



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received on:

### SFEC Form 700 Filer Electronic Account Set-up

Per [SFEC Regulation 3.1-103-2](#), persons required to file the Form 700 Statement of Economic Interest in electronic format must provide specific information to their filing officer within 15 days of the date the person **assumed office or employment**. Within 5 calendar days of receipt, the filing officer will use information to create an electronic filing account for the filer and provide the filer with the information necessary to access the account and file the required statements. Per [FPPC Reg. 18722\(a\)\(1\)](#), the assumed office date is the date that a person either is sworn in, or begins to perform the duties of the position. Conversely, the date of appointment or nominated to an office is the date the appointment or nomination is submitted to the confirming body.

Designated department liaisons complete this form to provide the Ethics Commission (“filing officer”) with information required to set-up an electronic filing account for every newly appointed Commissioner, Board Member, or Department Head contained in Section [3.1-103](#), and for newly Elected City Officers contained in Section [3.1-500](#) of the Campaign and Governmental Conduct Code.

1. FILER INFORMATION	
NAME OF FILER (FIRST / [MIDDLE] / LAST)	POSITION OF FILER
CITY DEPARTMENT, BOARD, OR COMMISSION	
DATE FILER ASSUMED OFFICE OR EMPLOYMENT	PREFERRED PHONE NUMBER FOR FILER
GOVERNMENT-ISSUED E-MAIL ADDRESS FOR FILER	SECONDARY E-MAIL ADDRESS FOR FILER
BUSINESS MAILING ADDRESS	
CITY	STATE
	ZIP

2. SUBMITTER INFORMATION	
NAME OF PERSON SUBMITTING THIS NOTICE	POSITION OF PERSON SUBMITTING THIS NOTICE
CONTACT NUMBER OF PERSON SUBMITTING THIS NOTICE	E-MAIL OF PERSON SUBMITTING THIS NOTICE

**3. SUBMITTER AUTHORIZATION**

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.

**SUBMITTED BY:**

**DATE OF SIGNATURE (mm/dd/yyyy)**

Sample Copy  
Do Not File