form 700, you do not need to file annual Form 700 in 2017.

Learn more online:  
[Form 700 Filing Deadlines page](#)

# ETHICS & SUNSHINE TRAINING

For Elected Officials, Departments Heads, Board Members and Commissioners

- Sunshine Ordinance Declaration - Due Apr 3<sup>rd</sup> 2017
- Certificate of Ethics Training – Due every two years

Learn more online:  
[Ethics and Sunshine Training page](#)

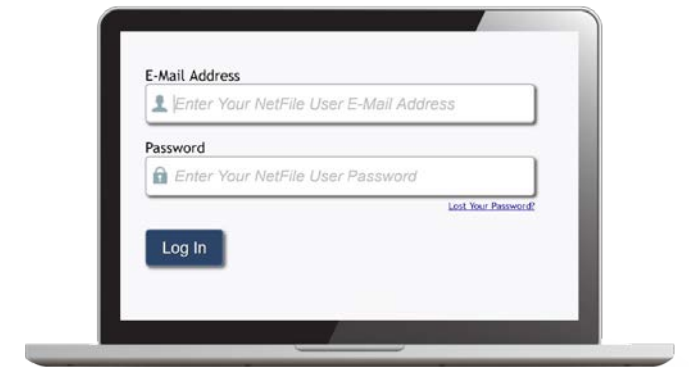
# FORM 700 FILING PROCESS



# FILING 2017 ANNUAL FORM 700 ELECTRONICALLY

Elected Officials, Departments Heads, Board Members and Commissioners

- Login to the Ethics Commission E-filing system (NetFile)
- Complete and submit the form online by due date



Learn more online:

[2017 Annual Form 700 Filing Requirements page](#)

# FILING 2017 ANNUAL FORM 700 ON PAPER

## Designated Employees

- Print and complete hard copy Form 700
- Submit the completed form to your Filing Officer by due date

The image shows the cover page of California Form 700, titled 'STATEMENT OF ECONOMIC INTERESTS COVER PAGE'. The form includes a header with 'CALIFORNIA FORM 700' and 'FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT'. It also features a 'Date Initial Filing Received' field. The main body of the form contains sections for 'NAME OF FILER' (Last, First, Middle), '1. Office, Agency, or Court' (Agency Name, Division, Board, Department, District, Your Position), '2. Jurisdiction of Office' (State, Multi-County, City of, Judge or Court Commissioner, County of, Other), and '3. Type of Statement'. Instructions include 'Please type or print in ink.' and 'Do not use acronyms'.

Learn more online:

[2017 Annual Form 700 Filing Requirements page](#)

# PUBLIC ACCESS TO FILED FORMS

- Form 700 statements filed electronically
  - Available at [Form 700 Online Disclosure](#) (with limited redactions)
  - Un-redacted forms are accessible to the public on request at the Ethics Commission
- Form 700 statements filed on paper
  - Retained with departmental filing officers and are accessible to the public on request
- Sunshine Ordinance Declarations and Certificates of Ethics Training
  - Available at [Online Disclosure](#) (with limited redactions)
  - Un-redacted forms are accessible to the public on request at the Ethics Commission

# LATE FILING AND ENFORCEMENT

- No provision in the law to extend Form 700 due dates
- Late fees of \$10/day up to a \$100 for each required filing
- Non-filers may be subject to disciplinary and/or enforcement actions with potential fines of up to \$5,000 per violation

Learn more online:  
[Late Filing and Enforcement page](#)

## AMENDMENTS TO FILED FORM 700

- Amend the form electronically or on paper depending on your original filing
- Amendments can be made to current or prior years' filings

Learn more online:  
[How to File Form 700](#)

# FILING SUPPORT & RESOURCES


## ■ Contacts for Individual Assistance

- Filing Officer for your department
- Ethics Commission – [ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) or (415) 252-3100
- Fair Political Practices Commission (FPPC) - (866) 275-3772 (866-ASK-FPPC)
- Deputy City Attorney assigned to your department

