060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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Please type or print in ink.

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

Wiener, Scott David

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Supervisor

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

☐ State

☐ Multi-County

☐ City of

☐ 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 ___/___/___

☐ **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.

☐ **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:** 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

-or-

☐ **None** - *No reportable interests on any schedule*

5 [redacted]

herein and in any attached schedules is true and complete. I ackn [redacted]

I certify under penalty of perjury under the laws of the State o [redacted]

Date Signed 03/26/2014
(month, day, year)

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Section 1 Additional Agency(ies)/Position(s) for Wiener, Scott David:

Agency	Division, Board, Department, District	Position
City and County of San Francisco	Transportation Authority	Vice Chair

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Wiener, Scott David

- **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)
San Francisco Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
235 Montgomery Street Suite 760
CITY AND STATE
San Francisco, CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 11 / 15 / 13 - 11 / 16 / 13 AMT: $ 320.00
(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)
Institute for Transportation and Development Policy
ADDRESS *(Business Address Acceptable)*
9 East 19th Street 7th Floor
CITY AND STATE
New York, NY 10003
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 05 / 15 / 13 - 05 / 18 / 13 AMT: $ 1,139.48
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Study tour of transit and bike systems in Mexico City.

▶ 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

Comments: