



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Eaken, Amanda

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 Municipal Transportation Agency Board of Directors Vice-Chair

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 Multi-County City of San Francisco Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

- Annual: The period covered is January 1, 2021 through December 31, 2021. Leaving Office: Date Left The period covered is January 1, 2021 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: 7

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 San Francisco CA 94103 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 03/27/2022 Signature Amanda Eaken

# 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

Eaken, Amanda

▶ NAME OF BUSINESS ENTITY  
McDonalds

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Cyclical

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:  
       /        / **21**      **04** / **14** / **21**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
CVS Health Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
       /        / **21**             /        / **21**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Home Depot Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Cyclical

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:  
       /        / **21**             /        / **21**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Pepsico

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Staples

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:  
       /        / **21**             /        / **21**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Alphabet Inc, Class C

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:  
       /        / **21**             /        / **21**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Alphabet Inc, Class A

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:  
       /        / **21**             /        / **21**  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1 Investments

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name \_\_\_\_\_

Eaken, Amanda

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

▶ NAME OF BUSINESS ENTITY  
Amgen Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
LAM Research 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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Yum China Holdings, Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Cyclical

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      04/14/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Medtronic Plc

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
United Healthgroup Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Dollar Tree

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Staples

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      04/14/21  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1 Investments

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name

Eaken, Amanda

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

<p>▶ NAME OF BUSINESS ENTITY <u>VF Corp</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Consumer Cyclical</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input checked="" type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u>/<u>      </u>/<u>21</u>      <u>      </u>/<u>      </u>/<u>21</u>  <small>ACQUIRED                      DISPOSED</small></p>	<p>▶ NAME OF BUSINESS ENTITY <u>Thermo Fisher Scientific Inc</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Healthcare</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input checked="" type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u>/<u>      </u>/<u>21</u>      <u>      </u>/<u>      </u>/<u>21</u>  <small>ACQUIRED                      DISPOSED</small></p>
<p>▶ NAME OF BUSINESS ENTITY <u>Apple</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Technology</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input checked="" type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u>/<u>      </u>/<u>21</u>      <u>      </u>/<u>      </u>/<u>21</u>  <small>ACQUIRED                      DISPOSED</small></p>	<p>▶ NAME OF BUSINESS ENTITY <u>Accenture Plc Ireland Cl A</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Technology</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input checked="" type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u>/<u>      </u>/<u>21</u>      <u>      </u>/<u>      </u>/<u>21</u>  <small>ACQUIRED                      DISPOSED</small></p>
<p>▶ NAME OF BUSINESS ENTITY <u>Illumina Inc</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Biotechnology</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input checked="" type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u>/<u>      </u>/<u>21</u>      <u>      </u>/<u>      </u>/<u>21</u>  <small>ACQUIRED                      DISPOSED</small></p>	<p>▶ NAME OF BUSINESS ENTITY <u>Colgate Palmolive</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Consumer Staples</u></p> <p>FAIR MARKET VALUE  <input checked="" type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u>/<u>      </u>/<u>21</u>      <u>      </u>/<u>      </u>/<u>21</u>  <small>ACQUIRED                      DISPOSED</small></p>

Comments: \_\_\_\_\_

# 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

Eaken, Amanda

▶ 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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Walt Disney Co (Holding Co) Disney Com

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Cyclical

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ 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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Nike Inc Cl B

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Cyclical

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Applied Materials

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Costco Wholesale Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Staples

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

# 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

Eaken, Amanda

▶ NAME OF BUSINESS ENTITY  
Yum! Brands Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer Cyclical

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      04/14/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Gilead Sciences

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      04/14/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Illinois Tool Works

GENERAL DESCRIPTION OF THIS BUSINESS  
Industrials

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Broadcom Inc

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 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

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:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

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

Name  
Eaken, Amanda

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME  <u>EHDD</u> ADDRESS (Business Address Acceptable)  <u>San Francisco, CA 94111</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Architectural Services</u> YOUR BUSINESS POSITION  GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <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  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	NAME OF SOURCE OF INCOME  <u>NRDC</u> ADDRESS (Business Address Acceptable)  <u>New York, NY 10011</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Environmental Advocacy Organization</u> YOUR BUSINESS POSITION  <u>Interim Co-Director, US Cities Climate Challenge</u> GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <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  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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 <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	INTEREST RATE _____% <input type="checkbox"/> None  SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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Comments: \_\_\_\_\_