

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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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

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 Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of San Francisco City of San Francisco Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2016, through December 31, 2016 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016

 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: 5****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 04/03/2017  
(month, day, year)Signature Malia Michelle Cohen  
(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

Malia Michelle Cohen

\* 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	Workforce Investment Board	Member	Annual 1/1/2016 - 12/31/2016
Bay Conservation and Development Commission	Bay Conservation and Development Commission	Alternate	Annual 1/1/2016 - 12/31/2016
Peninsula Corridor Joint Powers Board	Peninsula Corridor Joint Powers Board	Member	Annual 1/1/2016 - 12/31/2016
San Francisco Employee Retirement Board	Retirement Board	President	Annual 1/1/2016 - 12/31/2016

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 2060 Sutter Street, #501  
 CITY  
 San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 05 / 21 / 16  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
 Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_  
 CITY  
 \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_  
 INTEREST RATE TERM (Months/Years)  
 \_\_\_\_\_%  None \_\_\_\_\_  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_  
 INTEREST RATE TERM (Months/Years)  
 \_\_\_\_\_%  None \_\_\_\_\_  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

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



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

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Cohen, Malia Michelle</u>

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
American Israel Education Foundation

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

CITY AND STATE  
Washington, DC 20001

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

DATE(S): 01 / 10 / 17 - 01 / 16 / 17 AMT: \$ 10,297.46  
*(If gift)*

▶ MUST CHECK ONE:       Gift    -or-     Income

Made a Speech/Participated in a Panel

Other - Provide Description Education tour of Israel

▶ If Gift, Provide Travel Destination Israel

▶ 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)*

▶ MUST CHECK ONE:       Gift    -or-     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ 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)*

▶ MUST CHECK ONE:       Gift    -or-     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ 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)*

▶ MUST CHECK ONE:       Gift    -or-     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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