

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TRASVINA JOHN DAVID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY AND COUNTY OF SAN FRANCISCO BOARD OF APPEALS

Division, Board, Department, District, if applicable

Your Position

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 _____

☐ City of _____

☒ Other CITY & COUNTY OF SAN FRANCISCO

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.

☐ 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.

☒ Assuming Office: Date assumed ____/____/____

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

4. Schedule Summary (must complete)

► Total number of pages including this cover page: _____

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)
BOARD OF APPEALS, 49 SOUTH VAN NESS SAN FRANCISCO CA 94103

DAYTIME TELEPHONE NUMBER

(415) 218-9034

EMAIL ADDRESS

TRASVINA2@GMAIL.COM

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 JUNE 29, 2022

(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.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

JOHN D. TRASVINA

▶ NAME OF BUSINESS ENTITY

MICROSOFT CORP

GENERAL DESCRIPTION OF THIS BUSINESS

TECHNOLOGY

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
ACQUIRED____/____/20
DISPOSED

▶ NAME OF BUSINESS ENTITY

CISCO SYSTEMS

GENERAL DESCRIPTION OF THIS BUSINESS

TECHNOLOGY

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
ACQUIRED____/____/20
DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL ELECTRIC CO

GENERAL DESCRIPTION OF THIS BUSINESS

MULTINATIONAL CONGLOMERATE

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
ACQUIRED____/____/20
DISPOSED

▶ NAME OF BUSINESS ENTITY

INTEL CORP

GENERAL DESCRIPTION OF THIS BUSINESS

TECHNOLOGY

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
ACQUIRED____/____/20
DISPOSED

▶ NAME OF BUSINESS ENTITY

ORACLE CORP

GENERAL DESCRIPTION OF THIS BUSINESS

TECHNOLOGY

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
ACQUIRED____/____/20
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:

____/____/20
ACQUIRED____/____/20
DISPOSED

Comments:

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JOHN D. TRASVINA

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

GENERATION CITIZEN

ADDRESS (Business Address Acceptable)

110 WALL STREET, 5/F, NEW YORK, NY 10005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

NON-PROFIT EDUCATIONAL ORGANIZATION

YOUR BUSINESS POSITION

SENIOR ADVISOR

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)

▶ 1. INCOME RECEIVED

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*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____% ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None ☐ Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____