



## San Francisco Ethics Commission

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Received on:

### Disclosure Report for Developers of Major City Projects

SFEC Form 3500

(S.F. Campaign and Governmental Conduct Code § 3.500 et seq.)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
REPORT NUMBER	PERIOD COVERED

  

2. DEVELOPER INFORMATION	
NAME OF DEVELOPER	
BUSINESS ADDRESS	
BUSINESS TELEPHONE	BUSINESS EMAIL ADDRESS
NAME OF PERSON COMPLETING THIS REPORT	TELEPHONE NUMBER OF PERSON COMPLETING THIS REPORT

  

3. MAJOR PROJECT INFORMATION	
PLANNING DEPARTMENT CASE NUMBER	
DESCRIPTION OF PROJECT:	
DATE OF ENVIRONMENTAL EVALUATION APPLICATION	DATE EIR CERTIFIED OR FINAL ENVIRONMENTAL DETERMINATION ADOPTED

**4. DONATIONS TO NONPROFIT ORGANIZATIONS**

Enter the information below for each nonprofit organization (including charities, social welfare organizations, trade associations, etc.): (1) to which the developer and/or its affiliates have made donations during the reporting period which, when considered with all other donations to the nonprofit since one year prior to the filing of the major project’s EEA, cumulatively total \$5,000 or more; and (2) which has had one or more contacts with a City officer, or has provided public comment at any hearing before any City board or commission, in order to influence the City officer with regard to the developer’s major project. Attach supplemental sheets if more space is needed.

Check the box if donations were disclosed on any prior report filed with respect to the project listed on this report.

**TOTAL DONATIONS TO NONPROFITS DURING THE REPORTING PERIOD**

\$

#	ITEMIZED NONPROFIT DONATION RECIPIENTS DURING THE REPORTING PERIOD	
1	NAME OF NONPROFIT	
	BUSINESS ADDRESS OF NONPROFIT	
	WEBSITE OF NONPROFIT	
	EMAIL ADDRESS OF NONPROFIT	BUSINESS TELEPHONE OF NONPROFIT
	AMOUNT OF DONATION	DATE OF DONATION
	\$	
2	NAME OF NONPROFIT	
	BUSINESS ADDRESS OF NONPROFIT	
	WEBSITE OF NONPROFIT	
	EMAIL ADDRESS OF NONPROFIT	BUSINESS TELEPHONE OF NONPROFIT
	AMOUNT OF DONATION	DATE OF DONATION
	\$	

3	NAME OF NONPROFIT	
	BUSINESS ADDRESS OF NONPROFIT	
	WEBSITE OF NONPROFIT	
	EMAIL ADDRESS OF NONPROFIT	BUSINESS TELEPHONE OF NONPROFIT
	AMOUNT OF DONATION \$	DATE OF DONATION
4	NAME OF NONPROFIT	
	BUSINESS ADDRESS OF NONPROFIT	
	WEBSITE OF NONPROFIT	
	EMAIL ADDRESS OF NONPROFIT	BUSINESS TELEPHONE OF NONPROFIT
	AMOUNT OF DONATION \$	DATE OF DONATION
5	NAME OF NONPROFIT	
	BUSINESS ADDRESS OF NONPROFIT	
	WEBSITE OF NONPROFIT	
	EMAIL ADDRESS OF NONPROFIT	BUSINESS TELEPHONE OF NONPROFIT
	AMOUNT OF DONATION \$	DATE OF DONATION
<input type="checkbox"/>	<b>ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED</b> Attach additional sheets to this statement to disclose additional nonprofit donations.	

**5. AFFILIATES DONATING TO NONPROFIT ORGANIZATIONS**

Enter the information below for each affiliate of the developer which made a donation that was reported in Part 4. An "affiliate" is any individual or entity that directly or indirectly controls, is controlled by or is under common control with, the developer. In this regard, the term "control" means the power to direct the affairs or management of another entity, whether by contract, operation of law or otherwise. Attach supplemental sheets if more space is needed.

**TOTAL NUMBER OF AFFILIATES DURING THE REPORTING PERIOD**

#	ITEMIZED AFFILIATES OF THE DEVELOPER WHICH MADE A DONATION DURING THE REPORTING PERIOD	
1	NAME OF AFFILIATE	
	BUSINESS ADDRESS OF AFFILIATE	
	EMAIL ADDRESS OF AFFILIATE	BUSINESS TELEPHONE OF AFFILIATE
2	NAME OF AFFILIATE	
	BUSINESS ADDRESS OF AFFILIATE	
	EMAIL ADDRESS OF AFFILIATE	BUSINESS TELEPHONE OF AFFILIATE
3	NAME OF AFFILIATE	
	BUSINESS ADDRESS OF AFFILIATE	
	EMAIL ADDRESS OF AFFILIATE	BUSINESS TELEPHONE OF AFFILIATE
4	NAME OF AFFILIATE	
	BUSINESS ADDRESS OF AFFILIATE	
	EMAIL ADDRESS OF AFFILIATE	BUSINESS TELEPHONE OF AFFILIATE
<input type="checkbox"/>	<b>ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED</b> Attach additional sheets to this statement to disclose additional affiliates.	

**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.**

**NAME AND SIGNATURE OF PERSON FILING REPORT**

**DATE SIGNED**

Sample Copy  
Do Not File