



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mar, Eric Lee

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 San Francisco Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014 -or- The period covered is ____/____/____, through December 31, 2014
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2014, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.
- 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: 4

- 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 Signature Area]

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

Date Signed 04/01/2015 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Eric Lee Mar	

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Local Agency Formation Commission	Commissioner	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	Transportation Authority	Commissioner	Annual 1/1/2014 - 12/31/2014

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Recreation and Parks Department
 ADDRESS (Business Address Acceptable)
501 Stanyan Street
San Francisco, CA 94117
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Department

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 08 / 14</u>	<u>\$ 1,200.00</u>	<u>4 Outside Lands Tickets</u>
<u>08 / 06 / 14</u>	<u>\$ 200.00</u>	<u>2 Beyonce Concert Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
City Car Share
 ADDRESS (Business Address Acceptable)
28 Geary Street Suite 590
San Francisco, CA 94108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 15 / 14</u>	<u>\$ 50.00</u>	<u>MiniCooper - Chinese New Year Parade</u>
<u>04 / 19 / 14</u>	<u>\$ 50.00</u>	<u>MiniCooper - Cherry Blossom Festival</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mar, Eric Lee.

- 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)

Center for Popular Democracy

ADDRESS (Business Address Acceptable)

11 Dupont Circle NW Suite 240

CITY AND STATE

Washington, DC 20036

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

DATE(S): 12 / 04 / 14 - 12 / 07 / 14 AMT: \$ 300.00

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel stipend for Local

Progress Conference in New York City

▶ 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 _____

▶ 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: _____