



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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### Disclosure Report for Permit Consultants

SFEC Form 3410B


(S.F. Campaign and Governmental Conduct Code § 3.400A et seq.)

A Public Document

1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Termination	
<b>PERIOD COVERED</b>	
January 1 to March 31          2020	

2. PERMIT CONSULTANT AND EMPLOYER INFORMATION	
<b>NAME OF PERMIT CONSULTANT</b>	<b>NAME OF EMPLOYER</b>
Anthony Licavoli	reuben, junius & rose
<b>BUSINESS ADDRESS</b>	
1 bush street suite 600	
<b>BUSINESS TELEPHONE</b>	<b>BUSINESS EMAIL ADDRESS</b>
4155679000	alicavoli@reubenlaw.com

3. CLIENT INFORMATION	
Enter the name, business address, contact person (if applicable), e-mail address, and business telephone number of each client for whom you performed permit consulting services during the reporting period. 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.	
#	CLIENT INFORMATION
1	<b>NAME OF CLIENT</b>
	Gas Light LLC
	<b>BUSINESS ADDRESS OF CLIENT</b>
	3636 Buchanan Street
	<b>EMAIL ADDRESS OF CLIENT</b>
	ereyff@tuskercorp.com
	<b>BUSINESS TELEPHONE OF CLIENT</b>
	415-563-2500
	<b>AMOUNT OF COMPENSATION</b>
	§ 1580
	<b>CLIENT CONTACT PERSON</b>
	Elaine Reyff

2	<b>NAME OF CLIENT</b> Mount Vision LLC	
	<b>BUSINESS ADDRESS OF CLIENT</b> 394 Pacific Avenue 2nd floor SF, CA 94111	
	<b>EMAIL ADDRESS OF CLIENT</b> lien@freelandlaw.com	<b>BUSINESS TELEPHONE OF CLIENT</b> 4154306808
	<b>AMOUNT OF COMPENSATION</b> \$ 1185	<b>CLIENT CONTACT PERSON</b> Frederick Lien
3	<b>NAME OF CLIENT</b> Asana Inc	
	<b>BUSINESS ADDRESS OF CLIENT</b> 1500 Bryant SF, CA 94103	
	<b>EMAIL ADDRESS OF CLIENT</b> theo@rivot.com	<b>BUSINESS TELEPHONE OF CLIENT</b> 4155679000
	<b>AMOUNT OF COMPENSATION</b> \$ 7900	<b>CLIENT CONTACT PERSON</b> Theo Skinner
4	<b>NAME OF CLIENT</b> 709 Lyon LP	
	<b>BUSINESS ADDRESS OF CLIENT</b> 601 Van Ness Ave. No. E3606 SF, CA 94102	
	<b>EMAIL ADDRESS OF CLIENT</b> johnstricklin@sbcglobal.net	<b>BUSINESS TELEPHONE OF CLIENT</b> 4153550900
	<b>AMOUNT OF COMPENSATION</b> \$ 395	<b>CLIENT CONTACT PERSON</b> John Stricklin
<input checked="" type="checkbox"/>	<b>ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED</b> Attach additional sheets to this statement to disclose additional clients.	
		

**4. CONTACTS WITH CITY OFFICERS AND EMPLOYEES**

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.

#	PERMIT INFORMATION	
1	<b>PERMIT APPLICATION NUMBER</b>	<b>CLIENT REPRESENTED</b>
	201610059620	Gas Light LLC
	<b>#</b>	<b>OFFICER OR EMPLOYEE CONTACTED</b>
	A	Nelson Lau
	B	Jobel Garcia
	C	Kjell Harshman
	D	
2	<b>PERMIT APPLICATION NUMBER</b>	<b>CLIENT REPRESENTED</b>
	201809119773	Mount Vision
	<b>#</b>	<b>OFFICER OR EMPLOYEE CONTACTED</b>
	A	Bridget Hicks
	B	Eric Lam
	C	Susie Song
	D	Jeff Spiers
E		

#	PERMIT INFORMATION	
3	<b>PERMIT APPLICATION NUMBER</b> 201912230281	
	<b>CLIENT REPRESENTED</b> Asana	
	#	OFFICER OR EMPLOYEE CONTACTED
	DEPARTMENT	
	A	Mohsin Shaikh
	B	Jon Corbett
	C	Theo Devine
D	Jobel Garcia	
E		
4	<b>PERMIT APPLICATION NUMBER</b> 202001313308	
	<b>CLIENT REPRESENTED</b> Asana	
	#	OFFICER OR EMPLOYEE CONTACTED
	DEPARTMENT	
	A	John Finnegan
	B	Mohsin Shaikh
	C	Jon Corbett
D	Jobel Garcia	
E		
<input type="checkbox"/>	<b>ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED</b> Attach additional sheets to this statement to disclose additional permits.	



**5. POLITICAL CONTRIBUTIONS**

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	DATE OF CONTRIBUTION	AMOUNT OF CONTRIBUTIONS
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

<input type="checkbox"/>	<p><b>ADDITIONAL SUPPLEMENTAL SHEETS REQUIRED</b>                  Attach additional sheets to this statement to disclose additional contributions.</p>	
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**6. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**NAME AND SIGNATURE OF PERSON FILING REPORT**

**DATE SIGNED**

DocuSigned by:

*Anthony Licavoli*

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Anthony Licavoli

03-27-2020 | 09:14:41 PDT



## San Francisco Ethics Commission

Quarterly Report for Permit Consultants  
Client Information Supplemental Attachment  
SFEC Form 3410B-AS3

#	Name of Client	Client Contact Person	Business Address of Client	Email Address of Client	Business Telephone of Client	Client Compensation
1						
2						



## San Francisco Ethics Commission

Quarterly Report for Permit Consultants  
Contacts With City Officers and Employees  
Supplemental Attachment  
SFEC Form 3410B-AS4

#	Permit Application Number	Client Represented	Officer or Employee Contacted	Department
1				
2				