ORIGINAL

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

2010 MAR 31 PM 3:39

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Chiu	David	S.	[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:
San Francisco Board of Supervisors

Division, Board, District, if applicable:
District 3

Your Position:
Supervisor

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

Agency: SF County Transportation Authority

Position: Commissioner

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

☐ State
☒ County of San Francisco
☒ City of San Francisco
☐ 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: 5

▶ 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 March 31, 2010
(month, day, year)

Signature [redacted]
(File the originally signed statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: David S. Chiu

▶ NAME OF BUSINESS ENTITY: TransCanada Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Utilities

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income of $0 - $500 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 12/30/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: Omnicell Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income of $0 - $500 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 12/30/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income of $0 - $500 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED ___/___/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income of $0 - $500 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED ___/___/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income of $0 - $500 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED ___/___/09 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: David S. Chiu

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: San Francisco Symphony
ADDRESS (Business Address Acceptable): 201 Van Ness Ave., San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/8/09	$195	3 chinese New Year concert tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Rickshaw Bagworks
ADDRESS (Business Address Acceptable): 904 22nd Street, San Francisco, CA 94107
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Retail

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/8/09	$50	messenger bag for City Trip travel
/ /	$	
/ /	$	

▶ NAME OF SOURCE: San Francisco Opera
ADDRESS (Business Address Acceptable): 301 Van Ness Ave., San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/25/09	$420	2 tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Cirque du Soleil
ADDRESS (Business Address Acceptable): 8400, 2e Avenue, Montreal H1Z 4M6, Canada
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/3/09	$190	2 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)
/ /	$	
/ /	$	
/ /	$	

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: David S. Chiu

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

▶ NAME OF SOURCE: SF Chamber of Commerce Foundation
ADDRESS (Business Address Acceptable): 235 Montgomery St., 12th Fl.
CITY AND STATE: San Francisco, CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 3/8/09 - 3/10/09 (if applicable) AMT: $ 502
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: SF Chamber of Commerce City Trip to meet federal officials in Washington DC; American Public Transportation Association Conference

▶ NAME OF SOURCE: World Economic Forum's Young Global Leaders
ADDRESS (Business Address Acceptable): 91-93 Rte de la Capital, CH-1233
CITY AND STATE: Cologny, Geneva, Switzerland
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 9/8/09 - 9/12/09 (if applicable) AMT: $ 1,544
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: World Economic Forum's Young Global Leaders Summit in Dalian, China

▶ NAME OF SOURCE: Chinese Chamber of Commerce
ADDRESS (Business Address Acceptable): 730 Sacramento
CITY AND STATE: San Francisco, CA 94108
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 9/12/09 - 9/14/09 (if applicable) AMT: $ 1,140
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Meetings in Shanghai to discuss sister City relations and San Francisco's participation in Shanghai's 2010 World Expo

▶ NAME OF SOURCE: Taipei City Council
ADDRESS (Business Address Acceptable): 507 Jen-ai Rd., Section 4
CITY AND STATE: Taipei, Taiwan
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 10/22/09 - 10/25/09 (if applicable) AMT: $ 3,310
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Led San Francisco delegation to 40th commemoration of San Francisco - Taipei Sister City relationship

Comments:

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

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Name
David S. Chiu

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▶ NAME OF SOURCE
Chinese New Year Festival Committee
ADDRESS (Business Address Acceptable)
730 Sacramento
CITY AND STATE
San Francisco, CA 94108
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/12/09 - 11/16/09 (If applicable) AMT: $ 6,122

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Travel to China/Macau/Hong Kong to attend Friendship Cities 30th Anniversary and meet government officials in Southern China

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments:

John St. Croix, Executive Director
San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220
San Francisco, CA 94102-6079

Subject: Filing of Form 700 as Commissioner of the Transportation Authority

Dear Mr. St. Croix:

This is to inform you that the Form 700 I filed on March 31, 2010, also applies in my capacity as Commissioner of the San Francisco County Transportation Authority.

Sincerely,

[redacted]

David Chiu