

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO



Please type or print in ink.

13 APR -9 4:10:25

2013 MAR 29 PM 12:22

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kim Jane

1. Office, Agency, or Court

Agency Name
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor

If filing for multiple positions, list below or on an attachment.

Agency: See Attached Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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 ____/____/____
- 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.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

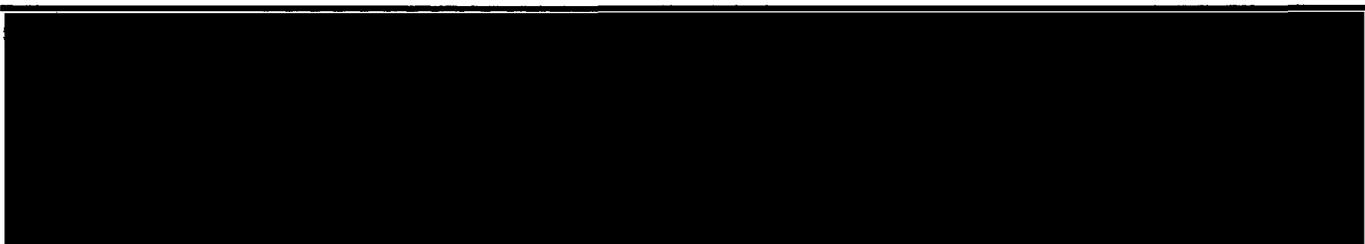
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: _____

- 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/29/2013
(month, day, year)



FILED
13 APR -1 PM 4:55
SAN FRANCISCO
ETHICS COMMISSION

SCHEDULE D
Income - Gifts

Name
Jane Kim

▶ NAME OF SOURCE (Not an Acronym)
Gorretti Lui

ADDRESS (Business Address Acceptable)
200 Larkin Street, SF, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
None

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 12	\$ 100.00	Asian Art Museum Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Uniqlo CA LLC

ADDRESS (Business Address Acceptable)
555 California Street, SF, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 12	\$ 100.00	Opening Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

▶ 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: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Jane Kim

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
The Beautiful Foundation

ADDRESS (Business Address Acceptable)
1605 John Street

CITY AND STATE
Fort Lee, NJ 07024

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 05 / 31 / 12 AMT: \$ 713.78
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Keynote speaker for annual dinner, Airfare only

▶ NAME OF SOURCE (Not an Acronym)
Korean American Coalition

ADDRESS (Business Address Acceptable)
3540 Culshire Blvd.

CITY AND STATE
Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 26 / 12 - 10 / 28 / 12 AMT: \$ 682.15
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Conference panel speaker: Airfare and hotel

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

JANE KIM

Member, San Francisco Board of Supervisors

Commissioner, San Francisco County Transportation Authority Board (SFCTA)



Chair, ~~Transbay Joint Powers Authority Board~~ (TJPA)

Ex-Officio Member, Treasure Island Development Authority Board