

File No. 160144

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date March 10, 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 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"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Derek Evans Date March 7, 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 Appointments, Redevelopment Successor Agency Oversight Board - Nadia
2 Sesay, Olson Lee]

3 **Motion confirming mayoral appointments of Nadia Sesay and Olson Lee to the**
4 **Redevelopment Successor Agency Oversight Board, terms ending January 24, 2020.**

5
6 WHEREAS, ABX1 26 was passed by the California State Legislature and signed by
7 Governor Jerry Brown in June 2011, and was largely upheld by the California Supreme Court
8 in *California Redevelopment Association v. Matosantos*, -- P.3d --, 12 Cal. Daily Op. Serv. 32
9 (Dec. 29, 2011); and

10 WHEREAS, That legislation established an Oversight Board responsible for the fiscal
11 management of the assets of the former City and County of San Francisco Redevelopment
12 Agency, other than affordable housing assets designated to it under California Health and
13 Public Safe Code sections 34180 and 34181; and

14 WHEREAS, State law requires the Redevelopment Successor Agency Oversight Board
15 to be composed of seven members selected as follows: three members appointed by the
16 Mayor and subject to confirmation by the Board of Supervisors; one member appointed by the
17 Bay Area Rapid Transit District, the largest special district, by property tax share, with territory
18 in the territorial jurisdiction of the former Redevelopment Agency; one member appointed by
19 the County Superintendent of Education to represent schools; one member appointed by the
20 Chancellor of the California Community Colleges to represent community college districts; and
21 one member appointed by the Mayor and subject to confirmation by the Board of Supervisors
22 to represent the largest number of employees currently employed by the former
23 Redevelopment Agency; and

24 WHEREAS, Redevelopment Successor Agency Oversight Board members serve at the
25 pleasure of the appointing body or individual; and

1 WHEREAS, Under California Health and Safety Code Section 34179, any individual
2 may serve on the Oversight Board at the same time as holding an office of the City and
3 County of San Francisco; and

4 WHEREAS, The Mayor has appointed Nadia Sesay and Olson Lee to the
5 Redevelopment Successor Agency Oversight Board, and has submitted those nominations to
6 the Board of Supervisors for confirmation, as required by State law; and

7 WHEREAS, The members of the Oversight Board appointed by the Mayor and subject
8 to confirmation by the Board of Supervisors shall serve at the pleasure of the Mayor for a term
9 of four years; provided, however, the Mayor shall designate two initial appointees to serve a
10 two-year term, and all subsequent terms shall be four years; now, therefore, be it

11 MOVED, That the Board of Supervisors of the City and County of San Francisco does
12 hereby confirm the appointments of Nadia Sesay, for a term of four years and Olson Lee, for a
13 term of four years, to the Redevelopment Successor Agency Oversight Board; and, be it

14 FURTHER MOVED, That the foregoing appointments to the Redevelopment
15 Successor Agency Oversight Board shall commence once that body is established, but no
16 earlier than the date on which the Redevelopment Agency is dissolved and its assets are
17 transferred to the City by operation of State law.

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

February 18, 2016

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

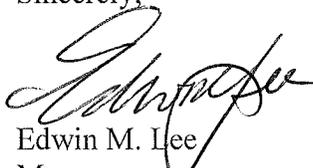
Honorable Board of Supervisors:

Pursuant to ABX1 26, I hereby nominate Nadia Sesay and Olson Lee to the Redevelopment Successor Agency Oversight Board.

I am confident that Ms. Sesay and Mr. Lee, electors of the City & County of San Francisco, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent 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 FEB 18 PM 4:08
AK

Candidate Bios / Resumes for the Redevelopment Successor Agency Oversight Board

Nadia Sesay

Nadia Sesay is the Director of the Controller's Office of Public Finance, City & County of San Francisco. Ms. Sesay was appointed by Mayor Gavin Newsom in March 2005. Ms. Sesay manages the City's \$2.5 billion municipal debt portfolio, oversees the issuance of all new debt secured by property taxes and general fund sources, provides financial analysis to the Mayor, Board of Supervisors, Commissioners and department heads, and oversees the City's debt policies and procedures.

In July 2000, Ms. Sesay was promoted to Bond Associate in the Mayor's Office of Public Finance. From October 1998 to July 2000, Ms. Sesay was the Financial Administrator of the office and was responsible for administering the outstanding bond portfolio and ongoing compliance pursuant to bond covenants. From March 1996 to October 1998, Ms. Sesay served as Trust Administrator with Union Bank of California, N.A. in the Corporate Trust Department.

