City of Oakland

For Official Use Only

Public Ethics Commission

Stamp Date/Time Received:

COMPLAINT FORM

Complaint Number: 09-06

Please Type or Print in Ink and Complete this Form.

This complaint concerns a possible violation of: (please check all that apply)

☐ The Oakland Sunshine Ordinance, California Public Records Act or Brown Act. (Access to public meetings or documents.)

☐ Oakland Campaign Reform Act

☒ Oakland City Council's Rules of Procedure/Code of Ethics

☐ Oakland Limited Public Financing Act

☒ Oakland Conflict of Interest regulations

ATTACHMENT 1

Item E-2
Date 9-3-09
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☐ Oakland Lobbyist Registration Act

☐ Oakland False Endorsement In Campaign Literature Act

☒ I am/We are not sure which specific law, ordinance or regulations apply. However, I am/We are requesting that the Ethics Commission determine if my/our complaint is within its jurisdiction.

The alleged violation occurred on or about the following date(s)

Present and ongoing

The alleged violation occurred at the following place:

City of Oakland

Please provide specific facts describing your complaint. (Or attach additional pages as necessary.)

Susan Piper, full-time aide to Councilwoman Jean Quan, and also sole proprietor of "Susan Piper Public Relations" is engaged as a consultant (or other) for the political campaign committee, "The Oakland Fund for Measures C, D, F, and H". By the last reporting period, 7/4/09, it is reported she has been paid to date, $3,027.61. It is believed to be a conflict of interest to be engaged as a Councilman's - see below:

The persons you allege to be responsible for the violation(s) are:

aide and at the same time conduct a public relations business serving City of Oakland political campaigns (ballot measures and the like) for promotion and profit. It is especially tenuous given the fact that Quan chairs the Council Finance Committee which initiates and promotes the revenue ballot measures which Piper ends up working for through her public relations firm. This certainly is not the first time Piper

Any witnesses who were involved and/or who can provide additional information are: (Please indicate names and phone numbers, if available.)

and Quan have teamed up to promote a measure (the current measures are just one of many) utilizing Pipers "paid" expertise as she works as Quan's aide in the Council office. Additionally, it is believed, since her public relations business has no established office or facilities, or designated working hours, she is using the Council office and the City facilities to conduct her business and promote these measures.

ATTACHMENT 2

PLEASE NOTE:

There may be other laws that apply to the violation(s) you are alleging. The time limit to commence a legal proceeding to enforce those laws may not be extended by filing this complaint. You should contact an attorney immediately to protect any rights available to you under the law.

By filing this complaint with the Public Ethics Commission it, and all other materials submitted with it, becomes a public record available for inspection and copying by the public.

NAME: David E. Mix PHONE NO.(Day):(510) [redacted]

ADDRESS: [redacted] PHONE NO.(Eve.):( ) _____

CITY: Oakland STATE: CA ZIP: 94611

FAX NO.: ( ) _____

E-MAIL: _____

PLEASE RETURN THIS FORM TO:

Public Ethics Commission
One Frank Ogawa Plaza, 4th floor
Oakland, CA 94612

Phone: (510) 238-3593
FAX:(510) 238-3315

Submit by Email

Print Form

ATTACHMENT 1

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Date 9-23-09
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COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
FILED
OFFICE OF THE CITY CLERK
OAKLAND
09 JUL -7 PM 3:46

CALIFORNIA 2001/02 FORM **460**

1 / 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2009
through 07/04/2009

Date of election if applicable (Month, Day, Year)
07/21/2009

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
  - O State Candidate Election Committee
  - O Recall
  - (Also Complete Part 5.)
- [ ] General Purpose Committee
  - O Sponsored
  - O Small Contributor Committee
  - O Political Party/Central Committee
- [X] Ballot Measure Committee
  - ⊗ Primary Formed
  - O Controlled
  - O Sponsored
  - (Also Complete Part 6.)
- [ ] Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

- [X] Pre-election Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D.NUMBER
1310647

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
The Oakland Fund for Measures C,D,F and H

STREET ADDRESS (NO P.O. BOX)
333 Market Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 285-1624

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
(510) 285-1628

Treasurer(s)

NAME OF TREASURER
Eugene Zahas

MAILING ADDRESS
333 Market Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 285-1624

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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.

Executed on 07/07/2009 (DATE) By Eugene Zahas (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

ATTACHMENT 2

Item E-2
Date 8-4-09
Page 1 of 13

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2009
through 07/04/2009

CALIFORNIA FORM **460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Oakland Fund for Measures C,D,F and H

I.D. NUMBER
1310647

Item E-2 Date 9-3-09 Page 8 of 13

ATTACHMENT 2

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Susan Piper Public Relations 33 Hiller Dr. Oakland CA 94618		3027.61	0.00	0.00	3027.61
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTALS $**		3027.61 $	0.00 $	0.00 $	3027.61

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 0.00
   May be a negative number.

COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: OFFICE OF THE CITY CLERK OAKLAND 09 JAN 28 PM 2:04

CALIFORNIA 2005/06 FORM **460**

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 09/23/2008 through 12/31/2008

Date of election if applicable: (Month, Day, Year) 11/04/2008

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Date 2/3/09

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
  - O State Candidate Election Committee
  - O Recall
  - (Also Complete Part 5.)
- [ ] General Purpose Committee
  - O Sponsored
  - O Small Contributor Committee
  - O Political Party/Central Committee
- [X] Ballot Measure Committee
  - ⊗ Primary Formed
  - ⊗ Controlled
  - O Sponsored
  - (Also Complete Part 6.)
- [ ] Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

- [ ] Pre-election Statement
- [X] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D.NUMBER 1310647

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
The Oakland Fund

STREET ADDRESS (NO P.O. BOX)
333 Market Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 285-1624

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
(510) 285-1628

Treasurer(s)

NAME OF TREASURER
Eugene Zahas

MAILING ADDRESS
333 Market Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 285-1624

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

ATTACHMENT 3

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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.

Executed on 01/28/2009 (DATE) By Eugene Zahas (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 20080923
through 20081231

CALIFORNIA FORM **460**

14 / 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Oakland Fund

I.D. NUMBER
1310647

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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Date 8-23-08
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Susan Piper Public Relations 33 Hiller Dr. Oakland CA 94618		0.00	3027.61	0.00	3027.61

ATTACHMENT 3

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $** 0.00 $	3027.61 $	0.00 $	3027.61

Schedule F Summary

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2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 3027.61
   May be a negative number.

CITY OF OAKLAND

ADMINISTRATIVE INSTRUCTION

SUBJECT	**Employee Conflicts of Interest/Incompatible Activities**	**NUMBER**	595
REFERENCE	City Charter, Article XI, Section 1101	**EFFECTIVE**	July 1, 2007
SUPERSEDE	AI 595 dated May 28, 1978		

I. PURPOSE

The purpose of this Administrative Instruction is to provide all employees with basic guidelines for avoiding situations which would result in a conflict of interest or would otherwise be incompatible with the performance of assigned duties and responsibilities as an employee of the City of Oakland.

The City Charter provides that "No officer or employee of the City may engage in any employment, activity or enterprise which has been determined to be inconsistent, incompatible or in conflict with the duties and responsibilities of the department or agency in which he is employed."

This City Charter further provides the City Administrator with the authority to determine what activities will be considered as inconsistent, incompatible or in conflict with the duties and responsibilities of employees under his/her jurisdiction. The following are actions which are to be considered to be conflicts of interest or incompatible employment:

II. POLICY

<u>This policy provides that no employee of the City may engage in any employment, activity or enterprise which has or may be determined to be inconsistent, incompatible or in conflict with his/her duties, functions and responsibilities.</u>

1. Using the prestige or influence of employment with the City for the employees' private gain or advantage, or for the private gain or advantage of another;

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2. Using City time, for which the City employee is receiving compensation by the City, for the employees' private gain or advantage, or for the private gain or advantage of another;

3. Using the City's facilities, equipment, supplies, identification badge, uniform, prestige or influence of City employment for the employees' private gain or advantage, or the private gain or advantage of another;

4. Using confidential information acquired by virtue of City employment for the employee's private gain or advantage, or for the private gain or advantage of another;

5. Engaging in outside activity which may be subject to the employee's review, control, auditing, inspection or enforcement or which by virtue of the employee's assignment the employee has normal access to confidential information pertaining to the matter;

6. Receiving and accepting, directly or indirectly, any gift, any service, gratuity, favor, entertainment, hospitality, loan, or any thing of value, from anyone who is doing or is seeking to do business of any kind with the City or whose activities are regulated or controlled in any way by the City, under circumstances from which it reasonably could be inferred that the gift was intended to influence the employee in his/her official capacity or was intended as a reward for any official action on his/her part;

7. Accepting money, or other considerations, from anyone other than the City, for advising or providing information to individuals concerning their rights and privileges as a City employee, eligible or applicant for City employment, or for performing an act which the employee would be expected or required to render in the normal course of their City employment;

8. Providing confidential data or information including, but not limited, to the content of an examination, to a person to whom issuance of the data or information has not been authorized;

9. Providing or using the names of officers, employees, applicants, or eligibles for a mailing list which has not been authorized;

10. Acting as paid consultant on administrative or personnel matters except as may be approved by the City Administrator;

The City does not encourage nor discourage employees voluntary participation in community or civic activities on their own time.

An employee who is engaging in, or plans to engage in any employment, activity, or enterprise which might be incompatible or interfere in any way with his/her duties as a City employee, must bring that situation promptly to the attention of the immediate supervisor and departmental management for review and resolution. Engaging in these types of activities will result in disciplinary action.

Deborah A. Edgerly
DEBORAH A. EDGERLY
City Administrator

ATTACHMENT 4