

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing  
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COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Matsumoto Karyl M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

South San Francisco City Council

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: South San Francisco Successor Agency

Position: Board Member

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PRACTICES COMMISSION  
15 APR 20 PM 2:28

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

- State
- Multi-County \_\_\_\_\_
- City of South 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, 2014, through December 31, 2014.
- or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- 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, 2014, 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

Date Signed 30 March 2015  
(month, day, year)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Karyl M. Matsumoto</u>

▶ NAME OF BUSINESS ENTITY  
PPG Industries

GENERAL DESCRIPTION OF THIS BUSINESS  
Manufacturer

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

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       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

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\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
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IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

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 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

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 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

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\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
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 Stock       Other \_\_\_\_\_ (Describe)  
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IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE D  
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**Asian Pacific American Leadership Foundation**  
ADDRESS (Business Address Acceptable)  
**2275 Huntington Dr., Ste.378, San Marino, CA 91108**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-profit 501c3 (Tax ID #13-4277572)**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 14	\$ 368.63	Leadership Retreat
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Bay Area Council**  
ADDRESS (Business Address Acceptable)  
**353 Sacramento Street, 10th Fl., SF, CA 94111**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Police & Advocacy Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 14	\$ 650.00	Outlook Conference
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**South San Francisco Scavenger Co., Inc.**  
ADDRESS (Business Address Acceptable)  
**500 E. Jamie Court, So. San Francisco, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Garbage Collection/Recycling**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 14	\$ 56.00	Holiday 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)
	\$	
	\$	
	\$	

Comments: \_\_\_\_\_

**FORM 700**  
**STATEMENT OF ECONOMIC INTEREST**

**KARYL M. MATSUMOTO**

**COVER PAGE (continued)**

1. Office, Agency, or Court

**ADDITIONAL AGENCIES/POSITIONS**

1. San Mateo County Transit District  
County of San Mateo  
Board Member
2. San Mateo County Transportation Authority  
County of San Mateo  
Board Chair
3. City/County Association of Governments  
County of San Mateo  
Board Member



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PRACTICES COMMISSION

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# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
Asian Pacific American Leadership Foundation  
ADDRESS (Business Address Acceptable)  
2275 Huntington Dr., Ste 378, San Marino CA 91108  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit 501 c3 (Tax ID #13-4277572)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 31 / 14</u>	<u>\$ 386.63</u>	<u>Leadership Retreat</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Bay Area Council  
ADDRESS (Business Address Acceptable)  
353 Sacramento Street, 10th Fl., SF, CA 94111  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Police & Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 14</u>	<u>\$ 95.00</u>	<u>Conference Lunch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
South San Francisco Scavenger Co., Inc  
ADDRESS (Business Address Acceptable)  
500 E. Jamie Court, So. San Francisco, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Garbage Collection/Recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 14</u>	<u>\$ 56.00</u>	<u>Holiday Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

**Filer's Verification**

Date Signed    /   /    04/24/2015

Comments: \_\_\_\_\_