



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only



COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Avalos, John

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Board of Supervisors, City and County of San Francisco Division, Board, Department, District, if applicable District 11 Your Position Supervisor Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Multi-County San Francisco Bay Area City of San Francisco Judge or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013 Assuming Office: Date assumed Candidate: Election Year and office sought, if different than Part 1: Leaving Office: Date Left (Check one) The period covered is January 1, 2013, through the date of leaving office. The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 3 Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2014 (month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Avalos, John:

Agency	Division, Board, Department, District	Position
Local Agency Formation Comission		Member
Transportation Authority		Commissioner
Bay Area Air Quality Management District		Board Member



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

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Avalos, John</u>

- 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.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>Brightline Defense Project</u> ADDRESS (Business Address Acceptable) <u>1028A Howard St</u> CITY AND STATE <u>San Francisco, CA 94103</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <hr/> <p>DATE(S): <u>06 / 29 / 13</u> - <u>07 / 03 / 13</u> AMT: \$ <u>1,268.68</u> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Institute for Transportation and Development Policy</u> ADDRESS (Business Address Acceptable) <u>9 East 19th St 7th Floor</u> CITY AND STATE <u>New York, NY 10003</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <hr/> <p><u>International transportation development</u></p> <p>DATE(S): <u>05 / 15 / 13</u> - <u>05 / 20 / 13</u> AMT: \$ <u>1,207.48</u> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Met with transportation</u> <u>government officials and reviewed bus rapid transit</u> <u>systema and bike share system in Mexico City</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>Mayor's Innovation Project c/o Center on Wisconsin Strategy</u> ADDRESS (Business Address Acceptable) <u>7122 Social Science Bldg 1180 Observatory Dr</u> CITY AND STATE <u>Madison, WI 53703</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <hr/> <p>DATE(S): <u>10 / 17 / 13</u> - <u>10 / 18 / 13</u> AMT: \$ <u>546.80</u> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Attended a conference on</u> <u>fossil fuel divestment and share holder engagement</u> <u>strategies</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Center for Popular Democracy</u> ADDRESS (Business Address Acceptable) <u>802 Kent Ave</u> CITY AND STATE <u>Brooklyn, NY 11205</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <hr/> <p><u>policy development network building</u></p> <p>DATE(S): <u>10 / 24 / 13</u> - <u>10 / 27 / 13</u> AMT: \$ <u>1,255.80</u> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p>

Comments: _____