

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Carr (FIRST) Dorian (MIDDLE) Jay

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City & County of San Francisco
Division, Board, Department, District, if applicable
San Francisco County Veterans Service Office (HSA)
Your Position
Veterans Service Representative

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

Agency: Human Services Agency Position: County Veterans Service Officer

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

- State
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____, through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____
(Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – 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
(Business or Agency Address Recommended - Public Document)
2 Gough St 1st Floor San Francisco Ca 94102
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) 934-4200 Dorian.Carr@SFGOV.ORG

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 12/29/2016
(month, day, year)

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