

## DONOR DISCLOSURE/GIFT ACKNOWLEDGEMENT FORM

Thank you for your generous contribution to Treasure Island Development Authority  
 In order to help the Treasure Island Development Authority comply with San Francisco's Sunshine Ordinance,\* we ask that you please complete this form and return it as soon as possible to: One Avenue of the Palms, Building One, Second Floor San Francisco, CA 94130 Attention: Donor Disclosure.

Thank you again for contributing to Treasure Island Development Authority

Donor: Make a Wish Foundation

Date: 02/25/2010

Gift: 6 Tickets to Make a Wish Fundraiser

Estimated Value: \$150 Each

(For gifts other than cash gifts)

<b>Contact Information:</b>			
Name: <u>Sabrina Soulis</u>	Address: <u>235 Pine Street,</u>	6 <sup>th</sup> Floor	Telephone: <u>415-982-9474</u>
	Street	Apt #	
	<u>San Francisco, CA</u>	<u>94104</u>	
The above information is:			
<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Residence	City,	State      ZIP code

**Financial Interest:** The Sunshine Ordinance requires that a department that receives a gift of money, goods or services worth \$100 or more report any financial interest that the donor has involving the San Francisco City government. Please check the appropriate box or boxes below that describe your financial interest(s) in the City.

- Contract with City (Please Describe):
- Grant from the City (Please Describe):
- Lease of Space to or from the  
Treasure Island Development Authority (Please Describe):  
City License, Permit or Entitlement for Use
- Pending request for a City Contract, Grant, (Please Describe):  
Lease, License, Permit or Other Entitlement for Use
- Other Financial Interest (Please Describe):
- No Financial Interest (Please Describe):

\*The San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67), as approved by the San Francisco voters in 1999, provides that:

**SEC. 67.29-6. Sources of Outside Funding**

No Official or employee or agent of the city shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Treasure Island Development Authority			
Division, Department, or Region (if applicable)			
Street Address			
One Avenue of the Palms San Francisco, CA 94130			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
415-274-0660	tida@sfgov.org		
Agency Contact (name and title)			
Frishtah Afifi, Project Administrator			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 02 / 06 / 10 Description of Event: Make a Wish Foundation Event

Face Value of Ticket: \$ 150.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 6 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
See Attached List		

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

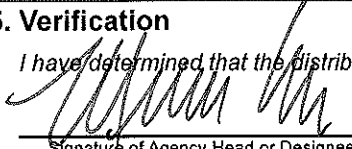
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 \_\_\_\_\_

Signature of Agency Head or Designee      Print Name      Director of Island Operations      02/25/10

\_\_\_\_\_  
Signature      Print Name      Title      (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
 \_\_\_\_\_

**Event: Make a Wish Foundation 2/6/10**

<b>Name</b>	<b>Number of Tickets</b>	<b>Date</b>	<b>Cost</b>	<b>Public Purpose</b>
Affi, Frishtah (Employee)	1	2/6/2010	\$150.00	See "a"
Affi, Frishtah (Employee)	1	2/6/2010	\$150.00	See "b"
Rahaim, John ( Board Member)	2	2/6/2010	\$150.00	See "a"
Stephens, Owen ( Board Member)	1	2/6/2010	\$150.00	See "a"

**Key:**

a= Public Purpose, promotion of economic development for the City and the Base

b=Reporting as income

**Event: Make a Wish Foundation 2/06/2010**

<b>Name</b>	<b>Number of Tickets</b>	<b>Date</b>	<b>Cost</b>	<b>Public Purpose</b>
Harrison, Eric	1	2/6/2010	\$150.00	See "a"

**Key:**  
a= Public Purpose, promotion of economic development for the City and the Base