



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Received Official Use Only

E-Filed 03/19/2014 15:25:47 Filing ID: 150452694

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Cohen, Malia Michelle

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Board of Supervisors Your Position Supervisor Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS 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 San Francisco Other

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: 3 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 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 03/19/2014 (month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Cohen, Malia Michelle:



Agency	Division, Board, Department, District	Position
City and County of San Francisco	Transportation Authority	Commissioner
City and County of San Francisco	Workforce Investment Board	Member
City and County of San Francisco	Children & Families First Commission	Commissioner
City and County of San Francisco	Retirement Board	Vice Chair
Bay Conservation and Development Commission		Alternate
Peninsula Corridor Joint Powers Board		Member

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Cohen, Malia Michelle

- 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)
San Francisco Chamber of Commerce Foundation
 ADDRESS (Business Address Acceptable)
235 Montgomery Street
 CITY AND STATE
San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 03 / 13 / 13 - 03 / 17 / 13 AMT: \$ 1,382.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description Meetings with Congressional
Delegation and Federal officials regarding disaster
recovery efforts and infrastructure investments

▶ 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 _____

▶ 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: _____