



STATEMENT OF ECONOMIC INTERESTS

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 Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State, Multi-County, 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, 2014, through December 31, 2014 -or- The period covered is ... through December 31, 2014. Assuming Office: Date assumed ... Candidate: Election Year ... 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.

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

5. I have used all reasonable diligence in preparing this statement. I have read this statement and the schedules attached herein and in any attached schedules is true and complete. I acknowledge the accuracy of this information. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 03/17/2015 (month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name

Norman Yee

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Board of Supervisors	Supervisor	Annual 1/1/2014 - 12/31/2014
County Transportation Authority	Transportation Authority Board	Commissioner	Annual 1/1/2014 - 12/31/2014
Golden Gate Bridge Highway and Transportation District	Golden Gate Bridge Board of Directors	Director	Annual 1/1/2014 - 12/31/2014

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

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

- 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 County Transportation Authority  
ADDRESS (Business Address Acceptable)  
1455 Market Street, 22nd Floor  
CITY AND STATE  
San Francisco, CA 94103

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

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DATE(S): 11 / 13 / 14 - 11 / 16 / 14 AMT: \$ 1,673.10  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description Attended Summit

▶ NAME OF SOURCE (Not an Acronym)  
San Francisco County Transportation Authority  
ADDRESS (Business Address Acceptable)  
1455 Market Street, 22nd Floor  
CITY AND STATE  
San Francisco, CA 94103

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

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DATE(S): 03 / 08 / 14 - 03 / 12 / 14 AMT: \$ 2,461.75  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description Attended Conference

▶ NAME OF SOURCE (Not an Acronym)  
Annie E. Casey Foundation  
ADDRESS (Business Address Acceptable)  
701 St. Paul Street  
CITY AND STATE  
Baltimore, MD 21202

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

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DATE(S): 12 / 04 / 14 - 12 / 07 / 14 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 in New Orleans

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_

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

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DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

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