



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:

SFEC Notice of Appointment or Reappointment

Pursuant to the Campaign and Governmental Conduct Code (SF C&GCC) [Sec. 3.1-105](#), every appointing authority whose appointees file Form 700 Statement of Economic Interests with the Ethics Commission, required by SF C&GCC Sections [3.1-101](#) and [3.1-102](#), shall provide written notice to the Ethics Commission of the name of any appointee who has assumed office or employment. Such notice shall be provided **within 15 days of the date** the appointee **assumed** office or employment. Per [FPPC Reg. 18722\(a\)\(1\)](#), the date of assumed office 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.

The official or the secretary of the board or commission who makes the appointment, completes this form to notify the Ethics Commission of the appointment or reappointment of a Commissioner, Board Member, or Department Head who files a Form 700 Statement of Economic Interest with the Ethics Commission, per in Section [3.1-103](#). Failure to provide such notice may constitute official misconduct ([SF C&GCC Sec. 3.1-105\(a\)](#)).

1. APPOINTING AUTHORITY & SUBMITTER INFORMATION

APPOINTING AUTHORITY (e.g., Mayor, Board of Supervisors, Self-Appointing Board, etc.)

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

2. APPOINTEE INFORMATION

Complete all fields for each appointee and/or re-appointee.

#	TYPE OF NOTICE (Appointment or Reappointment)	NAME OF APPOINTEE (First / [Middle] / Last)	POSITION OF APPOINTEE	NAME DEPARTMENT, COMMISSION, OR BOARD	DATE OF APPOINTMENT / REAPPOINTMENT	DATE APPOINTEE ASSUMED OFFICE (i.e., Sworn In)
1						
2						
3						
4						
5						
6						
7						
8						

Sample Copy
Do Not File

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#	TYPE OF NOTICE (Appointment or Reappointment)	NAME OF APPOINTEE (First / [Middle] / Last)	POSITION OF APPOINTEE	NAME DEPARTMENT, COMMISSION, OR BOARD	DATE OF APPOINTMENT / REAPPOINTMENT	DATE APPOINTEE ASSUMED OFFICE (i.e., Sworn In)
9						
10						
11						
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15						
16						

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17						
18						
19						
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21						
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23						
24						

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25						
26						
27						
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29						
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31						
32						

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33						
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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)

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