060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Peskin, Aaron

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

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)*

[X] State

[ ] Multi-County

[X] City of San Francisco

[ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

[X] County of San Francisco

[X] Other Bay Conservation and Development Commission

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

[X] **Annual:** The period covered is January 1, 2019 through December 31, 2019

-or-

The period covered is____/____/____, through December 31, 2019

[ ] **Assuming Office:** Date assumed ____/____/____

[ ] **Leaving Office:** Date Left ____/____/____

(Check one circle)

○ The period covered is January 1, 2019 through the date of leaving office.

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

[ ] **Candidate:** Date of Election_____ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 10

Schedules attached

[X] **Schedule A-1 -** *Investments* – schedule attached

[ ] **Schedule A-2 -** *Investments* – schedule attached

[X] **Schedule B -** *Real Property* – schedule attached

[X] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached

[X] **Schedule D -** *Income – Gifts* – schedule attached

[ ] **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

[ ] **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
1 Dr. Carlton B. Goodlett Place	San Francisco	CA	94102

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(415) 554-7450	aaron.peskin@sfgov.org

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 05/21/2020
(month, day, year)

Signature Aaron Peskin
(File the originally signed paper statement with your filing official.)

060600029-NFH-0029

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Aaron Peskin

* 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
SAN FRANCISCO BOARD OF SUPERVISORS	District 3	County Supervisor	Annual 1/1/2019 - 12/31/2019
San Francisco County Transportation		Commissioner	Annual 1/1/2019 - 12/31/2019
SAN FRANCISCO ETHICS COMMISSION	Board of Supervisors	Supervisor	Annual 1/1/2019 - 12/31/2019
City and County of San Francisco	Board of Supervisors	Supervisor	Annual 1/1/2019 - 12/31/2019
Bay Conservation and Development Commission	State of California	Commissioner	Annual 1/1/2019 - 12/31/2019
San Francisco Bay Restoration Authority		Commissioner	Annual 1/1/2019 - 12/31/2019

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

► NAME OF BUSINESS ENTITY: Allergan
GENERAL DESCRIPTION OF THIS BUSINESS: pharmaceutical
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED 07/25/19 DISPOSED

► NAME OF BUSINESS ENTITY: General Motors
GENERAL DESCRIPTION OF THIS BUSINESS: vehicle manufacturer
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
05/14/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY: FedEx
GENERAL DESCRIPTION OF THIS BUSINESS: delivery services
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
06/17/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY: Amazon
GENERAL DESCRIPTION OF THIS BUSINESS: electronic commerce
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[X] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY: Boeing Co.
GENERAL DESCRIPTION OF THIS BUSINESS: airplane manufacturing
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY: Citigroup
GENERAL DESCRIPTION OF THIS BUSINESS: banking
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
05/14/19 ACQUIRED ___/___/19 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

► NAME OF BUSINESS ENTITY: Intel

GENERAL DESCRIPTION OF THIS BUSINESS: semiconductor manufacturing

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
05 / 14 / 19 (ACQUIRED) ___/___/ 19 (DISPOSED)

► NAME OF BUSINESS ENTITY: Alphabet Inc.

GENERAL DESCRIPTION OF THIS BUSINESS: Conglomerate company

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
06 / 04 / 19 (ACQUIRED) ___/___/ 19 (DISPOSED)

► NAME OF BUSINESS ENTITY: Applied Materials

GENERAL DESCRIPTION OF THIS BUSINESS: semiconductor manufacturing

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
06 / 04 / 19 (ACQUIRED) ___/___/ 19 (DISPOSED)

► NAME OF BUSINESS ENTITY: CVS Health Corp.

