



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) Yee, Norman

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Board of Supervisors 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)

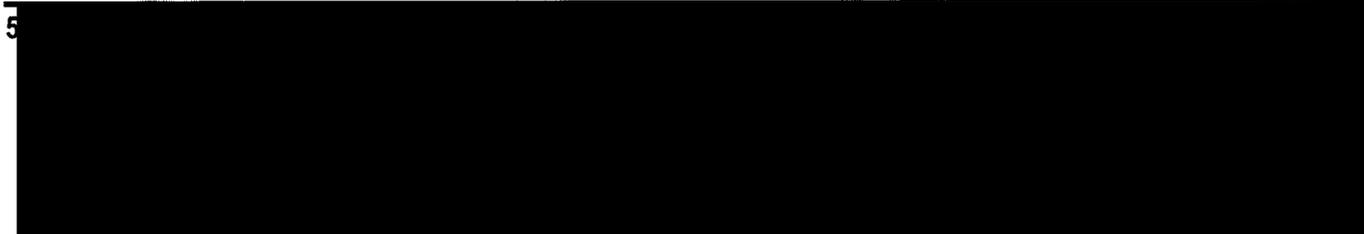
State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County County of San Francisco City of Other

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: 4 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 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 03/31/2014 (month, day, year)

060600029-NFH-0029

Section 1 Additional Agency(ies)/Position(s) for Yee, Norman:

Agency	Division, Board, Department, District	Position
County Transportation Authority	Transportation Authority Board	Commissioner
Golden Gate Bridge Highway and Transportation District	Golden Gate Bridge Board of Directors	Director

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Yee, Norman

- 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)
Cork - San Francisco Sister City Committee
 ADDRESS (Business Address Acceptable)
160 Broadmoor Dr
 CITY AND STATE
San Francisco, CA 94132
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 03 / 13 / 13 - 03 / 19 / 13 AMT: \$ 440.00
 (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)
San Francisco Shanghai Sister City Committee
 ADDRESS (Business Address Acceptable)
809 Sacramento St
 CITY AND STATE
San Francisco, CA 94108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 14 / 13 - 10 / 22 / 13 AMT: \$ 1,200.00
 (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)
Cork City Council
 ADDRESS (Business Address Acceptable)
City Hall, Angleser Street
 CITY AND STATE
Cork, xx Ireland
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 03 / 13 / 13 - 03 / 19 / 13 AMT: \$ 674.98
 (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)
Annie E Casey Foundation
 ADDRESS (Business Address Acceptable)
701 St Paul St
 CITY AND STATE
Baltimore, MD 21202
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 06 / 26 / 13 - 06 / 29 / 13 AMT: \$ 1,000.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Yee, Norman</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.

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Chamber of Commerce Foundation

ADDRESS (Business Address Acceptable)
235 Montgomery St

CITY AND STATE
San Francisco, CA 94104

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

DATE(S): 05 / 01 / 13 - 05 / 03 / 13 AMT: \$ 1,594.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in Meetings

▶ NAME OF SOURCE (Not an Acronym)
Korean Center Inc

ADDRESS (Business Address Acceptable)
1362 Post St

CITY AND STATE
San Francisco, CA 94109

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

DATE(S): 10 / 14 / 13 - 10 / 22 / 13 AMT: \$ 1,917.66
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in Meetings

▶ 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: _____