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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME (OF FILER (LAST)		(FIRST)		(MIDDLE)	
Hasz	z, Karl					
1. Of	ffice, Agency, or Court					
Ag	gency Name (Do not use acronyms)					
Ci	ity and County of San Francisco					
Div	vision, Board, Department, District, if applical	ole	Your Position			
Hi	istoric Preservation Commission		Commissioner			
•	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Ag	gency:		Position:			
2. J	urisdiction of Office (Check at leas	t one box)				
	☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			
] Multi-County		X County of San	Francisco		
	City of		Other			
3. Ty	ype of Statement (Check at least on	e box)				
X	Annual: The period covered is January 1 December 31, 2013	, 2013, through	Leaving Office: (Check one)	Date Left	<u> </u>	
	The period covered is/ December 31, 2013	, through	 The period of leaving office 		1, 2013, through the date of	
	Assuming Office: Date assumed		The period of leaving of		, through the date	
	Candidate: Election Year	and office sought, if o	lifferent than Part 1:			
4. S	chedule Summary					
	neck applicable schedules or "None."	•	Total number of pages in	ncluding this cove	er page:2	
	Schedule A-1 - Investments - schedule at	tached	Schedule C - Income.	. Loans. & Busines	ss Positions – schedule attached	
X	Schedule A-2 - Investments – schedule at	tached	Schedule D - Income			
	Schedule B - Real Property – schedule at	tached	Schedule E - Income	– Gifts – Travel P	ayments – schedule attached	
		-or- None - No reportable intel	rests on any schedule			
5 \/-		The state of the s				
	erification	01777		07175	710.0005	
	AILING ADDRESS STREET usiness or Agency Address Recommended - Public Docu			STATE	ZIP CODE	
DA	AYTIME TELEPHONE NUMBER	San I	rancisco E-MAIL ADDRESS (OPTIONAL)	CA	94123	
()		(
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed SignatureKarl Hasz						
Da	(month, day, year)		(File the	originally signed statemen	nt with your filing official.)	

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						
Hasz, Karl						

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Hasz Construction, Inc.	
Name	Name
San Francisco, CA 94123	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
Trast, go to 2 Ex Business Entity, complete the box, then go to 2	Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Construction & Construction Management	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
	\$\big \big \\$0 - \\$1,999 \\ \big \\$2,000 - \\$10,000 \\ \big \big \big \big \big \big \big
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship X Corporation	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ X \$10,001 - \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$1,000 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None	None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000/	\$10,001 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached