

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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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,

 Multi-County Alameda and Contra Costa Judge or Court Commissioner (Statewide Jurisdiction) County of San Francisco City of _____ Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2016, through
December 31, 2016

-or-

The period covered is ____/____/____, through
December 31, 2016 **Leaving Office:** Date Left ____/____/____
(Check one) The period covered is January 1, 2016, through the date of
leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date
of leaving office. **Candidate:** Election Year _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 4****Schedules attached** **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

-or-

 None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94102

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
()	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/30/2017
(month, day, year)Signature Jane Kim
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Jane Kim

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Board of Supervisors	Supervisor	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Transportation Authority	Commissioner	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Treasure Island Development Authority	Ex-Officio - Board Member	Annual 1/1/2016 - 12/31/2016
Transbay Joint Powers Authority	Board of Supervisor	Board Member	Annual 1/1/2016 - 12/31/2016
Association of Bay Area Government	Executive Board	Member	Annual 1/1/2016 - 12/31/2016
San Francisco Bay Conservation And Development Commission		Commissioner	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Treasure Island Development Authority	Member	Annual 1/1/2016 - 12/31/2016
Metropolitan Transportation		Commissioner	Annual 1/1/2016 - 12/31/2016
San Francisco County Transportation Authority	Treasure Island Mobility Management	Member	Annual 1/1/2016 - 12/31/2016
San Francisco County Transportation Authority	Vision Zero	Member	Annual 1/1/2016 - 12/31/2016

SCHEDULE D
Income – Gifts

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 16	\$ 72.00	parking
11 / 17 / 16	\$ 62.00	parking
09 / 16 / 16	\$ 72.00	parking

▶ 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)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

Additional Schedule D Gifts from Airport Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/22/2016	\$128.00	parking
07/14/2016	\$72.00	parking
04/14/2016	\$108.00	parking
04/13/2016	\$36.00	Parking