

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:	

Quarterly Report of Lobbyist on Behalf of the City

SFEC Form 6729-4 (S.F. Administrative Code § 67.29-4 et seq.) A Public Document

Any lobbyist who contracts for economic consideration with the City and County of San Francisco to represent the City and County in matters before any local, regional, State, or federal administrative or legislative body must file this public records report of their activities on a quarterly basis with the San Francisco Ethics Commission. To determine if you qualify as a lobbyist on behalf of the city, see:

https://sfethics.org/compliance/lobbyists/lobbyists-on-behalf-of-the-city

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
PERIOD COVERED	
2. LOBBYIST INFORMATION	
NAME OF LOBBYIST	
BUSINESS ADDRESS	
BUSINESS TELEPHONE	BUSINESS EMAIL ADDRESS
NAME OF PERSON COMPLETING THIS REPORT	
TELEPHONE NUMBER OF PERSON COMPLETING THIS REPORT	EMAIL ADDRESS OF PERSON COMPLETING THIS REPORT

3. FINANCIAL EXPENDITURES BY THE LOBBYIST

Report all financial expenditures by the lobbyist in connection with representing the City & County of San Francisco, the individual or entity to whom each expenditure was made, the date the expenditure was made, and specifically identify the local, State, regional or national legislative or administrative action the lobbyist supported or opposed in making the expenditure.

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#	DESCRIPTION OF EXPENSE	PAYEE	DATE	LEGISLATIVE OR ADMINISTRATIVE ACTION	AMOUNT
#	EXPENSE	PATEE	DATE	ADMINISTRATIVE ACTION	AIVIOUNT
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14					\$
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15					\$

	DESCRIPTION OF			LEGISLATIVE OR	
#	EXPENSE	PAYEE	DATE	ADMINISTRATIVE ACTION	AMOUNT
16					\$
17					\$
18					\$
19					\$
20				04	\$
21				J.18	\$
22			0.		\$
23			Y	X	\$
24		N			\$
25		(),,	1		\$
26	7	,			\$
27	9	0			\$
28					\$
29					\$
30					\$
	Check this box if you nee and select "Supplementa	ed to include additional of the filling type.	expenses. Plea	se submit a separate form with cor	nplete information
		Т	OTAL EXPENDIT	URES DURING THE REPORTING PERIO	D \$

4. VERIFICATION

I qualify as a lobbyist as defined by the SF Sunshine Ordinance (Admin Code § 67.29-4(b)).

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

