CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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|--|---|---|-----------------------------|------------------------------------|--|
| Не | minger, Steve | | | | |
| 1. | 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 | | | |
| | Municipal Transportation Agency Board of Directors Parking Authority Commission | Director/Comm | issioner | | |
| | 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 or Court C | ommissioner (State | ewide Jurisdiction) | |
| | Multi-County | X County of San | Francisco | | |
| | City of | - | | | |
| _ | | | | | |
| 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 | | |
| | -or- | The period covered is January 1, 2018, through the date | | | |
| | The period covered is/, through December 31, 2018 | of leaving office | | , , | |
| | X Assuming Office: Date assumed06072019 | The period of leaving of | | /, through the date | |
| | Candidate:Date of Election and office sought, | if different than Part 1: | | | |
| . Schedule Summary (must complete) ► Total number of pages including this cover page:1 | | | | | |
| 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 Pay | ments - schedule attached | |
| or- | | | | | |
| None - No reportable interests on any schedule | | | | | |
| 5. | Verification | | | | |
| | MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) | | STATE | ZIP CODE | |
| | | Francisco | CA | 94102 | |
| | DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS | | | |
| | ave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained | | | | |
| | rein and in any attached schedules is true and complete. I acknowledge this is a public document. | | | | |
| | certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | |
| | Date Signed _05/26/2020 | Signature _ Steve Hemir | nger | | |
| | (month, day, year) | (File the | originally signed paper sta | tement with your filing official.) | |