ORIGINAL

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

2010 APR -1 PM 3:40 A Public Document 2010 MAR 31 PM 4:22

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Avalos	John	Michael	[redacted]

MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]					

1. Office, Agency, or Court

Name of Office, Agency, or Court: Board of Supervisors

Division, Board, District, if applicable: Supervisor

Your Position: District 11

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: Transportation Authority

Position: Commissioner

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

- ☐ State
- ☑ County of SF
- ☐ City of
- ☐ Multi-County
- ☐ Other

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

☐ Assuming Office/Initial Date: ___/___/___

☑ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31 2009.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► **Total number of pages including this cover page:** 2

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/31/10

Signature [redacted]

(File the originally signed statement with your filing officer.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Avalos

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: San Francisco Rec and Park Dept.
ADDRESS (Business Address Acceptable): McLaren Lodge, 501 Stanyan St, SF CA 94117
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/ /09	$ 196.00	49er Tickets
/ /	$	
/ /	$	

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

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

▶ NAME OF SOURCE: DeYoung Museum
ADDRESS (Business Address Acceptable): de Young Golden Gate Park 50 Hagiwara Tea Garden Dr SF CA 94118
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 4/10 $176.25 15 Gen'l Admission Tickets

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

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

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

▶ NAME OF SOURCE: American Conservatory Theater
ADDRESS (Business Address Acceptable): ~~Theaters~~ 405 Geary St SF 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Theater Arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/10	$ 50	2 Tickets
/ /	$	
/ /	$	

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

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: John Avalos

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
SF Rec + Park Dept	Mclaren Lodge, SF		8/ 09	$ 100.00	49ers tickets
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			/ /	$	
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
De Young Museum	50 Hagiwara Tea Garden Dr	400 FTE			Gen admission
			/ /	$	
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			/ /	$	
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
American Conservatory Theatre	415 Geary St SF 94102		10/09	$ 50	Tickets
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			/ /	$	
			/ /	$	
			/ /	$	

Comments: _____