



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

For the Ballot: Candidate's Name, Ballot Designation

(CAEC §§ 13104, 13106-13107, SF MEC §§ 205, 225)

SAN FRANCISCO FILED 2022 AUG -9 AM 11:40 DEPARTMENT OF ELECTIONS	
Issued by: _____	Date: _____

I request that my name and ballot designation appear as follows:

Ann Hsu
Print your name as it should appear on the ballot

Appointed Member, Board of Education
Print your ballot designation as it should appear on the ballot (generally 3 word maximum) If none is requested, write "none" and initial it. The word "none" will not appear on the ballot.

For the Ballot: Name in Chinese

(SF MEC § 401)

The names of candidates appear on the official ballot in traditional Chinese characters as well as in English. The Department of Elections can provide this transliteration or translation for candidates for local office, or the candidate may provide documentation of established use of a name in Chinese. The California Secretary of State provides Chinese transliterations for candidates running for state and federal offices.

Check one option:

- ☐ I request that the Department of Elections, working with a qualified Chinese-language translator, provide a Chinese transliteration or translation of my name for all materials where it is legally required.
- ☒ I am providing documentation of established use of a particular Chinese transliteration or translation of my name for the Department to review. I understand that the Department's decision whether to accept a proposed transliteration or translation is final.

Requested name in Chinese: 徐安

English (415) 554-4375
Fax (415) 554-7344
TTY (415) 554-4386

sselections.org
1 Dr. Carlton B. Goodlett Place
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367
Español (415) 554-4366
Filipino (415) 554-4310

January 18 - 24, 2022

風報 2022 WIND Newspaper



Ann Hsu (center) spoke in the press conference outside the Asian Art Museum on January 15.

Photo by Portia Li

元月15日徐安在亞洲藝術博物館前舉行的記者會上發言支持罷免三教委。李秀蘭攝影

Ann Hsu : a new community leader coming from the Recall the School Board campaign

徐安：在罷免教委運動中誕生的新社區領袖



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Forms

Please read the following carefully:

- You must file your declaration of candidacy on the same day as you file your declaration to accept or solicit campaign contributions. SF MEC § 201
- If you are a member of a City board, commission, or other body established by the San Francisco Charter, filing your declaration of candidacy may, with certain exceptions, result in forfeiture of your seat. S.F. Charter § 4.101.1

2022 JUN 28 PM 4:18
DEPARTMENT OF ELECTIONS

Issued by: SV

Date: 6/28/22

Declaration of Intention to Solicit or Accept Contributions For Local Office

(CGCC § 1.122(a); SF MEC § 201)

I, Ann Hsu, hereby declare my intention to become a candidate for the office of

Board of Education of San Francisco at the forthcoming election to be held on Nov 8, 2022

Month, day, year

Candidate's signature

Date

Declaration of Candidacy

(CGCC § 1.122(a); CAEC §§ 13, 200, 8020, 8028(a), 8040, 8064; SF MEC § 201, 210)

I hereby declare myself a candidate for election to the office of Board of Education to be voted for at the Consolidated General Election to be held on November 8, 2022, and I declare the following to be true: my legal name, as given at birth or as established by marriage, common usage, or habit in all my affairs, or by decree of any court of competent jurisdiction is:

Ann

Print first name

HSU

M. I. Print last name

Addresses

Home:

Number and street

City, State

ZIP Code

Mailing:

Number and street

City, State

ZIP Code

Telephone Number

; Fax:

; Email

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

Executed on

Date

, 2022, in

City, State

English (415) 554-4375

Fax (415) 554-7344

TTY (415) 554-4386

DOI-DOC-Period 1

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Rev. 01.25.19



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Sworn Statement

- I meet the statutory and/or constitutional requirements for this office including, but not limited to, citizenship and residency.
- I understand that I may withdraw no later than 67 days before the election.
- I am at present the incumbent of the following public office (if any): Board of Education

[Redacted Signature]

6/28, 2022.
Date

Oath of Office

I, Ann Hsu, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

[Redacted Signature]

Candidate Signature

State of California
County of San Francisco ☐ SS.