GENERAL DESCRIPTION OF THIS BUSINESS: Healthcare

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
05 / 23 / 19 (ACQUIRED) ___/___/ 19 (DISPOSED)

► NAME OF BUSINESS ENTITY: Southwest Airlines

GENERAL DESCRIPTION OF THIS BUSINESS: airline

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 19 (ACQUIRED) ___/___/ 19 (DISPOSED)

► NAME OF BUSINESS ENTITY: Volkswagen

GENERAL DESCRIPTION OF THIS BUSINESS: Automaker

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
05 / 14 / 19 (ACQUIRED) ___/___/ 19 (DISPOSED)

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

► NAME OF BUSINESS ENTITY: Weyerhaeuser
GENERAL DESCRIPTION OF THIS BUSINESS: REIT/wood products
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
05 / 28 / 19 ACQUIRED ___/___/ 19 DISPOSED

► NAME OF BUSINESS ENTITY: UDR Inc.
GENERAL DESCRIPTION OF THIS BUSINESS: real estate
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/ 19 ACQUIRED 05 / 06 / 19 DISPOSED

► NAME OF BUSINESS ENTITY: Apple Inc.
GENERAL DESCRIPTION OF THIS BUSINESS: Consumer electronics
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/ 19 ACQUIRED ___/___/ 19 DISPOSED

► NAME OF BUSINESS ENTITY: Capital One
GENERAL DESCRIPTION OF THIS BUSINESS: banking
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
05 / 14 / 19 ACQUIRED ___/___/ 19 DISPOSED

► NAME OF BUSINESS ENTITY: DNP Select Income Fund
GENERAL DESCRIPTION OF THIS BUSINESS: management investment
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/ 19 ACQUIRED 05 / 06 / 19 DISPOSED

► NAME OF BUSINESS ENTITY: MetLife
GENERAL DESCRIPTION OF THIS BUSINESS: Life Insurance Co.
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
05 / 14 / 19 ACQUIRED ___/___/ 19 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

► NAME OF BUSINESS ENTITY: SPDR S&P Biotech ETF
GENERAL DESCRIPTION OF THIS BUSINESS: biotech
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY: Micron Technology
GENERAL DESCRIPTION OF THIS BUSINESS: computer products
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
05/20/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY: Glaxosmithkline
GENERAL DESCRIPTION OF THIS BUSINESS: pharmaceuticals
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED 05/06/19 DISPOSED

► NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

► NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

522 Filbert Street

CITY

San Francisco

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [X] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

NATURE OF INTEREST
- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $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

Hayley Halpin & Antoine Abinader

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

21 Napier Lane

CITY

San Francisco

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [X] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 DISPOSED

NATURE OF INTEREST
- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $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

Deidre Quick

Theresa Flandrich

Michelle Cheng & Alex Pattman/Melissa Feuer & Jayant Agarwal

* You are not required to report loans from a commercial lending institution 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 _____% [ ] None

TERM (Months/Years)

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 _____% [ ] None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

15-17 Castle Street

CITY

San Francisco

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 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

Violetta Muselli and Timothy Kline

Lisa Palella

Garrett Baxter

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/19 ACQUIRED ___/___/19 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 a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Great Basin Land & Water

ADDRESS *(Business Address Acceptable)*: 470 Columbus Ave., Suite 211, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE: environmental non-profit

YOUR BUSINESS POSITION: President

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [X] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or [ ] Rental Income, *list each source of $10,000 or more* _____ *(Describe)*
- [ ] Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Great Basin Land & Water

ADDRESS *(Business Address Acceptable)*: 470 Columbus Ave Suite 211, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE: environmental non-profit

YOUR BUSINESS POSITION: general counsel

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [X] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or [ ] Rental Income, *list each source of $10,000 or more* _____ *(Describe)*
- [ ] Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years): _____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address* _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Peskin, Aaron

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): SHN Orpheum Theatre
ADDRESS *(Business Address Acceptable)*: 1192 Market St. San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE: theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 19	$ 200.00	ticket to play (spouse)
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): SHN Orpheum Theatre
ADDRESS *(Business Address Acceptable)*: 1192 Market St. San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE: theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 19	$ 200.00	ticket to play
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): SF Playhouse
ADDRESS *(Business Address Acceptable)*: 450 Post St. San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE: theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 19	$ 75.00	ticket to play
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): SF Playhouse
ADDRESS *(Business Address Acceptable)*: 450 Post St. San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE: theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 19	$ 75.00	ticket to play (spouse)
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Tilly Chang
ADDRESS *(Business Address Acceptable)*: 1455 Market St. #22 San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE: SFCTA Executive Director

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 19	$ 80.27	Fruit Basket
/ /	$	
/ /	$	

► 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: