

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

1246087

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Van Degna, Anna			

**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

Rate Fairness Board

Member

► 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)** State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of San Francisco City of San Francisco Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2018, through December 31, 2018 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018

- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4****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
1 Dr. Carlton B. Goodlett Place		San Francisco	CA	94102
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 415 ) 554-7500	anna.vandegna@sfgov.org			

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 03/23/2019  
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Anna Van Degna

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Rate Fairness Board	Member	Annual 1/1/2018 - 12/31/2018
City and County of San Francisco	Controller's Office	Director of Public Finance	Annual 1/1/2018 - 12/31/2018
City & County of San Francisco	SMTA Bond Oversight Committe	Board Member	Annual 1/1/2018 - 12/31/2018

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Van Degna, Anna</u>
---

▶ NAME OF BUSINESS ENTITY  
Morgan Stanley

GENERAL DESCRIPTION OF THIS BUSINESS  
Global financial services firm

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 18      04 / 05 / 18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Stifel Financial Corp.

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial service holding company

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 18      04 / 05 / 18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
       /        / 18             /        / 18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

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 Partnership       Income Received of \$0 - \$499  
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 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
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 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
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IF APPLICABLE, LIST DATE:  
       /        / 18             /        / 18  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_





# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Van Degna, Anna			

### 1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
 City and County of San Francisco  
 Division, Board, Department, District, if applicable  
 Rate Fairness Board  
 Your Position  
 Member

► 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)

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

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one circle)  
 The period covered is January 1, 2018, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

### 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

#### 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
1 Dr. Carlton B. Goodlett Place		San Francisco	CA	94102
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 415 ) 554-7500	anna.vandegna@sfgov.org			

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 04/17/2019  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Anna Van Degna

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

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City and County of San Francisco	Rate Fairness Board	Member	Annual 1/1/2018 - 12/31/2018
City and County of San Francisco	Controller's Office	Director of Public Finance	Annual 1/1/2018 - 12/31/2018
City & County of San Francisco	SMTA Bond Oversight Committe	Board Member	Annual 1/1/2018 - 12/31/2018

**SCHEDULE D**  
**Income – Gifts**

**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
San Francisco Travel Association

ADDRESS (Business Address Acceptable)  
One Front Street Suite 2900  
San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
private, not-for-profit, 501(c)6 membership organization promoting tourism to San Francisco

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 21 / 18	\$ 200.00	Annual fundraiser lunch - reimbursed
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

**Filer's Verification**

Print Name Van Degna, Anna

Office, Agency or Court See Expanded Statement Attachment

Statement Type  2018/2019 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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

Date Signed 04/17/2019  
(month, day, year)

Filer's Signature Anna Van Degna

**Comments:** I provided payment to SF Travel in April of 2019 to cover/reimburse the full (\$200) cost of the ticket to the annual fundraiser luncheon.



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed  
02/16/2020  
16:11:55  
Filing ID:  
186826377

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Van Degna, Anna

### 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  
Controller's Office  
Director of Public Finance

▶ 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)

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

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

Annual: The period covered is January 1, 2017, through December 31, 2017  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2017  
 Assuming Office: Date assumed 03 / 19 / 2018  
See attached  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
 The period covered is January 1, 2017, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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-or-

None - No reportable interests on any schedule

### 5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1 Dr. Carlton B. Goodlett Place San Francisco CA 94102  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 415 ) 554-7500 anna.vandegna@sfgov.org

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Date Signed 02/16/2020  
(month, day, year)

Signature Anna Van Degna  
(File the originally signed statement with your filing official.)

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FAIR POLITICAL PRACTICES COMMISSION

Name

Anna Van Degna

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City and County of San Francisco	Controller's Office	Director of Public Finance	Assuming Office 3/19/2018
City & County of San Francisco	SMTA Bond Oversight Committe	Board Member	Assuming Office 5/24/2018

**SCHEDULE D**  
**Income – Gifts**

**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
Adriaen Baniias (DPW)

ADDRESS (Business Address Acceptable)  
818 Mission St, 4th Floor  
san francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Moscone Expansion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 18	\$ 150.00	Logo jacket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

**Filer's Verification**

Print Name Van Degna, Anna

Office, Agency or Court See Expanded Statement Attachment

Statement Type  2017/2018 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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(month, day, year)

Filer's Signature Anna Van Degna

Comments: \_\_\_\_\_