

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received

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|---------------|--------|---------|----------|
| Dunlop, Mark | | | |

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

Treasure Island Development Authority

Member

▶ 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)

- | | |
|--|--|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>San Francisco</u> |
| <input checked="" type="checkbox"/> City of <u>San Francisco</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2019 through December 31, 2019 | <input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one circle) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2019 through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2019 | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1**Schedules attached**

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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 | 94130 |
| 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 07/17/2020
 (month, day, year)

 Signature Mark Dunlop
 (File the originally signed paper statement with your filing official.)