



STATEMENT OF ECONOMIC INTERESTS



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)  
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 San Francisco Bay Area  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, 2014, through December 31, 2014
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: 5
- 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

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I hereby certify that the information contained herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, as amended, and I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**Expanded Statement Attachment**

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; margin-top: 5px;">John Avalos</div>

Agency	Division/Board/Dept/District	Position	Type of Statement
Local Agency Formation Comission		Member	Annual 1/1/2014 - 12/31/2014
Transportation Authority		Commissioner	Annual 1/1/2014 - 12/31/2014
Bay Area Air Quality Management District		Board Member	Annual 1/1/2014 - 12/31/2014



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Avalos, John

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
State of California, San Francisco State University

ADDRESS (Business Address Acceptable)  
1600 Holloway Ave  
San Francisco, CA 94132

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Professor

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
(Describe)  
 Other \_\_\_\_\_  
(Describe)

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
(Describe)  
 Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Alix Rosenthal  
 ADDRESS (Business Address Acceptable)  
 227 Upper Terrace  
 San Francisco, CA 94117  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 14	\$ 70.00	Golden State Warriors Jersey
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

# SCHEDULE E

## Income – Gifts

### Travel Payments, Advances, and Reimbursements

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

- 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)

Local Progress

ADDRESS (Business Address Acceptable)

802 Kent Ave

CITY AND STATE

Brooklyn, NY 11205

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

---

DATE(S): 12 / 03 / 14 - 12 / 08 / 14 AMT: \$ 991.20

(If gift)

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in Local Progress

Board Meeting and National Convening

▶ NAME OF SOURCE (Not an Acronym)

Local Progress

ADDRESS (Business Address Acceptable)

802 Kent Ave

CITY AND STATE

Brooklyn, NY 11205

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

---

DATE(S): 03 / 26 / 14 - 03 / 28 / 14 AMT: \$ 500.00

(If gift)

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in a symposium on

income inequality

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

---

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

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_

(If gift)

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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