

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME O	F FILER (LAST)	(FIRST)	(MIDDLE)			
Funai		Tina	Chang			
1. Off	fice, Agency, or Court					
Ü	ency Name (Do not use acronyms)					
	ard of Appeals					
Divi	sion, Board, Department, District, if applicable		Your Position			
			Commissioner			
>	If filing for multiple positions, list below or on an a	attachment. (Do not use acro	nyms)			
Age	ency:		Position:			
2. Ju	risdiction 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. Ty	rpe of Statement (Check at least one box	·)				
•	Annual: The period covered is January 1, 2019 December 31, 2019.		Leaving Office: Date Left//			
	The period covered is/	, through	 The period covered is January 1, 2019, through the date of leaving office. -or- 			
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.			
	Candidate: Date of Election	and office sought, if diffe	erent than Part 1:			
4. Sc	chedule Summary (must complete)	► Total number of pa	ages including this cover page: 3			
Sc	Schedules attached					
	✓ Schedule A-1 - <i>Investments</i> – schedule attac	thed Scho	edule C - Income, Loans, & Business Positions – schedule attached	d		
	Schedule A-2 - Investments – schedule attack		edule D - Income - Gifts - schedule attached			
	Schedule B - Real Property - schedule attack	hed Scho	edule E - Income - Gifts - Travel Payments - schedule attached			
-or-	☐ None - No reportable interests on a	any schedule				
5. Ve ı	rification					
	LING ADDRESS STREET siness or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE			
(==						
	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 ce	ertify under penalty of perjury under the laws	of the State of California tha	t the foregoing is true and correct.			
Dat	te Signed	Signatu	re Tina Chang Digitally signed by Tina Chang Date: 2020.11.08 08:56:28 -08'00' (File the originally signed paper statement with your filing official.)	_		
	(топит, иду, уедг)		(i no uro originally signeu paper statement With your lilling official.)			

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Processa	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	SELECTIVE DESCRIPTION OF THIS BOOMESO
	EAR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$\sqrt{10,001 - \$100,000}\$	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$100,000 \$100,000 Over \$1,000,000	\$100,001 - \$1,000,000 Series \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ✓ Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 19// 19	/ <u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CENERAL RECORDINA OF THE BUCINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DECORN FION OF THIS BOOMESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 19 // 19 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 19 / / 19	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
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	NAME OF SOURCE OF INCOME
Associate Capital	American Red Cross
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
420 23rd Street, San Francisco, CA 94107	1663 Market Street, San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development	Humanitarian Organiziation
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director	Director (Spouse)
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 V OVER \$100,000	▼ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in the	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DUDING DEDODTING DEDIOD	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
C \$500 \$1,000	Street address
\$500 - \$1,000	Street address City
\$1,001 - \$10,000	Street address
	Street address City
\$1,001 - \$10,000	City Guarantor Other
\$1,001 - \$10,000 \$10,001 - \$100,000	Street address City Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor Other