



Please type or print in ink.

NAME OF FILER (LAST) Wiener (FIRST) Scott (MIDDLE) David  
2013 MAR 27 10 11: 29 AM  
RECEIVED  
COVER PAGE  
FILED  
SAN FRANCISCO  
ETICS COMMISSION

1. Office, Agency, or Court

Agency Name Board of Supervisors  
BY [Signature] ENTERED  
Your Position Supervisor, District 8  
City and County of San Francisco  
► If filing for multiple positions, list below or on an attachment.  
Agency: San Francisco County Transportation Authority Position: Board Vice Chair

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2013 MAR 12 PM 3: 59

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

- State  Judge or Court Commissioner (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, 2012, through December 31, 2012.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None." **► Total number of pages including this cover page: 2**
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have read the statement and the schedules attached hereto and the information herein and in any attached schedules is true and complete. I acknowledge the truthfulness of the information herein and in any attached schedules. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/12/2013  
(month, day, year)

gpage

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

Name  
Scott Wiener

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
Jewish Community Relations Council

ADDRESS (Business Address Acceptable)  
121 Steuart Street, #301

CITY AND STATE  
San Francisco, CA

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

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DATE(S): 03/15/12 - 03/25/12 AMT: \$ 5,509.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Study tour of Israel organized by the San Francisco Jewish community.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

---

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

---

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \_\_\_\_\_