

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Minta Timothy Kojo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Office of Community Investment and Infrastructure

Division, Board, Department, District, if applicable Your Position
Oversight Board Member

► 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, Retired Judge, Pro Tem 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, 2020, through December 31, 2020.

-or- The period covered is _____, through December 31, 2020.

✓ Assuming Office: Date assumed - / - / -

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

Leaving Office: Date Left ____/____/____ (Check one circle.)

The period covered is January 1, 2020, through the date of leaving office.

-or- The period covered is ____/____/____, through the date of leaving office.

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

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)

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 10/22/2021
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

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.

Name

▶ NAME OF BUSINESS ENTITY
Square

GENERAL DESCRIPTION OF THIS BUSINESS
Fintech 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:
 / / 20 / / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Adobe

GENERAL DESCRIPTION OF THIS BUSINESS
Software 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:
 / / 20 / / 20
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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NATURE OF INVESTMENT
Stock Other _____
(Describe)

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 / / 20 / / 20
ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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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:
 / / 20 / / 20
ACQUIRED DISPOSED

Comments: _____

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 _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

| | | | |
|-------------------------|--------------|--------------|--|
| \$0 - \$1,999 | | | |
| \$2,000 - \$10,000 | ____/____/20 | ____/____/20 | |
| \$10,001 - \$100,000 | ACQUIRED | DISPOSED | |
| \$100,001 - \$1,000,000 | | | |
| Over \$1,000,000 | | | |

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

| | | | |
|-------------------------|--------------|--------------|--|
| \$0 - \$1,999 | | | |
| \$2,000 - \$10,000 | ____/____/20 | ____/____/20 | |
| \$10,001 - \$100,000 | ACQUIRED | DISPOSED | |
| \$100,001 - \$1,000,000 | | | |
| Over \$1,000,000 | | | |

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 | |

▶ 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 _____

▶ 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 _____

▶ 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:

| | | | |
|-------------------------|--------------|--------------|--|
| \$2,000 - \$10,000 | | | |
| \$10,001 - \$100,000 | ____/____/20 | ____/____/20 | |
| \$100,001 - \$1,000,000 | ACQUIRED | DISPOSED | |
| 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

▶ 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:

| | | | |
|-------------------------|--------------|--------------|--|
| \$2,000 - \$10,000 | | | |
| \$10,001 - \$100,000 | ____/____/20 | ____/____/20 | |
| \$100,001 - \$1,000,000 | ACQUIRED | DISPOSED | |
| 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: _____



SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Adobe

ADDRESS *(Business Address Acceptable)*
601 Townsend St., San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Software Company

YOUR BUSINESS POSITION
Expert Solutions Consultant

| | |
|-----------------------|------------------------------------|
| GROSS INCOME RECEIVED | No Income - Business Position Only |
| \$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)

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

| | |
|-----------------------|------------------------------------|
| GROSS INCOME RECEIVED | No Income - Business Position Only |
| \$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)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

_____ City

Guarantor _____

Other _____
(Describe)

Comments: _____