

File No. 160476

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date June 9, 2016

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Derek Evans Date June 3, 2016

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

1 [Confirming Reappointment, Port Commission - Eleni Kounalakis]

2

3 **Motion confirming the mayoral reappointment of Eleni Kounalakis to the Port**
4 **Commission, term ending May 1, 2020.**

5

6 MOVED, That the Board of Supervisors of the City and County of San Francisco does
7 hereby confirm the reappointment by the Mayor of the following designate to serve as a
8 member of the San Francisco Port Commission, pursuant to Charter, Section 4.114, for the
9 term specified:

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11 Eleni Kounalakis, for a four year term ending May 1, 2020.

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OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

*Leg. Clark, Bus-11,
COB, Leg. Dep., City Atty,
Rules, C pag =*

May 2, 2016

San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

Honorable Board of Supervisors:

Pursuant to Charter Section 4.114, I hereby make the following nomination:

Eleni Kounalakis, to the San Francisco Port Commission, for a term ending May 1st, 2020.

I am confident that Ms. Kounalakis, an elector of the City and County, will serve our community well. Attached are her qualifications, which will demonstrate how this appointment represents the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

Should you have any questions related to this appointment, please contact my Director of Appointments, Nicole Elliott at (415) 554-7940.

Sincerely,


Edwin M. Lee
Mayor

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2016 MAY -2 PM 4:46
BY 

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

May 2, 2016

Angela Calvillo
Clerk of the Board, Board of Supervisors
San Francisco City Hall
1 Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Ms. Calvillo,

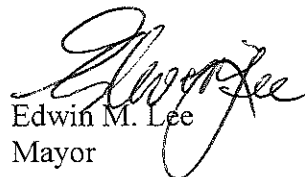
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Sincerely,

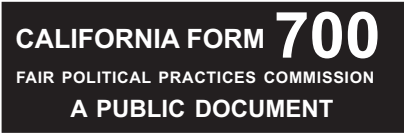

Edwin M. Lee
Mayor

Ambassador Eleni Kounalakis

Ambassador Eleni Kounalakis is a San Francisco business woman, philanthropist and diplomat. From 2010 until 2013, she served as the United States Ambassador to Hungary, appointed by President Barack Obama. During her service, Ambassador Kounalakis received two Meritorious Honor awards, and was nominated by her staff for the Susan M. Cobb award for distinguished diplomatic service.

Currently, Ambassador Kounalakis holds a non-resident fellowship at the U.S. Department of State. She is a Senior Advisor at Albright Stonebridge Group, and serves as chair of the California Advisory Council for International Trade and Investment. She also serves as a member of the board of the UC Berkeley Haas School of Business, where she received her MBA in 1992. She holds an Honorary Doctorate of Laws from the American College of Greece. Ambassador Kounalakis serves on the board of The Hellenic Initiative and is a member of the Association of American Ambassadors.

Previously, Ambassador Kounalakis served as a trustee of the San Francisco War Memorial. She also served as a member of the California State World Trade Commission and The California First Five Commission. An active advocate of interfaith cooperation, she served for ten years as a Trustee of the World Council of Religions for Peace, and in recognition for her service was awarded the Medal of St. Paul, the highest lay honor of the Greek Orthodox Church in America. Committed to the advancement of the understanding of democratic ideas, she currently serves as an advisor to the New York Times annual conference on Democracy, in Athens, Greece. Ambassador Kounalakis lives with her husband and two children in San Francisco.



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed
05/09/2016
10:18:25
Filing ID:
160358792

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kounalakis, Eleni Tsakopoulos

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
San Francisco Port Commission
Division, Board, Department, District, if applicable
Your Position
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
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other _____

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015
- or-
- The period covered is ____/____/____, through December 31, 2015
- Assuming Office:** Date assumed 03 / 07 / 2016
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 13

Schedules attached

- 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
- Schedule D - Income – Gifts** – 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)
San Francisco CA 94115

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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 05/09/2016 Signature Eleni Tsakopoulos Kounalakis
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Kounalakis, Eleni Tsakopoulos

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

▶ **NAME OF BUSINESS ENTITY**
Eleni Kounalakis
2500 Steiner Street, Ninth Floor

GENERAL DESCRIPTION OF THIS BUSINESS
Retirement - 401K Plan -One Stock of SPDR Gold Shares

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:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
AKT Santa Nella Solar Investors I, LLC
7700 College Town Drive, Ste 101

GENERAL DESCRIPTION OF THIS BUSINESS
Solar Farm, Santa Nella, California

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:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
One Capitol Mall Investors, LLC
7700 College Town Dr., Ste 101

GENERAL DESCRIPTION OF THIS BUSINESS
Office Building, located in Sacramento, California

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:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Switch Building Investors, LP
7700 College Town Dr., Ste 101

GENERAL DESCRIPTION OF THIS BUSINESS
Office Building, located in Sacramento, California

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:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
1415 Meridian Plaza Investors, LP
7700 College Town Dr., Ste 101

GENERAL DESCRIPTION OF THIS BUSINESS
Office Building, located in Sacramento, California

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:
 _____ _____
 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
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ _____
 ACQUIRED DISPOSED

Comments: See Attached.