Subscribed and sworn to before me on this 28 day of June, 2022.

[Signature]
Notary Public (or other official)

Examined and certified by [Signature] this 28 day of June, 2022.
Deputy

For Department of Elections Use:

Date of original registration: 10/28/98. Date of re-registration: 3/11/22.

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Fax (415) 554-7344
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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

November 8, 2022, Consolidated General Election

Acknowledgements Related to:

- Signatures in Lieu of Filing Fee
- Nomination Petition
- Financial Disclosures
- Candidate's Name Pronunciation

SAN FRANCISCO
FILED

2022 JUN 28 PM 4:17

DEPARTMENT OF ELECTIONS

Issued by: SY

Date: 6/28/22

Candidate's name and office sought: Ann Hsu, Board of Education

Candidate representative's name (if any):

Signature: [Redacted] Date: 6/28/2022

Please initial to acknowledge the following:

AA **Campaign Finance:**

- Local, state, and federal regulations require candidates and campaigns to disclose certain financial information, including campaign contributions and spending, and conflicts of interest.
- All campaign finance-related inquiries, including requirements and schedules, are to be directed to the San Francisco Ethics Commission or the California Fair Political Practices Commission.

AA **Signatures in Lieu of Filing Fee: May 19, 2022 — July 13, 2022**

- Signatures in lieu of filing fee are due by July 13, 2022
- Within 10 days of receipt of a petition, the Department will notify the candidate of any deficiency and issue a petition form for Supplemental Signatures in Lieu of Filing Fee. The candidate shall submit the supplemental petition or pay the prorated portion of the filing fee prior to the nomination deadline.
- The legal deadline falls on a Saturday, Sunday or holiday; the deadline will move forward to the next working day. (CA Gov. Code §6707)

AA **Nomination Petition and Filing Fee: July 18, 2022 — August 12, 2022**

- The Nomination Petition form is issued and must be returned during the nomination period above.
- Candidate filing fee or prorated fee is due when nomination documents are filed.
- The filing fee is non-refundable.

AA **Petition Signatures and Form:**

- Petitions are issued and must be returned as two-sided forms. A front page stapled to a back page will not be accepted.
- All petitions must be submitted in person by the candidate or the candidate's authorized representative. Faxed, emailed, or mailed petitions will not be accepted.
- All information, including the circulator's affidavit, must be completed by hand. Preprinted or typed information will invalidate signatures.
- Incomplete or inaccurate signer information should be crossed out, as it could affect a random sampling.

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- Common reasons for invalidated signatures: missing home addresses; P.O. boxes or mailing addresses, rather than home addresses; signer is not a registered San Francisco voter.
 - By law the review of nomination signatures is limited to viewing the documents only. Copies via any media device or distribution of copies containing voter signatures is not permitted. (CAEC §17100)
-



Optional Candidate Information:

- **Pronunciation of candidate's name:** At the time of filing nomination documents, each candidate will be provided an opportunity to record his or her name as it will appear on the ballot. This will help ensure correct pronunciation of the name for the audio ballot and the recorded election results. If the pronunciation of a candidate's name is not provided, the Department will make a good-faith effort to accurately represent the candidate's name. However, the Department is not responsible for any errors that may result if this information is not provided.



California Secretary of State
BALLOT DESIGNATION WORKSHEET

(Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

SAN FRANCISCO
FILED
2023 AUG 9 AM 11:40
DEPARTMENT OF ELECTIONS

This entire form must be completed, or it will not be accepted and you will not be entitled to a ballot designation. DO NOT LEAVE ANY RESPONSE SPACES BLANK. If information requested is not applicable, please write "N/A" in the space provided, otherwise the information MUST be provided. UPON FILING, THIS WORKSHEET WILL BE A PUBLIC RECORD.

