



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Quarterly Report for Permit Consultants Client Information Supplemental Attachment

SFEC Form 3410B-AP3

3. CLIENT INFORMATION CONTINUED

Enter the name, business address, contact person (if applicable), e-mail address, and business telephone number of each client for whom you performed permit consulting services during the reporting period. Also enter the amount of compensation you or your employer received or expected to receive from each client for permit consulting services during the reporting period.

#	CLIENT INFORMATION	
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
	EMAIL ADDRESS OF CLIENT	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON
	NAME OF CLIENT	
	BUSINESS ADDRESS OF CLIENT	
	EMAIL ADDRESS OF CLIENT	BUSINESS TELEPHONE OF CLIENT
	AMOUNT OF COMPENSATION \$	CLIENT CONTACT PERSON
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