

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Rufo, Todd Tom			

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

Economic Workforce and Development

Director

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

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, 2016, through December 31, 2016 **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2016

 The period covered is January 1, 2016, through the date of leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office. **Candidate:** Election Year _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 5****Schedules attached** **Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached **Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached **Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

 None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94102

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
()	

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
(month, day, year)Signature Todd Tom Rufo
(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
Rufo, Todd Tom

▶ NAME OF BUSINESS ENTITY
New York City Deferred Compensation Plan
 GENERAL DESCRIPTION OF THIS BUSINESS
Retirement

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 Retirement Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
San Francisco Deferred Compensation
 GENERAL DESCRIPTION OF THIS BUSINESS
Retirement

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 Retirement Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Fidelity Investments
 GENERAL DESCRIPTION OF THIS BUSINESS
Spouse's Retirement

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 Retirement Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Chamber of Commerce
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 16</u>	<u>\$ 55.00</u>	<u>CityBeat Breakfast</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
SFMade
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94103
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 16</u>	<u>\$ 150.00</u>	<u>SFMade Manufacturing Summit</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Business Times
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 15 / 16</u>	<u>\$ 100.00</u>	<u>Structures Breakfast</u>
<u>02 / 09 / 16</u>	<u>\$ 115.00</u>	<u>Mayor's Economic Forecast</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>

▶ 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>

Comments: _____

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

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Rufo, Todd Tom</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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>The James Irvine Foundation</u> ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE <u>San Francisco, CA 94104</u></p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>10 / 04 / 16</u> - <u>10 / 06 / 16</u> AMT: \$ <u>1,140.78</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Board Dinner</u></p> <p>▶ If Gift, Provide Travel Destination <u>Los Angeles</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>San Francisco Center for Economic Development</u> ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE <u>San Francisco, CA 94104</u></p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>03 / 11 / 16</u> - <u>03 / 19 / 16</u> AMT: \$ <u>5,837.18</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Trade mission to strengthen economic ties w/ Latin America (staffing Mayor Lee)</u></p> <p>▶ If Gift, Provide Travel Destination <u>Panama, Brazil</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>The James Irvine Foundation</u> ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE <u>San Francisco, CA 94104</u></p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): <u>02 / 17 / 16</u> - <u>02 / 18 / 16</u> AMT: \$ <u>611.38</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Leadership Awards Luncheon</u></p> <p>▶ If Gift, Provide Travel Destination <u>Sacramento</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination _____</p>

Comments: _____