Schedule A-1 comment:

The filer is a member of the Markos & Eleni Tsakopoulos-Kounalakis Holding LLC which is a partner of the Tsakopoulos Family Partnership which is a member of the One Capital Mall Investors, LLC. One Capitol Mall Investors, LLC has the California Parks of Recreation - State of California as a tenant which appears to have operations in the City and County of San Francisco which the filer receives more than \$10,000 in gross receipts annually.

The filer is a member of the Markos & Eleni Tsakopoulos-Kounalakis Holding LLC which is a partner of the Tsakopoulos Family Partnership which is a member of the Switch Building Investors, LP. Switch Building Investors, LP has the following tenants which appear to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually:

- 1) Huntsworth Financial, LLC;
- 2) Ed Dedensing; and
- 3) The California Endowment.

The filer is a member of the Markos & Eleni Tsakopoulos-Kounalakis Holding LLC which is a partner of the Tsakopoulos Family Partnership which is a member of 1415 Meridian Plaza Investors, LP. The 1415 Meridian Plaza Investors, LP has the following tenants which appear to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually. The tenants are as follows:

- 1) Banner Bank;
- 2) Microsoft Corporation;
- 3) Bullivant, Houser and Bailey;
- 4) PG&E;
- 5) Kahn, Soares & Company;
- 6) Wilson Miller Communications, Inc. and Stutzman Public Affairs, LLC;
- 7) California Department of Public Health;
- 8) Western States Petroleum Association;
- 9) Aprea & Micheli;
- 10) JP Morgan Chase;
- 11) Property Casualty Insurers Association of America;
- 12) Accenture;
- 13) California Strawberry Commission;
- 14) Union Bank;
- 15) Brownstein, Hyatt, Farber and Schreck, LLP;
- 16) California Health Foundations;
- 17) California Health Plans;
- 18) CBBD;
- 19) AARP;
- 20) Shaw Yoder;
- 21) California Alliance of Jobs;
- 22) Aaron Read;
- 23) Altria;
- 24) Hawkins;
- 25) Alliance of Automobile Manufacturers; and
- 26) Nielsen, Merksamer.

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Kounalakis, Eleni Tsakopoulos

▶ 1. BUSINESS ENTITY OR TRUST

Madame Ambassador, LLC
Name _____

San Francisco, CA 94115
Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Ownership/sale/marketing of foreign policy memoir

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Sole Member

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Switch Building Investors, LP
Name _____

Sacramento, CA 95826
Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Office Building, located in Sacramento, California

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Limited Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

See Comments

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

1414, 1418 & 1422 K St. & 1112 15th St., Sac., CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: See Attached.

Schedule A-2 comment:

The filer is a member of the Switch Building Investors, LP. Switch Building Investors, LP has the following tenants which appear to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually:

- 1) Huntsworth Financial, LLC;
- 2) Ed Dedensing; and
- 3) The California Endowment.

The filer is a member of the 1415 Meridian Plaza Investors, LP. The 1415 Meridian Plaza Investors, LP has the following tenants which appear to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually:

- 1) Banner Bank; 2) Microsoft Corporation; 3) Bullivant, Houser, and Bailey; 4) PG&E; 5) Kahn, Soares & Company;
- 6) Wilson Miller Communications, Inc. and Stutzman Public Affairs, LLC; 7) California Department of Public Health;
- 8) Western States Petroleum Association; 9) Aprea & Micheli; 10) JP Morgan Chase; 11) Property Casualty Insurers Association of America; 12) Accenture; 13) California Strawberry Commission; 14) Union Bank; 15) Brownstein, Hyatt, Farber, and Schreck, LLP; 16) California Health Foundations; 17) California Health Plans; 18) CBBB; 19) AARP; 20) Shaw Yoder; 21) California Alliance of Jobs; 22) Aaron Read; 23) Altria; 24) Hawkins; 25) Alliance of Automobile Manufacturers; and 26) Nielsen, Merksamer.

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
829 Folsom Street, #516
 CITY
San Francisco
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 _____ / _____ / 08 / 12 / 15
 ACQUIRED DISPOSED
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 _____ / _____ / _____
 ACQUIRED DISPOSED
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: None

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kounalakis, Eleni Tsakopoulos

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Markos Kounalakis

ADDRESS (Business Address Acceptable)

Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Investment

YOUR BUSINESS POSITION

Executive VP of AKT Investements

GROSS INCOME RECEIVED

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Michelle Yang

ADDRESS (Business Address Acceptable)

San Francisco, CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sale of Real Property in San Francisco

YOUR BUSINESS POSITION

N/A

GROSS INCOME RECEIVED

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of Real Property
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE

_____ % None

TERM (Months/Years)

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: See Attached.

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
<u>Kounalakis, Eleni Tsakopoulos</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p><u>AKT Santa Nella Solar Investors I, LLC</u></p> <p>ADDRESS (Business Address Acceptable)</p> <p><u>Sacramento, CA 95826</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Solar Farm, Santa Nella, California</u></p> <p>YOUR BUSINESS POSITION</p> <p><u>Member</u></p> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>See Comments _____ (Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME</p> <p><u>One Capitol Mall Investors, LLC</u></p> <p>ADDRESS (Business Address Acceptable)</p> <p><u>Sacramento, CA 95826</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Office Building, located in Sacramento, California</u></p> <p>YOUR BUSINESS POSITION</p> <p><u>Member</u></p> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>See Comments _____ (Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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:

<p>NAME OF LENDER*</p> <p>_____</p> <p>ADDRESS (Business Address Acceptable)</p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>_____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE</p> <p>_____ % <input type="checkbox"/> None</p> <p>TERM (Months/Years)</p> <p>_____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address</p> <p>_____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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Comments: See Attached.

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kounalakis, Eleni Tsakopoulos

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Switch Building Investors, LP

ADDRESS (Business Address Acceptable)

Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Office Building, located in Sacramento, California

YOUR BUSINESS POSITION

Limited Partner

GROSS INCOME RECEIVED

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.) Sale of _____
(Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or moreSee Comments _____
(Describe) Other _____
(Describe)**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

1415 Meridian Plaza Investors, LP

ADDRESS (Business Address Acceptable)

Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Office Building, located in Sacramento, California

YOUR BUSINESS POSITION

Limited Partner

GROSS INCOME RECEIVED

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.) Sale of _____
(Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or moreSee Comments _____
(Describe) Other _____
(Describe)**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, 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
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE

_____ % None

TERM (Months/Years)

SECURITY FOR LOAN

 None Personal residence Real Property _____
Street address

_____ City

 Guarantor _____ Other _____
(Describe)

Comments: See Attached.

Schedule C comment:

The filer is a member of the AKT Santa Nella Solar Investors I, LLC. AKT Santa Nella Solar Investors I, LLC has one tenant, FRV Leo Solar, L.P., SunEdison which appears to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually.

The filer is a member of the Markos & Eleni Tsakopoulos-Kounalakis Holding LLC which is a partner of the Tsakopoulos Family Partnership which is a member of the One Capital Mall Investors, LLC. One Capitol Mall Investors, LLC has the California Parks of Recreation - State of California as a tenant which appears to have operations in the City and County of San Francisco which the filer receives more than \$10,000 in gross receipts annually.

The filer is a member of the Markos & Eleni Tsakopoulos-Kounalakis Holding LLC which is a partner of the Tsakopoulos Family Partnership which is a member of the Switch Building Investors, LP. Switch Building Investors, LP has the following tenants which appear to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually:

- 1) Huntsworth Financial, LLC;
- 2) Ed Dedensing; and
- 3) The California Endowment.

The filer is a member of the Markos & Eleni Tsakopoulos-Kounalakis Holding LLC which is a partner of the Tsakopoulos Family Partnership which is a member of 1415 Meridian Plaza Investors, LP. The 1415 Meridian Plaza Investors, LP has the following tenants which appear to have operations in the City and County of San Francisco and the filer receives more than \$10,000 in gross receipts annually. The tenants are as follows:

- 1) Banner Bank; 2) Microsoft Corporation; 3) Bullivant, Houser and Bailey; 4) PG&E; 5) Kahn, Soares & Company; 6) Wilson Miller Communications, Inc. and Stutzman Public Affairs, LLC; 7) California Department of Public Health; 8) Western States Petroleum Association; 9) Aprea & Micheli; 10) JP Morgan Chase; 11) Property Casualty Insurers Association of America; 12) Accenture; 13) California Strawberry Commission; 14) Union Bank; 15) Brownstein, Hyatt, Farber and Schreck, LLP; 16) California Health Foundations; 17) California Health Plans; 18) CBBD; 19) AARP; 20) Shaw Yoder; 21) California Alliance of Jobs; 22) Aaron Read; 23) Altria; 24) Hawkins; 25) Alliance of Automobile Manufacturers; and 26) Nielsen, Merksamer.

SCHEDULE D
Income – Gifts

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

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

Comments: No reportable income from gifts received.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Kounalakis, Eleni Tsakopoulos

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: No reportable gifts, travel payments, advances or reimbursements received.