CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
COHN	STEVEN	MARK

1. Office, Agency, or Court

Agency Name: CITY OF SACRAMENTO
Division, Board, Department, District, if applicable

Your Position: COUNCILMEMBER

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

Agency: SEE ATTACHMENT A

Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of SACRAMENTO
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of SACRAMENTO
- ☐ Other

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

☐ **Candidate:** Election Year _____ 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*

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2-5-2011 *(month, day, year)*

Signature

COUNCILMAN STEVE COHN

CA FORM 700 – STATEMENT OF ECONOMIC INTERESTS

EXPANDED STATEMENT ATTACHMENT – 2010

SACRAMENTO HUMAN RIGHTS/FAIR HOUSING COMMISSION, ALTERNATE DIRECTOR

SACRAMENTO AREA COUNCIL OF GOVERNMENTS, DIRECTOR

SACRAMENTO AREA FLOOD CONTROL AGENCY, ALTERNATE DIRECTOR

SACRAMNETO LOCAL AGENCY FORMATION COMMISSION, DIRECTOR

SACRAMENTO METRO AIR QUALITY MANAGEMENT DISTRICT, DIRECTOR

SACRAMENTO REGIONAL ARTS FINANCING AUTHORITY, CHAIR

SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT, CHAIR

SACRAMENTO REGIONAL TRANSIT, DIRECTOR

SACRAMENTO TRANSPORATION AUTHORITY, DIRECTOR

SACRAMENTO ABANDONED VEHICLE SERVICE AUTHORITY, DIRECTOR

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: STEVEN M. COHN

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
KAISER FOUNDATION HEALTH PLAN, INC.	1650 RESPONSE ROAD, SAC CA 95815	HEALTH CARE	4/18/10	$168.94	CAP TO CAP DINNER

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
SUREWEST	P.O. BOX 969 ROSEVILLE CA 95661	TELECOMMUNICATIONS	4/18/10	$75.07	CAP TO CAP DINNER

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
GRANITE CONSTRUCTION INCORPORATED	8950 CAL CENTER DRIVE, SAC CA 95826	CONSTRUCTION	4/18/10	$43.52	CAP TO CAP
					BRUNCH

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
SUTTER HEALTH	2200 RIVER PLAZA DR., SAC CA 95833	HEALTH CARE	4/19/10	$36.00	CAP TO CAP DINNER

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
GENCORP	P.O. BOX 537012 SAC CA 95853-7012	AREOSPACE	4/18/10	$43.52	CAP TO CAP
					BRUNCH

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
TEICHERT	3500 AMERICAN RIVER DR., SAC CA 95864	CONSTRUCTION	4/19/10	$36.00	CAP TO CAP DINNER

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: STEVEN M. COHN

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: CATHOLIC HEALTHCARE WEST
ADDRESS (Business Address Acceptable): 3400 DATA DR., RANCHO CORDOVA CA 95670
BUSINESS ACTIVITY, IF ANY, OF SOURCE: HEALTH CARE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	$ 43.52	CAP TO CAP
/ /	$	BRUNCH
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE: PACIFIC GAS AND ELECTRIC COMPANY
ADDRESS (Business Address Acceptable): 1415 L ST., SUITE 280 SAC CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: UTILITY PROVIDER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	$ 138.56	CAP TO CAP DINNER
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE: AARON ZEFF
ADDRESS (Business Address Acceptable): 830 L STREET, SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: PRIORITY PARKING SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 10	$ 180.00	1 TICKET TO KINGS
/ /	$	BASKETBALL GAME
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: