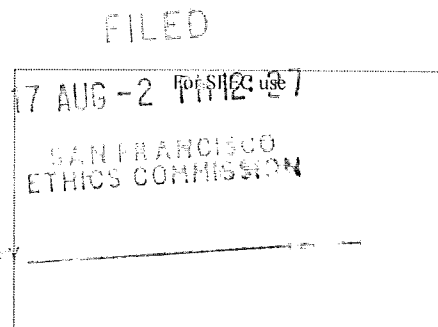


San Francisco Ethics Commission  
 25 Van Ness, Suite 220  
 San Francisco, CA 94102  
 Phone: (415) 252-3100  
 Fax: (415) 252-3112  
 Email: [ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org)  
 Web: [www.sfethics.org/](http://www.sfethics.org/)



**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>17</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: \$23,112.50
Business Address of Client: The Russ Building, 235 Montgomery St., 27/FL, SF., CA 94104	Client Contact Person: Marc Babsin
Business Telephone Number of Client: (415) 489-1313	Email Address of Client: marc@emeraldfund.com

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

Name of Client: Z & L Properties	Amount of Compensation: \$24,000.00
Business Address of Client: 950 Tower lane, Ste. 870, Foster City, CA 94404	Client Contact Person: Lin Wu
Business Telephone Number of Client: 415-655-3624	Email Address of Client: lwu@zlproperties.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:

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#201406138394/S1
<b>Client Represented:</b>	Emerald Fund, Inc.
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Permit (including Permit Application No.):</b>	PA#201406138394/S2
<b>Client Represented:</b>	Emerald Fund Inc.
<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>	PA#201406138394/S4
<b>Client Represented:</b>	Emerald Fund Inc.
<b>Officer or Employee Contacted:</b>	<b>Department:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Permit (including Permit Application No.):</b>	PA#201406138394/S6
<b>Client Represented:</b>	Emerald Fund Inc.
<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#201605046495/S1
<b>Client Represented:</b>	Z & L Properties
<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:

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.

\_\_\_\_\_  
Signature

Walter Wong

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

7/28/2017

\_\_\_\_\_  
Date