

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

Tang, Katy

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Transportation Authority

Commissioner

► 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, 2015, through December 31, 2015

-or-

The period covered is ____/____/____, through December 31, 2015

 Leaving Office: Date Left ____/____/____ (Check one) The period covered is January 1, 2015, 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 (must complete) ► Total number of pages including this cover page: 3****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 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 03/25/2016
(month, day, year)Signature Katy Tang
(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

Katy Tang

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Board of Supervisors	Member	Annual 1/1/2015 - 12/31/2015
County of San Francisco	Transportation Authority	Commissioner	Annual 1/1/2015 - 12/31/2015

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Golden State Warriors
 ADDRESS (Business Address Acceptable)
Oakland, CA 94607
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 27 / 15</u>	<u>\$ 66.00</u>	<u>Chinese NY jersey</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
City Hall Centennial Celebration Committee
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94102
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 15</u>	<u>\$ 200.00</u>	<u>2 tickets to event</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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Comments: _____