



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Sesay, Fanta Nadia

### 1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Controller's Office  
Division, Board, Department, District, if applicable  
Office of Public Finance  
Your Position  
Director

► 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 \_\_\_\_\_  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  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
 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: 3

#### 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  
(Business or Agency Address Recommended - Public Document)  
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 03/27/2017 Signature Fanta Nadia Sesay  
(month, day, year) (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

Fanta Nadia Sesay

\* 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	SF Municipal Transportation Agency Revenue Bond Oversight	Board Member	Annual 1/1/2016 - 12/31/2016
Controller's Office	Office of Public Finance	Director	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	San Francisco Community Investment Fund	Treasurer	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Oversight Board to the Successor Agency to the Former San	Board Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Rate Fairness Board	Board Member	Annual 1/1/2016 - 12/31/2016
Agency	San Francisco Housing Accelerator Fund	Board Member	Annual 1/1/2016 - 12/31/2016

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Sesay, Fanta Nadia

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>City and County of San Francisco</u> ADDRESS (Business Address Acceptable) <u>San Francisco, CA 94102</u>	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____ % <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	TERM (Months/Years) _____
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Comments: \_\_\_\_\_