

1. FILING INFORMATION

TYPE OF FILING

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

Received on:	

CONTRIBUTIONS MADE BY BUSINESS ENTITIES

Form SFEC-124 A Public Document

Under San Francisco Campaign & Governmental Conduct Code Section 1.124, any committee required to file campaign statements with the Ethics Commission must disclose no later than the deadline for filing semi-annual or pre-election statements any contribution(s) that, in the aggregate, total \$10,000 or more from a single business entity in a single election cycle. For the purposes of this disclosure, the committee must disclose one of the business entity's principal officers, including but not limited to the Chair of the Board of Directors, President, Vice President, CEO, CFO, COO, Executive Director, Deputy Director, or equivalent positions. The committee must also disclose whether, within the 24 months prior to the date the entity's contributions to the committee totaled \$10,000 or more, the business entity received funds through a contract or grant from any City agency for a project within the jurisdiction of the City and County of San Francisco. If such contract or grant exists, the committee must disclose the name of the agency and the value of the contract or grant and provide a description of the contract or grant. For more information visit www.sfethics.org.

DATE OF ORIGINAL FILING (for amendments only)

AMENDMENT DESCRIPTION (Explain reason for amendment)				
2. FILER INFORMATION				
NAME OF COMMITTEE				
FPPC ID# (if any)	DESIGNATED CONTACT PERSON			
CONTACT PERSON PHONE	CONTACT PERSON EMAIL (optional)			

3. CONTRIBUTOR INFORMATION	
BUSINESS ENTITY NAME	
PRINCIPAL OFFICER NAME	PRINCIPAL OFFICER TITLE
BUSINESS ENTITY STREET ADDRESS	
BUSINESS ENTITY CITY	BUSINESS ENTITY STATE BUSINESS ENTITY ZIP CODE
BUSINESS ENTITY CITY	BUSINESS ENTITY STATE BUSINESS ENTITY ZIP CODE

4. INFORMATION ABOUT CONTRACTS/GRANTS

If the business entity has received funds through contracts or grants from any City agency within the last 24 months for a project within the jurisdiction of the City and County of San Francisco, provide the information below.

#	NAME OF AGENCY PROVIDING FUNDING	VALUE OF CONTRACT/GRANT	DESCRIPTION OF CONTRACT/GRANT (E.G., TYPE OF GOODS AND/OR SERVICE PROVIDED, NAME OF PROGRAM ASSOCIATED WITH GRANT, THE TERM OF THE GRANT/CONTRACT, ETC.)
1		\$	
2			
3	S	\$	
4		\$	
5		\$	
6		\$	

# NAME OF AGENCY PROVIDING FUNDING S DESCRIPTION OF CONTRACT/GRANT (E.G., TYPE OF GOODS AND/OF SERVICE PROVIDED, NAME OF PROGRAM ASSOCIATED WITH GRANT, THE TERM OF THE GRANT/CONTRACT, ETC.) S AND/OF SERVICE PROVIDED, NAME OF PROGRAM ASSOCIATED WITH GRANT, THE TERM OF THE GRANT/CONTRACT, ETC.) S Check this box if you need to include additional contracts. Please submit a separate form with complete information. Select 'Supplemental' for filing type. Check this box if you need to include additional contracts. Please submit a separate form with complete information. Select 'Supplemental' for filing type. CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTIONS) RECEIVED FROM BUSINESS ENTITY TOTAL AMOUNT OF CONTRIBUTIONS) RECEIVED FROM BUSINESS ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTIONS) RECEIVED FROM BUSINESS ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION INFORMATION INFORMATION IN THE PROGRAM BUSINESS ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION INFORMATION INFORMATION IN THE PROGRAM BUSINESS ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTIONS) RECEIVED FROM BUSINESS ENTITY ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTIONS) RECEIVED FROM BUSINESS ENTITY ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTIONS) RECEIVED FROM BUSINESS ENTITY ENTITY EQUALED OR EXCEEDED \$10,000 S CONTRIBUTION INFORMATION DATE SIGNED DATE SIGNED DATE SIGNED	4. 11	FURIVIATION ABOUT CO	TRACIS/GRANTS	
\$ Check this box if you need to include additional contracts. Please submit a separate form with complete information. Select 'Supplemental' for filing type. CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTION(S) RECEIVED FROM BUSINESS ENTITY AMOUNT OF CONTRIBUTION(S) RECEIVED FROM BUSINESS ENTITY EQUALED OR EXCEEDED \$10,000 CONTRIBUTION Thave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge, the information I have provided here is true and complete. Certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	#			AND/OR SERVICE PROVIDED, NAME OF PROGRAM ASSOCIATED
S. CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTION(S) RECEIVED FROM BUSINESS ENTITY S. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge, the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	7		\$	
Check this box if you need to include additional contracts. Please submit a separate form with complete information. Select 'Supplemental' for filing type. 5. CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTION(S) RECEIVED FROM BUSINESS ENTITY SOLUTION Total Amount of Contribution(S) Received From Business Entity Equaled OR Exceeded \$10,000 Contribution Information I have provided here is true and complete. Contribution Information I have provided here is true and complete. Contribution Information I have provided here is true and complete.	8		\$	
Check this box if you need to include additional contracts. Please submit a separate form with complete information. Select 'Supplemental' for filing type. 5. CONTRIBUTION INFORMATION TOTAL AMOUNT OF CONTRIBUTION(S) RECEIVED FROM BUSINESS ENTITY \$\frac{\text{DATE CONTRIBUTIONS RECEIVED FROM BUSINESS ENTITY EQUALED OR EXCEEDED \$10,000}}{\text{SUBJECTION}}\$ 6. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge, the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	9		\$	~ Q, ,
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