

STATEMENT OF ECONOMIC INTERESTS



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CITY OF SACRAMENTO

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2013 FEB 26 AM 11:12 (FIRST)
2013 FEB 20 PM 5:12 (MIDDLE)

NAME OF FILER (LAST) Cohn, Steven Mark

1. Office, Agency, or Court

Agency Name
CITY OF SACRAMENTO
Division, Board, Department, District, if applicable
Mayor and Council Office
Your Position
City Council
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 Alameda/ContraCosta/cont other County of Sacramento
 City of Sacramento Other SF/Santa Clara/Solano/Placer & Yolo

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

Annual: The period covered is January 1, 2012, through December 31, 2012
-or-
The period covered is ____/____/____, through December 31, 2012.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election Year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. Ver [Redacted]

I have used all reasonable diligence in preparing this statement. I have verified that the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/13/2013
(month, day, year)



AGENCY	DIVISION, BOARD, DEPARTMENT, DISTRICT	POSITION
City of Sacramento	Sacramento Regional Arts Facilities Financing Authority	Alternate Member
Regional Human Rights/Fair Housing Commission	Mayor and Council Office	Director
Sac Area Council of Governments/SAFE	Mayor and Council Office	Director
Sac Area Flood Control Agency	Mayor and Council Office	Director
Sac Local Agency Formation Commission	Mayor and Council Office	Alternate Director
Sac Regional County Sanitation District	Mayor and Council Office	Director
Sac Regional Transit	Mayor and Council Office	Director
Sac Transportation Authority/SAVA	Mayor and Council Office	Director
Capitol Corridor Jt. Powers Authority	Mayor and Council Office	Director
Sac Metro Air Quality Management District	Mayor and Council Office	Director
Sa Public Library Authority	Mayor and Council Office	Director

**SCHEDULE D
 Income – Gifts**

Name
 Cohn, Steven Mark

▶ NAME OF SOURCE (Not an Acronym)
Hefner Stark & Marois
 ADDRESS (Business Address Acceptable)
 2150 River Plaza Drive
 Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Office

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 12	\$ 285.00	Cap to Cap Dinner - 3 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SureWest Communications
 ADDRESS (Business Address Acceptable)
 8150 Industrial Ave
 Roseville CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tele Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	\$ 225.00	Cap to Cap Dinner-3 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Teichert
 ADDRESS (Business Address Acceptable)
 3500 American River Drive
 Sacramento CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	\$ 112.00	Cap to Cap Dinner - 1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health
 ADDRESS (Business Address Acceptable)
 2800 L Street
 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	\$ 112.00	Cap to Cap Dinner - 1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan, Inc.
 ADDRESS (Business Address Acceptable)
 1650 Response Road
 Sacramento CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	\$ 254.10	Cap to Cap Dinner - 3 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Asian Community Center
 ADDRESS (Business Address Acceptable)
 7311 Greenhaven Drive
 Sacramento CA 95831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 01 / 12	\$ 34.00	Sac River Cats Baseb all Game - 2 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Cohn, Steven Mark

▶ NAME OF SOURCE (Not an Acronym)
Envision Rx Pharmaceuticals
 ADDRESS (Business Address Acceptable)
 1100 Inverstment Blvd.
 El Dorado Hills CA 95762
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceuticals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 01 / 12	\$ 150.00	Sac Kings Games - 2 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Gregory D. Thatch
 ADDRESS (Business Address Acceptable)
 1730 I Street, Suite 220
 Sacramento CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 12	\$ 125.00	Salvation Army Lunch eon - 1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Ford Motor Company
 ADDRESS (Business Address Acceptable)
 1415 L Street, Ste 1250
 Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Automobile

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 12	\$ 35.00	Go Further Tour Stop Lunch - 1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California State Fair
 ADDRESS (Business Address Acceptable)
 1600 Exposition Blvd.
 Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Annual State Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 25 / 12	\$ 100.00	Jim Messina Concerts - 4 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____