

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
PASKIN-JORDAN WENDY EDYTH

1. Office, Agency, or Court

Agency Name
San Francisco Employees' Retirement System
Division, Board, Department, District, if applicable
Your Position
Commissioner

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of San Francisco
☒ City of San Francisco ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ Assuming Office: Date ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

☒ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: _____

☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[REDACTED] San Francisco CA 94115
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[REDACTED] [REDACTED]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the [REDACTED]

Date Signed 3-21-2011
(month, day, year)

Signature [REDACTED]

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF BUSINESS ENTITY
JBG/Fund VII Investor, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Real Estate Fund
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
5 / 12 / 09 _____ / _____ / 10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Flag International Partners II, L.P.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other International Venture Capital
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
7 / 7 / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
AIM Midstream LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Infrastructure Partnership
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
9 / 15 / 09 _____ / _____ / 10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Daedalus Qualified Partners L.P.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Hedge Fund
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
4 / 1 / 09 _____ / _____ / 10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. BUSINESS ENTITY OR TRUST	
Paskin & Kahr Capital Management, LLC	
Name _____	San Francisco, CA 94111
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Registered Investment Advisor	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: 4 / 99 / 10 ACQUIRED DISPOSED (Divided amongst clients in Paskin & Kahr investment management firm)
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC Other _____	
YOUR BUSINESS POSITION Managing Member/Owner	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
Paskin & Kahr Capital Management, LLC

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____ / ____ / 10 ____ / ____ / 10 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____ Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____ / ____ / 10 ____ / ____ / 10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____ / ____ / 10 ____ / ____ / 10 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____ Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

Name _____

SCHEDULE B **Interests in Real Property** (Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION

990 Union Street, San Francisco, CA 94133

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

9 / 5 / ⁹⁰~~10~~ / 10
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ ☐ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

[REDACTED]

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ ☐ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

 _____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

 _____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Paskin & Kahr Capital Management, LLC (PK)</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>San Francisco, CA 94111</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Registered Investment Advisor</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Managing Member</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>Income - divided amongst clients in PK</u> (Describe) <u>investment management firm</u>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	_____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	_____

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

California State Automobile Association

ADDRESS (Business Address Acceptable)

Walnut Creek, CA 94597

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

YOUR BUSINESS POSITION

Corporate Board of Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Board of Director retainer/meeting fees
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Real Property Fund II, IV, V

ADDRESS (Business Address Acceptable)

Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Investment Management

YOUR BUSINESS POSITION

Board of Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Board of Director retainer/meeting fees
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D

Income – Gifts

▶ NAME OF SOURCE
K&L Gates, LLP
 ADDRESS (Business Address Acceptable)
Chicago, IL 60602
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner w/ Sandra Newman, Estate Planning Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 10</u>	<u>\$ 75.00</u>	<u>Dinner @ Kokkari</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Bob MacIntosh
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Guest Pier 39 Table for Olympic Fundraiser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 10</u>	<u>\$ 55.00</u>	<u>Dinner @ Hyatt Hotel</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Grantham, Mayo, Van Otterloo & Co. (GMO)
 ADDRESS (Business Address Acceptable)
Berkeley, CA 94704
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Listen to GMO Presentation to a group of 70 people

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 23 / 10</u>	<u>\$ 42.00</u>	<u>Lunch @ Omni Hotel</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Northern Trust (NT)
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner w/ high-net-worth client & NT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 9 / 10</u>	<u>\$ 100.00</u>	<u>Dinner @ Quince</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Judy Guggenheim
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Guest at dinner party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 8 / 10</u>	<u>\$ 70.00</u>	<u>Dinner @ VillaTaverna</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Mary Pilara
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Guest at MOMA Fundraiser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 14 / 10</u>	<u>\$ 150.00</u>	<u>Dinner @ MOMA</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____
--

► NAME OF SOURCE
San Francisco-Shanghai Sister City

ADDRESS (Business Address Acceptable)
San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Francisco Week World Expo in Shanghai

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 16 / 10</u>	<u>\$ 15,099.95</u>	<u>Hotel & Airfare for 2</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Northern Trust (NT)

ADDRESS (Business Address Acceptable)
San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NT Economist speaking at event.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 22 / 10</u>	<u>\$ 58.00</u>	<u>Lunch @ Omni Hotel</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Northern Trust (NT)

ADDRESS (Business Address Acceptable)
Chicago, IL 60603

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lunch w/ Hugh McGill (Head of NT Trust Dept.)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 28 / 10</u>	<u>\$ 50.00</u>	<u>Lunch @ Shaws</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Grantham, Mayo, Van Otterloo & Co.

ADDRESS (Business Address Acceptable)
Berkeley, CA 94704

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Coffee w/ Wendy Malaspina & Argun Divecha

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 9 / 10</u>	<u>\$ 5.00</u>	<u>Coffee @ Grove</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Bob MacIntosh

ADDRESS (Business Address Acceptable)
San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Invitation to visit Forbes Island

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 4 / 10</u>	<u>\$ 150.00</u>	<u>Dinner @ Forbes Rest.</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Altrinsic Global Advisors, LLC

ADDRESS (Business Address Acceptable)
Stamford, CT 06902

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Coffee w/ Robert Lang

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 21 / 10</u>	<u>\$ 7.00</u>	<u>Coffee @ Grove</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name _____

► NAME OF SOURCE

Maier, Siebel, Baber

ADDRESS (Business Address Acceptable)

San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Investment - meet w/ Ken Baber

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

9 / 28 / 10 \$ 40.00 Lunch @ Stacks

/ / \$

/ / \$

► NAME OF SOURCE

Victor Makras

ADDRESS (Business Address Acceptable)

Commissioner - SPERS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 13 / 10 \$ 50.00 Lunch @ Hayes Grill

/ / \$

/ / \$

► NAME OF SOURCE

Northern Trust (NT)

ADDRESS (Business Address Acceptable)

San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lunch w/ high-net-worth client & NT

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 9 / 10 \$ 60.00 Lunch @ Omni

/ / \$

/ / \$

► NAME OF SOURCE

Northern Trust (NT)

ADDRESS (Business Address Acceptable)

Chicago, IL 60603

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lunch w/ Mark Maly re: private client performance

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

12 / 22 / 10 \$ 40.00 Lunch @ Tommy Bahamas

/ / \$

/ / \$

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

/ / \$

/ / \$

/ / \$

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

/ / \$

/ / \$

/ / \$

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ NAME OF SOURCE Brandes Investment Partners</p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>CITY AND STATE San Diego, CA 92130</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): 6 / 11 / 10 - 6 / 12 / 10 AMT: \$ 879.00 (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: Attend RIA Due Diligence</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____