Olson Lee

Olson Lee serves as Director of the Mayor's Office of Housing (MOH) while on leave from the San Francisco Redevelopment Agency. MOH provides financing for the development and purchase of affordable housing in San Francisco. MOH also provides grants and loans to community-based organizations that work to strengthen the social, physical, and economic infrastructure of San Francisco's low-income neighborhoods and communities in need. MOH develops policy in a variety of areas that impact housing development including planning and zoning ordinances, development agreements, and neighborhood plans. Prior to MOH, Mr. Lee served as Deputy Executive Director of the San Francisco Redevelopment Agency for 15 years where he was responsible for the administration of the Agency's housing programs, including the use of tax increment housing funds within Agency project areas and throughout the City, the administration of the Housing Opportunities for Persons with AIDS program, the oversight of housing project development, the administration of tax-exempt mortgage revenue bond financing, the administration of land dispositions, and the oversight of owner participation agreements. Since 1989, the Agency's tax increment housing program has provided over \$500 million in loans and grants leveraging in excess of \$1.9 billion to assist over 11,000 units and beds. The Agency has assisted an additional 2,500 units from other funding sources. The Agency has an outstanding portfolio of \$670 million in tax-exempt multifamily bonds. The Agency's current housing budget is approximately \$70,000,000 of which approximately \$8 million are federal HOPWA funds. Prior to the Agency, Mr. Lee worked for six years as Chief Housing Finance Officer for the San Francisco Mayor's Office of Housing. Prior to the Mayor's Office, Mr. Lee worked for nine years as Senior Multifamily Field Service Officer for the Neighborhood Reinvestment Corporation. In 2003, Mr. Lee was recognized for his work on preserving at-risk affordable housing with a Public Managerial Excellence Award from the Municipal Fiscal Advisory Committee, now a part of SPUR. In 2010, Mr. Lee received the Distinguished Public Official Award from the Non-Profit Housing Association of Northern California. Mr. Lee serves as a member of the Board of Directors of the California Association of Local Housing Finance Agencies. Mr. Lee served as President of the Board of Directors of the National Association of Local Housing Finance Agencies. Mr. Lee served on the Loan Committee, the Nonprofit Space Capital Fund Project Review Committee, and the Board of Directors of the Northern California Community Loan Fund. Mr. Lee graduated from the University of California, Berkeley and the University of Maryland, College Park.

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT**STATEMENT OF ECONOMIC INTERESTS****COVER PAGE**

1046291

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Lee, Olson			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Mayor's Office of Housing and Community Development

Division, Board, Department, District, if applicable

Your Position

Director

▶ 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, 2014, through
December 31, 2014

-or-

The period covered is ____/____/____, through
December 31, 2014 Leaving Office: Date Left ____/____/____
(Check one) The period covered is January 1, 2014, through the date of
leaving office. Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date
of leaving office. 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: 5 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
<i>(Business or Agency Address Recommended - Public Document)</i>				

One South Van Ness 5th Floor

San Francisco

CA

94103

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) 701-5509

olson.m.lee@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 03/20/2015*(month, day, year)*Signature Olson Lee*(File the originally signed statement with your filing official.)*

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Olson Lee

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Redevelopment Successor Agency Oversight Board	Board Member	Annual 1/1/2014 - 12/31/2014
Mayor's Office of Housing and Community Development		Director	Annual 1/1/2014 - 12/31/2014

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Lee, Olson

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
422-424 Funston Ave
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

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

▶ 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: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 BankAmerica
 ADDRESS (Business Address Acceptable)
 555 California Street
 San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Panel and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	\$ 50.00	Food
/ /	\$	
/ /	\$	

▶ 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: _____

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

Name
Lee, Olson

- 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Enterprise Community Partners

ADDRESS (Business Address Acceptable)
101 Montgomery Street

CITY AND STATE
San Francisco, CA 94104

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

DATE(S): 02 / 25 / 14 - 03 / 29 / 15 AMT: \$ 1,328.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ 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)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ 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)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ 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)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
 Received
 Official Use Only

 E-Filed
 03/30/2015
 09:19:08

 Filing ID:
 154816341

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Sesay, Fanta Nadia

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

Public Utilities Commission Rate Fairness Board

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 _____ Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2014, through
December 31, 2014 **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through
December 31, 2014 The period covered is January 1, 2014, through the date of
leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date
of leaving office. **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: 4 **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

()

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 03/30/2015
(month, day, year)Signature Fanta Nadia Sesay
(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Fanta Nadia Sesay

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	SF Municipal Transportation Agency Revenue Bond Oversight	Board Member	Annual 1/1/2014 - 12/31/2014
Controller's Office	Office of Public Finance	Director	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	San Francisco Community Investment Fund	Treasurer	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	Redevelopment Successor Agency Oversight Board	Board Member	Annual 1/1/2014 - 12/31/2014

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Sesay, Fanta Nadia

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p>City and County of San Francisco</p> <p>ADDRESS (Business Address Acceptable)</p> <p>San Francisco, CA 94102</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>Director, Office of Public Finance</p> <p>GROSS INCOME RECEIVED</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p> <input checked="" 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 type="checkbox"/> Rental Income, list each source of \$10,000 or more </p> <p>_____ (Describe)</p> <p> <input type="checkbox"/> Other _____ (Describe) </p>	<p>NAME OF SOURCE OF INCOME</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>GROSS INCOME RECEIVED</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input 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 type="checkbox"/> Rental Income, list each source of \$10,000 or more </p> <p>_____ (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>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <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>
---	---

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 SF Travel
 ADDRESS (Business Address Acceptable)
 San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 24 / 14	\$ 75.00	Tickets to SF Structures
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____