

ORIGINAL

San Francisco Ethics Commission  
25 Van Ness, Suite 220  
San Francisco, CA 94102  
Phone: (415) 252-3100  
Fax: (415) 252-3112  
Email: [ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org)  
Web: [www.sfethics.org/](http://www.sfethics.org/)



FILED  
2016 AUG -3 PM 12:32  
SAN FRANCISCO  
ETHICS COMMISSION  
BY PM 8/B/2016 DTG

**Disclosure Report for Permit Consultants (SFEC Form 3410B)**

S.F. Campaign & Governmental Conduct Code § 3.400A et seq.

*File this form with the Ethics Commission. See also General Instructions attached.*

Period Covered:  January 1 to March 31, 20\_\_  April 1 to June 30, 20<sup>16</sup>  
 July 1 to September 30, 20\_\_  October 1 to December 31, 20\_\_

This amends a report filed on \_\_\_\_\_ covering the period from \_\_\_\_\_ to \_\_\_\_\_.

This is my final report and constitutes my termination statement.

**PART I: PERMIT CONSULTANT AND EMPLOYER INFORMATION**

Name of Permit Consultant: Walter Wong	
Name of Employer (if any): Jaidin Consulting Group, LLC	
Business Address: 205 13th Street, San Francisco, CA 94103	
Business Telephone Number: (415) 863-3888	Email Address: jdnggrp@pacbell.net

**PART II: CLIENT INFORMATION**

**Directions:** Enter the name, business address, contact person (if applicable), e-mail address, and business telephone number of each client for whom you are engaged to perform permit consulting services. Also enter the amount of compensation you or your employer received or expected to receive from each client for permit consulting services during the reporting period.

Name of Client: Emerald Fund Inc.	Amount of Compensation: \$18,271.85
Business Address of Client: The Russ Building, 235 Montgomery Street, San Francisco, CA 94105	Client Contact Person: Marc Babsin
Business Telephone Number of Client: (415) 489-1313	Email Address of Client: marc@emerald fund.com

**PART II: CLIENT INFORMATION (CONT'D):**

Name of Client: Greystar GPII, LLC	Amount of Compensation: \$1,905.90
Business Address of Client: 221 Main Street, Ste. 1280, SF., CA 94105	Client Contact Person: Randy Ackeman
Business Telephone Number of Client: (415) 489-3907	Email Address of Client: rackerman@greystar.com

Name of Client: Fullview Properties, LLC	Amount of Compensation: \$72,000.00
Business Address of Client: 1426 Fillmore Street, Ste. 213, SF., CA. 94115	Client Contact Person: Mike Lu
Business Telephone Number of Client: 415-621-2370	Email Address of Client:

Name of Client: TimeSpace San Francisco, LLC	Amount of Compensation: \$10,014.37
Business Address of Client: 12230 Saratoga Sunnyvale Road, Saratoga, CA 95070	Client Contact Person: Yorke Lee
Business Telephone Number of Client: 408-781-7866	Email Address of Client: yorkelee@timespacegroup.com

Name of Client:	Amount of Compensation:
Business Address of Client:	Client Contact Person:
Business Telephone Number of Client:	Email Address of Client:

Name of Client:	Amount of Compensation:
Business Address of Client:	Client Contact Person:
Business Telephone Number of Client:	Email Address of Client:

Additional sheets are attached.

**PART III: CONTACTS WITH CITY OFFICERS AND EMPLOYEES**

**Directions:** In the boxes below, describe each permit **sought or obtained** for a client (include the application number for the permit) during the reporting period and identify the client for whom you sought or obtained that permit. Also, provide the name each officer or employee of the **Department of Building Inspection**, the **Entertainment Commission**, the **Planning Department**, or the **Department of Public Works** you contacted in attempting to obtain the permit during the reporting period.

<b>Permit (including Permit Application No.):</b>	PA#201602179833/P#1383536
<b>Client Represented:</b>	<u>Emerald Fund Inc.</u>
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Permit (including Permit Application No.):</b>	PA#201602109254/P#1386988
<b>Client Represented:</b>	<u>Emerald Fund Inc.</u>
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PART III: CONTACTS WITH CITY OFFICERS AND EMPLOYEES (CONT'D):**

<b>Permit (including Permit Application No.):</b>	<u>PA#201410108636/P#1386577</u>
<b>Client Represented:</b>	<u>Emerald Fund Inc.</u>
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<b>Permit (including Permit Application No.):</b>	<u>PA#201604185016</u>
<b>Client Represented:</b>	<u>Emerald Fund Inc.</u>
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Additional sheets are attached.

**PART III: CONTACTS WITH CITY OFFICERS AND EMPLOYEES (CONT'D):**

<b>Permit (including Permit Application No.):</b>	PA#201604185012/P#1398418
<b>Client Represented:</b>	Emerald Fund Inc.
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Permit (including Permit Application No.):</b>	PA#200806275511/P#1389707
<b>Client Represented:</b>	TimeSpace San Francisco, LLC
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional sheets are attached.

**PART III: CONTACTS WITH CITY OFFICERS AND EMPLOYEES (CONT'D):**

<b>Permit (including Permit Application No.):</b>	<u>PA#201312134180/S6</u>
<b>Client Represented:</b>	<u>Greystar GPII, LLC</u>
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Permit (including Permit Application No.):</b>	<u>PA#201605046495</u>
<b>Client Represented:</b>	<u>Fullview Properties, LLC</u>
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional sheets are attached.

**PART III: CONTACTS WITH CITY OFFICERS AND EMPLOYEES (CONT'D):**

<b>Permit (including Permit Application No.):</b>	PA#201508204876/P#1382290
<b>Client Represented:</b>	Fullview Properties, LLC
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Permit (including Permit Application No.):</b>	_____
<b>Client Represented:</b>	_____
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional sheets are attached.

**PART IV: POLITICAL CONTRIBUTIONS**

**Directions:** Enter the information below for each political contribution of \$100 or more made by the permit consultant or the permit consultant's employer during the reporting period to:

- an elected official of the City and County,
- a candidate for such office,
- a committee controlled by such officer or candidate,
- a committee primarily formed to support or oppose such officer or candidate, or
- any committee primarily formed to support or oppose a ballot measure to be voted on only in San Francisco

Name of Officer, Candidate or Committee: N/A	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:



**PART IV: POLITICAL CONTRIBUTIONS (CONT'D)**

Name of Officer, Candidate or Committee: N/A	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Name of Officer, Candidate or Committee:	
Amount of Contribution:	Date of Contribution:

Additional sheets are attached.

VERIFICATION

I have reviewed this report and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true, complete, and correct.



7/31/2016

\_\_\_\_\_  
Signature of Person Filing Report

\_\_\_\_\_  
Date

Walter Wong

\_\_\_\_\_  
Name of Person Filing Report (Please Print)