CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing	
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Please type or print in ink.		Filing ID: 164555996
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lee, Edwin Mah		
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	
Mayor Office of the	Mayor	
► If filing for multiple positions, list below or on an attachment	. (Do not use acronyms)	
Agency:	IS Position:	
2. Jurisdiction of Office (Check at least one box)		
State	Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County	X County of San Francisco	
X City of San Francisco	Other	
3. Type of Statement (Check at least one box)		
X Annual: The period covered is January 1, 2016, through	gh Leaving Office: Date Left _	
December 31, 2016	(Check one)	/ /
-or- The period covered is/, the December 31, 2016	rough O The period covered is J leaving office.	anuary 1, 2016, through the date of
Assuming Office: Date assumed//	 The period covered is of leaving office. 	/, through the date
Candidate: Election Year and office	e sought, if different than Part 1:	
4 Sahadula Summary (muat complete)		
 Schedule Summary (must complete)	number of pages including this cover pages	age:∘
Schedule A-1 - Investments – schedule attached		usingga Dagiliang gabadula attachad
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Bu	
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Tra	
-or-	—	,
□ None - No reportable interests on any schedul	е	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
(Business of Agency Address Recommended - Public Document)	San Francisco CA	94102
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	94102
()		
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 acknowledge this is a public document.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Date Signed _04/03/2017	Signature <u>Edwin Mah Lee</u>	
(month, day, year)	(File the originally signed st	tatement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Edwin Mah Lee

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Mayor Office of the	Mayor	Annual 1/1/2016 - 12/31/2016
Bay Area Air Quality Management District	Board	Board Member	Annual 1/1/2016 - 12/31/2016
Association of Bay Area Governments	Board	Board Member	Annual 1/1/2016 - 12/31/2016

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

Lee, Edwin Mah

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Victor Makras	Northern California District Council of Laborers
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, CA 94114	Pleasanton, CA 94588
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate	Labor Union
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>12 / 07 / 16</u> <u>\$ 200.00</u> Flower Arrangement	<u>12/14/16</u> <u>\$95.00</u> Two bottles of wine.
/\$	/\$
\$	/\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Clark Construction Group	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco , CA 94588	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>12 / 14 / 16</u> <u>\$ 115.00</u> Two bottles of wine.	/\$
/\$	/\$
/\$	/\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	/ \$
/\$	/ \$
/\$	\$ \$
Comments:	

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

CALIFORNIA FORM 700

Name

Lee, Edwin Mah

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
Foreign Ministry of the Republic of South Korea	San Francisco-Seoul Sister City Committee
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
Seoul, SK 110-787	San Francisco, CA 94115
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	Image: State of the state o
Government	
Government	
DATE(S): <u>11 / 27 / 16</u> - <u>12 / 02 / 16</u> AMT: <u>\$ 8,022.80</u> (<i>If gift</i>)	DATE(S): <u>11 / 27 / 16</u> - <u>12 / 02 / 16</u> AMT: <u>1,098.00</u> (<i>if gift</i>)
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: X Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
See Attached. X Other - Provide Description	See Attached. X Other - Provide Description
▶ If Gift, Provide Travel Destination _Seoul, South Korea.	▶ If Gift, Provide Travel Destination <u>Seoul</u> , South Korea.
NAME OF SOURCE (Not an Acronym) San Francisco Center for Economic Development-	► NAME OF SOURCE (Not an Acronym)
ChinaSF	Jewish Community Relations Council
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
San Francisco, CA 94104	San Francisco, CA 94105
X 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	X 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>12 / 03 / 16</u> - <u>12 / 04 / 16</u> AMT: <u>\$</u> 2,935.00	DATE(S): 04 / 09 / 16 - 04 / 14 / 16 AMT: \$ 15,730.00
(If gift)	(If gift)
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: X Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
See Attached. X Other - Provide Description	See Attached. X Other - Provide Description
▶ If Gift, Provide Travel DestinationBeijing, China.	▶ If Gift, Provide Travel Destination <u>Haifa</u> , Israel; Tel Aviv,
	Israel; Jerusalem, Israel.

Comments: _

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

CALIFORNIA FORM 700

Name

Lee, Edwin Mah

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym) San Francisco Center for Economic Development-	► NAME OF SOURCE (Not an Acronym)
LatinSF ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
San Francisco , CA 94104	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 03 / 12 / 16 - 03 / 18 / 16 AMT: \$ 11,200.00 (<i>If gift</i>)	DATE(S):// AMT: \$
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel See Attached.	Made a Speech/Participated in a Panel
X Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination Panama City, Panama; Sao Paulo, Brazil; Rio de Janeiro, Brazil.	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S):// AMT: \$
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

Foreign Ministry of the Republic of South Korea

Type of Payment: Other (CONTINUATION)

Travel, lodging, and subsistence for Mayor Lee and Mrs. Lee to Seoul, South Korea to enhance cultural and economic ties between the Sister Cities of Seoul and San Francisco.

San Francisco-Seoul Sister City Committee

Type of Payment: Other (CONTINUATION)

Travel, lodging, and subsistence for Mayor Lee and Mrs. Lee to Seoul, South Korea to enhance cultural and economic ties between the Sister Cities of Seoul and San Francisco.

San Francisco Center for Economic Development-ChinaSF

Type of Payment: Other (CONTINUATION)

Travel, lodging and subsistence for Mayor Lee and Mrs. Lee to Beijing, China to promote business and economic development between China and San Francisco.

Jewish Community Relations Council

Type of Payment: Other (CONTINUATION)

Travel, lodging and subsistence for Mayor Lee and Mrs. Lee to Haifa, Israel; Tel Aviv, Israel; and Jerusalem, Israel to enhance cultural and economic ties between San Francisco and Israel.

San Francisco Center for Economic Development-LatinSF

Type of Payment: Other (CONTINUATION)

Travel, lodging, and subsistence for Mayor Lee and Mrs. Lee to Panama City, Panama; Sao Paulo and Rio de Janeiro, Brazil to promote business and economic development between Latin America and SF.