

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Imperial Maria Theresa

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City and County of San Francisco  
Division, Board, Department, District, if applicable Your Position  
Planning Commission Planning Commissioner

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of San Francisco  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2023, through December 31, 2023.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2023.  
 **Assuming Office:** Date assumed 07 / 01 / 2024  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2023, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: \_\_\_\_\_

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached  
 **Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached  
 **Schedule B - Real Property** – 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)  
1110 Howard St San Francisco CA 94103  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(415 ) 996-5938 thrsimperial@gmail.com

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 06/03/2024  
(month, day, year)

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

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: Bill Sorro Housing Program/SF Study Center
ADDRESS: 1110 Howard St San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION: Executive Director
GROSS INCOME RECEIVED: \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Salary

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD: \$500 - \$1,000
INTEREST RATE: % None
TERM (Months/Years)
SECURITY FOR LOAN: None Personal residence
Real Property
Guarantor
Other

Comments: