

GOLDEN GATE BRIDGE HIGHWAY AND TRANSPORT DISTRICT
 Date Received
2011 MAR 30 PM 12:46
 Official Use Only
SECRETARY OF THE DISTRICT

(CG)

11 APR -4 PM 12:45

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CHU CARMEN

1. Office, Agency, or Court

Agency Name
GOLDEN GATE BRIDGE ; HIGHWAY + TRANSPORTATION DISTRICT
 Division, Board, Department, District, if applicable Your Position
DIRECTOR

► If filing for multiple positions, list below or on an attachment.
 Agency: ① SF BOARD OF SUPERVISORS
② SF COUNTY TRANSPORTATION AUTHORITY ⇒ Position: ① SUPERVISOR, DA
③ SF HEALTH SERVICE SYSTEM BOARD ② COMMISSIONER (JURISDICTION OF THESE 3 ARE CITY + COUNTY OF SF)
③ COMMISSIONER

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

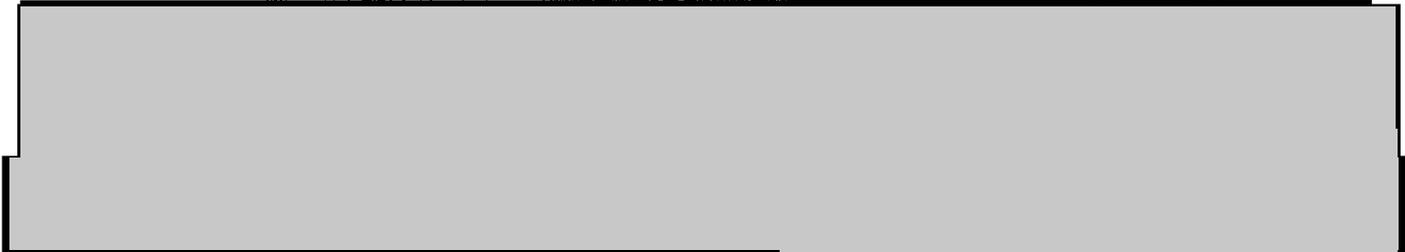
State GGBBHT DISTRICT INCLUDES MEMBER OVERSIGHT FROM MULTIPLE JURISDICTIONS
 Multi-County OVERSIGHT FROM MULTIPLE JURISDICTIONS
 City of _____
 Judge (Statewide Jurisdiction)
 County of _____
 Other _____

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 _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 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.

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
 None - No reportable interests on any schedule
 Total number of pages including this cover page: 7
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached



I certify under penalty of perjury under the laws of the State of California that t

Date Signed 3/28/2011
 (month, day, year)

Signature

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
CARMEN CHU

▶ 1. BUSINESS ENTITY OR TRUST

Name N/A

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 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:
 INVESTMENT 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 IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name N/A

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 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:
 INVESTMENT 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 IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
CARMEN CHU

► STREET ADDRESS OR PRECISE LOCATION
BLOCK 2400 LOT 20

CITY
SAN FRANCISCO

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: / / 10 DISPOSED: / / 10

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.

PRIMARY RESIDENCE (NOT USUALLY REQ TO REP)

► STREET ADDRESS OR PRECISE LOCATION
BLOCK 2085

CITY
SAN FRANCISCO

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: / / 10 DISPOSED: / / 10

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.

PARTNER'S PROPERTY (NOT MINE) (NOT USUALLY REQ TO REP)

* 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*
N/A

ADDRESS (Business Address Acceptable)
N/A

BUSINESS ACTIVITY, IF ANY, OF LENDER
N/A

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*
N/A

ADDRESS (Business Address Acceptable)
N/A

BUSINESS ACTIVITY, IF ANY, OF LENDER
N/A

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 D
Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

CARMEN CHU

▶ NAME OF SOURCE

PIE YOUNG MUSEUM FOUNDATION

ADDRESS (Business Address Acceptable)

50 HASEGAWA TEA GARDEN DR, SF CA 94118

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MUSEUM NONPROFIT FOUNDATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 19, 10</u>	<u>\$ 150 X 2 = 300</u>	<u>MUSEE DORSAY EVENT / EXHIBIT TICKETS (2)</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

RECREATION AND PARKS DEPT, CCSF

ADDRESS (Business Address Acceptable)

501 STANNAN ST, SF CA 94117

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CITY DEPT / GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 2, 11</u> (Received in 2010)	<u>\$ 114 X 2 = 228</u>	<u>AERL TICKETS (2)</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

UNITED PARCEL SERVICE (UPS)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DELIVERY SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 5, 10</u>	<u>\$ 100</u>	<u>SELF-HELP FOR THE ELDERLY WINEVITY GALA (WAS GUEST AT UPS TABLE)</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

RECREATION AND PARKS DEPT, CCSF

ADDRESS (Business Address Acceptable)

501 STANNAN ST, SF CA 94117

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CITY DEPT / GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 9, 10</u>	<u>\$ 70 X 2 = 140</u>	<u>PETER PAN TICKETS (2)</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

SF ASSN OF REALTORS

ADDRESS (Business Address Acceptable)

301 GROVE ST, SF CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PROF ORGANIZATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 23, 10</u>	<u>\$ 150</u>	<u>SFAR ANNUAL EVENT / OFFICER SWEEPING IN</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

JAMES HO

ADDRESS (Business Address Acceptable)

845 JACKSON ST, SF CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

INDIVIDUAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 8, 10</u>	<u>\$ 420</u>	<u>ATTENDANCE AS GUEST AT JAMES HO'S TABLE FOR COMMITTEE (OO EVENT)</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
CARMEN CHU

- **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.**

▶ NAME OF SOURCE N/A

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE N/A

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____