

2014 AN

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STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Board of Supervisors Supervisor
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State San Francisco, San Mateo, Santa Clara, Alameda and Contra Costa
- Multi-County
- City of
- 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, 2014, through December 31, 2014
- Leaving Office: Date Left 02 / 24 / 2017 (Check one) See attached
- Assuming Office: Date assumed 02 / 24 / 2015 See attached
- 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: 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

5 [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

Date Signed 03/31/2015 (month, day, year)

Signature [Redacted Signature] (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Jane Kim

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Transportation Authority	Commissioner	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	Treasure Island Development Authority	Board Member	Annual 1/1/2014 - 12/31/2014
Transbay Joint Powers Authority	Board of Supervisor	Board Member	Annual 1/1/2014 - 12/31/2014
Association of Bay Area Government	Executive Board	Member	Annual 1/1/2014 - 12/31/2014
San Francisco Bay Conservation And Development Commission		Commissioner	Leaving Office 2/24/2017



2014 AN



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Initial Filing Received Official Use Only

E-Filed 03/31/2015 15:36:12 Filing ID: 154858674

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Board of Supervisors Supervisor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State San Francisco, San Mateo, Santa Clara, Alameda and Contra Costa Multi-County County of San Francisco Judge or Court Commissioner (Statewide Jurisdiction) Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014 Leaving Office: Date Left 02 / 24 / 2017 (Check one) The period covered is January 1, 2014, through the date of leaving office. Assuming Office: Date assumed 02 / 24 / 2015 See attached 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: 4 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the consequences of perjury under the laws of the State of California.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2015 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Jane Kim

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Transportation Authority	Commissioner	Annual 1/1/2014 - 12/31/2014
City and County of San Francisco	Treasure Island Development Authority	Board Member	Annual 1/1/2014 - 12/31/2014
Transbay Joint Powers Authority	Board of Supervisor	Board Member	Annual 1/1/2014 - 12/31/2014
Association of Bay Area Government	Executive Board	Member	Annual 1/1/2014 - 12/31/2014
San Francisco Bay Conservation And Development Commission		Commissioner	Leaving Office 2/24/2017



SCHEDULE D
Income – Gifts

Name
 Kim, Jane

▶ NAME OF SOURCE (Not an Acronym)
 San Francisco Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 325 Montgomery St
 San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 CityBeat Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 18 / 14	\$ 80.00	Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 San Francisco Airport Commission
 ADDRESS (Business Address Acceptable)
 PO Box 8097
 San Francisco, CA 94128
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 San Francisco Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 231.00	Annual Parking Pass used for 7 days
/ /	\$	
/ /	\$	

▶ 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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Kim, Jane _____

- 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 St Suite 760
 CITY AND STATE
San Francisco, CA 94101

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 To discuss issues critical to San Francisco and economic stimulus.

DATE(S): 03 / 12 / 14 - 03 / 14 / 14 AMT: \$ 2,232.00
(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)
Hart Leadership Program
 ADDRESS (Business Address Acceptable)
Box 90248
 CITY AND STATE
Durham, NC 27708

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Guest speaker at Hart Leadership Program at Duke University

DATE(S): 03 / 26 / 14 - 03 / 28 / 14 AMT: \$ 1,400.00
(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

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

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

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____