## ■ Online Resources

- Ethics Commission website - [www.sfethics.org](http://www.sfethics.org)
- Fair Political Practices Commission website - [www.fppc.ca.gov/Form700.html](http://www.fppc.ca.gov/Form700.html)

# FORM 700 FILING GUIDANCE & RESOURCES AT SFETHICS.ORG




City & County of San Francisco  
**Ethics Commission**


Commission ▾ Compliance ▾ Disclosures ▾ Enforcement ▾ Laws ▾ E-File ▾ 🔍


## It's Statement of Economic Interests Filing Time

Form 700s for City officers & designated employees are due April 3, 2017.


[Start Here](#)





GET GUIDANCE  Request ethics advice

E-FILE STATEMENTS  Submit disclosures online


VIEW DISCLOSURES  Search statements & data

FILE A COMPLAINT  Report violations of ethics laws

Meetings 

News 

Get Interested Persons Updates



City & County of San Francisco  
**Ethics Commission**

Commission ▾ Compliance ▾ Disclosures ▾ Enforcement ▾ Laws ▾ E-File ▾ 🔍

## Annual Form 700 Filings Due April 3, 2017

[f](#) [t](#) [e](#)

### Public economic interest filings by City officers and designated employees support transparent and accountable local government.

It's time for City officers and designated employees to file their Annual Statement of Economic Interests (Form 700). These public filings help officials and employees monitor their financial interests, identify when those interests might conflict with their government actions, and take steps to avoid conflicts of interests. City officers and designated employees are required to file the Fair Political Practices Commission (FPPC) Form 700 (covering the period January 1 to December 31, 2016) with their filing officers by **Monday, April 3rd 2017**. Please note that there is no provision in state law to extend the filing deadlines.

The following sections summarize the filing requirements and deadlines for:

- Elected Officials, Department Heads, Board Members and Commissioners
- Designated Employees
- Filing Officers

### Elected Officials, Department Heads, Board Members and Commissioners

[E-File Form 700](#)

#### FILING DEADLINES


- E-file FPPC Form 700 by **Monday, April 3 2017**.
- File [Sunshine Ordinance Declaration](#) by **Monday, April 3 2017**.
- Ethics training is required every 2 years and [Certificate of Ethics Training](#) is to be filed within 30 days of taking the training. [Look up your last certificate to check if this training is due.](#)

#### RESOURCES

- Attend a [Filer Information Session](#) on **February 24 or March 10 2017**.
- Learn more about [how to file Form 700 and the filing deadlines](#).
- Have questions about your [NetFile account](#)? Visit [account setup page](#) to learn about [password reset](#). If you forgot your user ID, contact your [Filing Officer](#) or the Ethics Commission.
- Access [Ethics and Sunshine online training](#) or learn more about the [training requirements](#).

#### KEY REMINDERS

- If you assumed office between October 1 2016 & March 31 2017 and filed an assuming office Form 700 then you do not need to file annual Form 700 in 2017.
- Report only what is required in Form 700 based on your disclosure category. Review the [Campaign and Governmental Conduct Code Sec. 3.1-103](#) to find your disclosure category.
- Electronically filed Form 700 statements are available to the public at [Form 700 Online Database](#).



### Designated Employees

[Download Form 700](#)

#### FILING DEADLINE


- File FPPC Form 700 on [paper](#) with your department's filing officer no later than **Monday, April 3 2017** or an earlier date identified by your department's filing officer.

#### RESOURCES

- Attend a [Filer Information Session](#) on **February 24 or March 10 2017**.
- Learn more about [how to file Form 700 and the filing deadlines](#).
- If you need assistance contact your department's [Filing Officer](#) or the Ethics Commission.

#### KEY REMINDERS

- If you assumed office between October 1 2016 & March 31 2017 and filed an assuming office Form 700 then you do not need to file annual Form 700 in 2017.
- Report only what is required in Form 700 based on your disclosure category. Review your department's Code in the [Campaign and Governmental Conduct Code Sec. 3.1-100 to 3.1-510](#) (click on your department's section) to find your disclosure category.
- Form 700 statements filed on paper are retained with departmental filing officers and are accessible to the public.



# **FORM 700 REVIEW**



## FORM 700 GENERAL REMINDERS

- Reporting period for 2017 annual filing: 1/1/2016 to 12/31/2016
- Reportable financial interests include filer's own and those of filer's spouse/partner. They also include interests of dependent children.
- Filer's position and disclosure category will determine reportable financial interests

# HOW TO FIND YOUR DISCLOSURE CATEGORY

- Visit San Francisco Campaign & Governmental Conduct Code
- Click on the section for your department

The screenshot shows the American Legal Publishing Corporation website interface. The left sidebar lists various San Francisco codes, with "San Francisco Campaign and Governmental Conduct Code" selected. The main content area displays a list of sections, with "Sec. 3.1-230. Ethics Commission" circled in red. Below the list, the heading "SEC. 3.1-100. DEFINITIONS." is visible, followed by the text "As used in this chapter:" and the definition "(a) 'Political Reform Act' means the Political Reform Act of 1974, as said Act reads on the d".

Section Number	Section Name
<a href="#">Sec. 3.1-215</a>	Elections, Department of.
<a href="#">Sec. 3.1-218</a>	Emergency Management, Department of.
<a href="#">Sec. 3.1-225</a>	Environment, Department of the.
<a href="#">Sec. 3.1-230</a>	Ethics Commission
<a href="#">Sec. 3.1-240</a>	Film Commission.
<a href="#">Sec. 3.1-242</a>	Finance Corporation.
<a href="#">Sec. 3.1-245</a>	Fine Arts Museums.
<a href="#">Sec. 3.1-250</a>	Fire Department.
<a href="#">Sec. 3.1-251</a>	General Services Agency – City Administrator.
<a href="#">Sec. 3.1-252</a>	General Services Agency – Public Works.
<a href="#">Sec. 3.1-253</a>	General Services Agency – Technology, Department of.
<a href="#">Sec. 3.1-255</a>	Golden Gate Park Concourse Authority.
<a href="#">Sec. 3.1-260</a>	Health Authority.
<a href="#">Sec. 3.1-267</a>	Health Service System.

**SEC. 3.1-100. DEFINITIONS.**

As used in this chapter:

(a) "Political Reform Act" means the Political Reform Act of 1974, as said Act reads on the d



# FORM 700 SCHEDULES

- Cover Page
- Schedules
  - A-1: Investments - Stocks, Bonds, and Other Interests (Ownership <10%)
  - A-2: Investments, Income, and Assets of Business Entities/Trusts (Ownership >10%)
  - B: Interests in Real Property
  - C: Income, Loans, and Business Positions
  - D: Income - Gifts
  - E: Income - Gifts of Travel Payments, Advances, and Reimbursements

# FORM 700 COVER PAGE REMINDERS

- List business address
  - Contact information will not be redacted in the forms retained at departments
  - Electronic filers: Contact information will be redacted online but is available un-redacted at the Ethics Commission
- Select applicable schedules
- Sign the form

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court  
Agency Name (Do not use acronyms)  
Division, Board, Department, District, if applicable Your Position  
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
Agency: Position:

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

3. Type of Statement (Check at least one box)  
 Annual: The period covered is January 1, 2016, through December 31, 2016.  
-or- The period covered is through December 31, 2016.  
 Assuming Office: Date assumed through  
 Candidate: Election year and office sought, if different than Part 1:  
 Leaving Office: Date Left (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
-or-  The period covered is through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached  
 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)  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( )  
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 (month, day, year) Signature (File the originally signed statement with your filing official)



# FORM 700 SCHEDULE A-2 REMINDERS

## Investments, Income, and Assets of Business Entities/Trusts (Ownership > 10%)

- Business ownership
- Must report any client that was a source of more than \$10k of income
- Trust funds

