



San Francisco Ethics Commission

**STATEMENT OF ECONOMIC INTERESTS - FORM 700
2018 ANNUAL FILING**

Filer Information Session

03/12/18

AGENDA

- Overview - Statement of Economic Interests
- Form 700 Filing Process
- Form 700 Schedules
- 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



Statement of Economic Interests	
<hr/>	
Form 700	
A Public Document	

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 2 2018*
- Leaving Office – Within 30 days

***Exception:** If you assumed office between Oct 1 2017 and March 31 2018, and filed an assuming office Form 700, you do not need to file annual Form 700 in 2018.

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

ETHICS & SUNSHINE TRAINING

For Elected Officials, Departments Heads, Board Members and Commissioners

New this year:

- Ethics and Sunshine Ordinance training deadlines have been consolidated. [Learn more.](#)
- Sunshine Ordinance Declaration and Certificate of Ethics Training have been consolidated into a single form (Ethics and Sunshine Training Declaration) which must now be filed electronically through [NetFile](#).

Upcoming annual filing requirements:

- Ethics and Sunshine Training must be completed online through [NetFile](#) by Monday, Apr 2nd 2018
- Training declaration form must be e-filed by Monday, Apr 2nd 2018

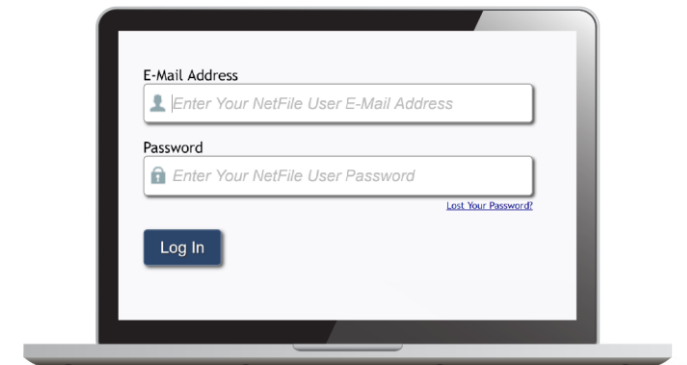
Learn more online:
[Ethics and Sunshine Training page](#)

Form 700 Filing Process

FILING 2018 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:
[2018 Annual Form 700 Filing Requirements page](#)

FILING 2018 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 is from the 'FAIR POLITICAL PRACTICES COMMISSION' and is labeled as 'A PUBLIC DOCUMENT'. It includes a 'Date Initial Filing Received' field for 'Official Use Only'. The form is divided into sections for filer information, office details, jurisdiction, and statement type.

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)

Learn more online:
[2018 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
- Ethics and Sunshine Ordinance training declaration forms
 - 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 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
 - Fair Political Practices Commission website - www.fppc.ca.gov/Form700.html

FORM 700 FILING GUIDANCE & RESOURCES AVAILABLE AT SFETHICS.ORG

City & County of San Francisco
Ethics Commission

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

Annual Form 700 Filings Due Monday, April 2, 2018

f t p 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, 2017) with their filing officers by **Monday, April 2nd 2018**. 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 the [FPPC Form 700](#) by **Monday, April 2 2018**.
- E-file the [Ethics and Sunshine Ordinance Declaration Form](#) by **Monday, April 2 2018**.

RESOURCES

- 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.
- Learn more about [Ethics and Sunshine training requirements](#).

KEY REMINDERS

- If you assumed office between October 1 2017 & March 31 2018 and filed an assuming office Form 700 then you do not need to file annual Form 700 in 2018.
- 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](#).

FORM 700 REVIEW

FORM 700 GENERAL REMINDERS

- Reporting period for 2018 annual filing: 1/1/2017 to 12/31/2017
- Filer's position and disclosure category will determine reportable financial interests
- Reportable financial interests include filer's own and those of filer's spouse/partner. They also include interests of dependent children.

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. On the left is a table of contents for California codes, with 'San Francisco Campaign and Governmental Conduct Code' selected. On the right is a search results page displaying a list of sections. The entry for 'Ethics Commission' (Sec. 3.1-230) is 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 a list item '(a) "Political Reform Act" means the Political Reform Act of 1974, as said Act reads on the d'.

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

HOW TO FIND YOUR DISCLOSURE CATEGORY

- View the positions and categories listed for your department
- Contact your Filing Officer or Department Head if you have any questions

The screenshot shows the American Legal Publishing Corporation website interface. The left sidebar contains a tree view of San Francisco codes, with 'ARTICLE III: CONDUCT OF GOVERNMENT OFFICIALS' selected. The main content area displays 'SEC. 3.1-230. ETHICS COMMISSION.' and 'Disclosure Category 2. Persons in this category shall disclose any investments in, business positions, or other financial interests to the Ethics Commission, including but not limited to, computer hardware or software companies, and equipment to the Ethics Commission during the reporting period.'

<i>Designated Positions</i>	<i>Disclosure Categories</i>
Commission Member	1
Executive Director	1
Deputy Director	1
Assistant Deputy Director	1
Consultant/New Positions	*
Senior Fellow	1
Education and Compliance Division	
Education & Compliance Officer	1
Policy Division	
Policy Analyst	1
Senior Policy Analyst	1

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
 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.
 Candidate: Election year and office sought, if different than Part 1:

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-1 REMINDERS

Investments - Stocks, Bonds, and Other Interests (Ownership <10%)

- Investments worth \$2,000 or more
- Stocks/bonds chosen by the individual
- Mutual funds are not required to be disclosed

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 _____

<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>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</p> <p>NATURE OF INVESTMENT _____ <input type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/16 ____/____/16 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>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</p> <p>NATURE OF INVESTMENT _____ <input type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/16 ____/____/16 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>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</p> <p>NATURE OF INVESTMENT _____ <input type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/16 ____/____/16 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>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</p> <p>NATURE OF INVESTMENT _____ <input type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/16 ____/____/16 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>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</p> <p>NATURE OF INVESTMENT _____ <input type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/16 ____/____/16 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>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</p> <p>NATURE OF INVESTMENT _____ <input type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/16 ____/____/16 ACQUIRED DISPOSED</p>

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 _____

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

<p>▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____</p> <p>CITY _____</p> <p>FAIR MARKET VALUE IF APPLICABLE, LIST DATE:</p> <p><input type="checkbox"/> \$2,000 - \$10,000 _____/_____/16 _____/_____/16</p> <p><input type="checkbox"/> \$10,001 - \$100,000 ACQUIRED DISPOSED</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INTEREST</p> <p><input type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement</p> <p><input type="checkbox"/> Leasehold Yrs. remaining _____ <input type="checkbox"/> Other _____</p> <p>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>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.</p> <p><input type="checkbox"/> None</p> <p>_____</p> <p>_____</p>	<p>▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____</p> <p>CITY _____</p> <p>FAIR MARKET VALUE IF APPLICABLE, LIST DATE:</p> <p><input type="checkbox"/> \$2,000 - \$10,000 _____/_____/16 _____/_____/16</p> <p><input type="checkbox"/> \$10,001 - \$100,000 ACQUIRED DISPOSED</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INTEREST</p> <p><input type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement</p> <p><input type="checkbox"/> Leasehold Yrs. remaining _____ <input type="checkbox"/> Other _____</p> <p>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>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.</p> <p><input type="checkbox"/> None</p> <p>_____</p> <p>_____</p>
<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>	
<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p><input type="checkbox"/> Guarantor, if applicable _____</p>	<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p><input type="checkbox"/> Guarantor, if applicable _____</p>

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	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <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	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <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
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
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"/> Real Property _____ Street address _____ City _____	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> 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](#)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

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

• 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 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

Please complete a short online survey about the information session.

More details will be in our follow up email.

San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220

San Francisco, CA 94102

(415) 252-3100

www.sfethics.org