



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Muscat, Robert

### 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  
Citizens General Obligation Bond Oversight Committee 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 \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2013, through December 31, 2013  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013  
 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.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

### 4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 1

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)  
San Francisco CA 94102  
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 02/24/2014  
(month, day, year)

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

Section 1 Additional Agency(ies)/Position(s) for Muscat, Robert:

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