



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Date Received Official Use Only

E-Filed 02/26/2014 12:06:46 Filing ID: 149938616

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Cohn, Steven Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms) 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 El Dorado, Sutte & Yuba.

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

Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013 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, 2013, through the date of leaving office. The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 4 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. [Redacted]

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

Date Signed 02/26/2014 (month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Cohn, Steven Mark:

Agency	Division, Board, Department, District	Position
Sac Local Agency Formation Commission	Mayor and Council Office	Alternate Director
Sac Public Library Authority	Mayor and Council Office	Director
CITY OF SACRAMENTO	Sacramento Regional Arts Facilities Financing Authority	Member
Regional Human Rights/Fair Housing Commission	Mayor and Council Office	Member
Sac Area Council of Governments & Capitol Valley Regional SAFE	Mayor and Council Office	Member
Sac Area Flood Control Agency	Mayor and Council Office	Member
Sac Metro Air Quality Mgmt District	Mayor and Council Office	Member
Sac Regional County Sanitation District	Mayor and Council Office	Member
Sac Regional Transit	Mayor and Council Office	Member
Sac Transportation Authority/SAVA	Mayor and Council Office	Alternate Director
San Joaquin Joint Powers Authority	Mayor and Council Office	Co-Chair

SCHEDULE D
Income – Gifts

▶ 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 / 13 / 13	\$ 246.00	Cap to Cap Dinner-
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
07 / 25 / 13	\$ 6.39	"Walk to Thrive" T-
04 / 14 / 13	\$ 58.86	Cap to Cap Bike Tour
04 / 14 / 13	\$ 262.10	Cap to Cap Dinner-2

▶ 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 / 15 / 13	\$ 294.00	Cap to Cap Dinner - 2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 / 15 / 13	\$ 294.00	Cap to Cap Dinner - 2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Downey Brank LLP
 ADDRESS (Business Address Acceptable)
 621 Capitol Mall, 18th Floor
 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 13	\$ 110.00	Cap to Cap Brunch - 2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Envision RX Options
 ADDRESS (Business Address Acceptable)
 1100 Investment Blvd.
 El Dorado Hills, CA 95762
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 13	\$ 415.00	Sac Kings Game-2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Gualco Consulting
 ADDRESS (Business Address Acceptable)
 11230 Gold Express Dr., #310
 Gold River, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	\$ 67.69	River Cat's Game-1
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____