**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 \_\_\_\_\_

<p><b>1. BUSINESS ENTITY OR TRUST</b></p> <p>Name _____</p> <p>Address (Business Address Acceptable) _____</p> <p>Check one  <input type="checkbox"/> Trust, go to 2    <input type="checkbox"/> Business Entity, complete the box, then go to 2</p> <p><b>GENERAL DESCRIPTION OF THIS BUSINESS</b></p> <p>FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:</p> <p><input type="checkbox"/> \$0 - \$1,999      _____ / <u>16</u> / <u>16</u>  <input type="checkbox"/> \$2,000 - \$10,000      ACQUIRED      DISPOSED  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000  <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input type="checkbox"/> Partnership    <input type="checkbox"/> Sole Proprietorship    _____ Other</p> <p>YOUR BUSINESS POSITION _____</p> <p><b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IQ THE ENTITY/TRUST)</b></p> <p><input type="checkbox"/> \$0 - \$499      <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> OVER \$100,000  <input type="checkbox"/> \$1,001 - \$10,000</p> <p><b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b></p> <p><input type="checkbox"/> None    or    <input type="checkbox"/> Names listed below</p> <p>_____          _____          _____</p> <p><b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b></p> <p>Check one box:  <input type="checkbox"/> INVESTMENT      <input type="checkbox"/> REAL PROPERTY</p> <p>Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____</p> <p>Description of Business Activity or City or Other Precise Location of Real Property _____</p> <p>FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:</p> <p><input type="checkbox"/> \$2,000 - \$10,000      _____ / <u>16</u> / <u>16</u>  <input type="checkbox"/> \$10,001 - \$100,000      ACQUIRED      DISPOSED  <input type="checkbox"/> \$100,001 - \$1,000,000  <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INTEREST  <input type="checkbox"/> Property Ownership/Deed of Trust    <input type="checkbox"/> Stock    <input type="checkbox"/> Partnership  <input type="checkbox"/> Leasehold      _____  <small>Yes, remaining      Other</small></p> <p><input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached</p>	<p><b>1. BUSINESS ENTITY OR TRUST</b></p> <p>Name _____</p> <p>Address (Business Address Acceptable) _____</p> <p>Check one  <input type="checkbox"/> Trust, go to 2    <input type="checkbox"/> Business Entity, complete the box, then go to 2</p> <p><b>GENERAL DESCRIPTION OF THIS BUSINESS</b></p> <p>FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:</p> <p><input type="checkbox"/> \$0 - \$1,999      _____ / <u>16</u> / <u>16</u>  <input type="checkbox"/> \$2,000 - \$10,000      ACQUIRED      DISPOSED  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000  <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input type="checkbox"/> Partnership    <input type="checkbox"/> Sole Proprietorship    _____ Other</p> <p>YOUR BUSINESS POSITION _____</p> <p><b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IQ THE ENTITY/TRUST)</b></p> <p><input type="checkbox"/> \$0 - \$499      <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> OVER \$100,000  <input type="checkbox"/> \$1,001 - \$10,000</p> <p><b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b></p> <p><input type="checkbox"/> None    or    <input type="checkbox"/> Names listed below</p> <p>_____          _____          _____</p> <p><b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b></p> <p>Check one box:  <input type="checkbox"/> INVESTMENT      <input type="checkbox"/> REAL PROPERTY</p> <p>Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____</p> <p>Description of Business Activity or City or Other Precise Location of Real Property _____</p> <p>FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:</p> <p><input type="checkbox"/> \$2,000 - \$10,000      _____ / <u>16</u> / <u>16</u>  <input type="checkbox"/> \$10,001 - \$100,000      ACQUIRED      DISPOSED  <input type="checkbox"/> \$100,001 - \$1,000,000  <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INTEREST  <input type="checkbox"/> Property Ownership/Deed of Trust    <input type="checkbox"/> Stock    <input type="checkbox"/> Partnership  <input type="checkbox"/> Leasehold      _____  <small>Yes, remaining      Other</small></p> <p><input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached</p>
---	---

Comments: \_\_\_\_\_

FPPC Form 700 (2016/2017) Sch. A-2  
 FPPC Advice Email: advice@fppc.ca.gov

# FORM 700 SCHEDULE B REMINDERS

## Interests in Real Property

- Report interests (worth \$2,000 or more) in real property owned within the city (personal home is generally excluded)
- Report rental income from properties owned within the city (including personal home, if a portion of it is rented out)
- Tenants names are also reported and not redacted on paper filings (names are redacted online for electronically filed forms)
- Personal mortgages are not reportable if they are at rates available to the general public

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY _____	CITY _____
FAIR MARKET VALUE <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	FAIR MARKET VALUE <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: ACQUIRED _____/_____/16 DISPOSED _____/_____/16	IF APPLICABLE, LIST DATE: ACQUIRED _____/_____/16 DISPOSED _____/_____/16
NATURE OF INTEREST <input type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Leasehold _____ Yrs. remaining _____ <input type="checkbox"/> Easement _____ <input type="checkbox"/> Other _____	NATURE OF INTEREST <input type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Leasehold _____ Yrs. remaining _____ <input type="checkbox"/> Easement _____ <input type="checkbox"/> Other _____
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <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	IF RENTAL PROPERTY, GROSS INCOME RECEIVED <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
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. <input type="checkbox"/> None _____ _____	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. <input type="checkbox"/> None _____ _____
<p>* 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:</p>	
NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____	NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____
INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____
HIGHEST BALANCE DURING REPORTING PERIOD <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 <input type="checkbox"/> Guarantor, if applicable	HIGHEST BALANCE DURING REPORTING PERIOD <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 <input type="checkbox"/> Guarantor, if applicable



# FORM 700 SCHEDULE C REMINDERS

## Income, Loans, and Business Positions

- Sources of income of \$500 or more
- Need not report governmental salary
- Income from businesses and non-profits
- Income from sale of property (home, car etc.)
- Source of income consideration: Entity conducts business within the city
- Do not double report business ownership as employment

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name \_\_\_\_\_

---

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Describe)

# FORM 700 SCHEDULE D REMINDERS

## Income – Gifts

- Report gift(s) with cumulative value of \$50 or more
- Gift limit – Not more than \$470 in a calendar year from a single source
- Common exceptions
  - Gifts from family members
  - Gifts of informational material (example: conference admission)

Learn more online:  
[Gifts and Travel page](#)

**SCHEDULE D**  
Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
\_\_\_\_\_

NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____

NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____

NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____

NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____
__/__/__	\$ _____	_____

# FORM 700 SCHEDULE E REMINDERS

## Income - Gifts of Travel Payments, Advances, and Reimbursements

- Need not report gifts from family members
- Need not report travel paid for by the City to carry out your official duties

Learn more online:  
[Gifts and Travel page](#)

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name \_\_\_\_\_

• 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 or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.  
• For gifts of travel, provide the travel destination.

<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ • ____/____/____ AMT: \$ _____ (if gift)</p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ • ____/____/____ AMT: \$ _____ (if gift)</p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____</p>
<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ • ____/____/____ AMT: \$ _____ (if gift)</p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ • ____/____/____ AMT: \$ _____ (if gift)</p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____ ▶ If Gift, Provide Travel Destination _____</p>

Comments: \_\_\_\_\_

## QUESTIONS ABOUT YOUR FORM 700?

For specific questions regarding your filing please consult:

- The Ethics Commission – [ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) or (415) 252-3100
- The Fair Political Practices Commission (FPPC) - (866) 275-3772 (866-ASK-FPPC)
- Deputy City Attorney assigned to your department

**Q&A**

---

**Thank you**

**San Francisco Ethics Commission**

**25 Van Ness Avenue, Suite 220**

**San Francisco, CA 94102**

**(415) 252-3100**

**[www.sfethics.org](http://www.sfethics.org)**