



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Rahaim, John

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 Department Director of Planning

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

[X] State [] Judge or Court Commissioner (Statewide Jurisdiction) [] Multi-County [X] County of San Francisco [X] City of San Francisco [] Other

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

[X] Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013 [] Assuming Office: Date assumed [] Candidate: Election Year and office sought, if different than Part 1: [] Leaving Office: Date Left (Check one) [] The period covered is January 1, 2013, through the date of leaving office. [] The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." [] Schedule A-1 - Investments - schedule attached [] Schedule A-2 - Investments - schedule attached [] Schedule B - Real Property - schedule attached [] Schedule C - Income, Loans, & Business Positions - schedule attached [X] Schedule D - Income - Gifts - schedule attached [] Schedule E - Income - Gifts - Travel Payments - schedule attached [] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) San Francisco Ca 94103 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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 03/10/2014 (month, day, year)

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

Section 1 Additional Agency(ies)/Position(s) for Rahaim, John:

Agency	Division, Board, Department, District	Position
City and County of San Francisco	Redevelopment Successor Agency Oversight Board	Member

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Planning and Urban Research (SPUR)
 ADDRESS (Business Address Acceptable)
San Francisco, c 94105
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 23 / 13</u>	<u>\$ 175.00</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
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Comments: _____