Candidate Information	1	Candidate Name:	Ann Hsu		Office:	Board of Education	
		Ballots are translated into other languages (Spanish, Chinese) that have gender designations. In order to assist in translation, you have the option to indicate your gender identity: <u>female</u>					
		Home Address:	[REDACTED]				
		Mailing Address:	[REDACTED]				
		Business Address:	N/A				
		Phone Number(s)	N/A		Home/Mobile	[REDACTED]	
		Business:	[REDACTED]				

Attorney Information	2	Attorney Name (or other person authorized to act on your behalf):	James Sutton				
		Address:	150 Post Street, Suite 405 San Francisco, CA 94108				
		Phone Number(s)	415-732-4501		Mobile:	415-359-7701	
		Business:	415-732-4501		Fax:	415-732-7701	

You may select as your ballot designation one of the following designations:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")].
- (b) The full title of the public office you currently occupy and to which you were elected.
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to the same office or to some other office.
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office.
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

Proposed Ballot Designation(s)	3		Designation #1	Designation #2	Designation #3
		Proposed Ballot Designation(s):	Appointed Member, Board of Education		
		Alternate Ballot Designation(s) 1:	/	/	/
		Alternate Ballot Designation(s) 2:	/	/	/

In the spaces provided on the next page(s):

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation.
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. **Do not submit originals.**

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.



If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.

Justification
for use of
Proposed
Ballot
Designation(s)
If you are
proposing
alternate ballot
designations,
please provide
justification for
use of those on
Page 3.

4

Justification for use of 1 st PVO: Mayor London Breed appointed Ann Hsu to the Board of Education on March 11, 2022.		
Current or most recent job title: Board of Education Commissioner Start/End Dates: March 11, 2022		
Employer Name or Business: San Francisco Unified School District (SFUSD)		
Person who can verify this information:		
Name: Mayor London Breed	Phone Number(s): 415-554-5977	Email: MayorLondonBreed@sfgov.org
Justification for use of 2 nd PVO:		
Current or most recent job title: Start/End Dates:		
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3 rd PVO:		
Current or most recent job title: Start/End Dates:		
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

- 1) Use only a portion of the title of your current elected office?
- 2) Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed?
- 3) Use more than three total words for your principal professions, vocations, or occupations?
- 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent?
- 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations?
- 6) Abbreviate the word "retired"?
- 7) Place the word "retired" after the words it modifies? Example: Accountant, retired
- 8) Use an word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation?
- 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher
- 10) Use the name of a political party or political body?
- 11) Refer to a racial, religious, or ethnic group?
- 12) Refer to any activity prohibited by law?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial: <i>HL</i>

If the answer to any of these questions is "yes," your proposed ballot designation is likely to be rejected.

X  08 | 09 | 2022

Candidate's Signature Date Signed: Month Day Year

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at www.sos.ca.gov).



COMPLETE THIS PAGE ONLY IF one or more Alternate Ballot Designation(s) are provided. If this page is not applicable, please initial: _____

Justification for
Alternate Ballot
Designation(s) 1

A

Justification for use of 1 st PVO:		
Current or most recent job title:	Start/End Dates:	
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 2 nd PVO:		
Current or most recent job title:	Start/End Dates:	
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3 rd PVO:		
Current or most recent job title:	Start/End Dates:	
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:

Justification for
Alternate Ballot
Designation(s) 2

B

Justification for use of 1 st PVO:		
Current or most recent job title:	Start/End Dates:	
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 2 nd PVO:		
Current or most recent job title:	Start/End Dates:	
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3 rd PVO:		
Current or most recent job title:	Start/End Dates:	
Employer Name or Business:		



Person who can verify this information:

Name:

Phone Number(s):

Email:

For your reference, the relevant provisions of Elections Code section 13107 are reproduced below:

(a) With the exception of candidates for Justice of the State Supreme Court or court of appeal, immediately under the name of each candidate, and not separated from the name by any line, unless the designation made by the candidate pursuant to Section 8002.5 must be listed immediately below the name of the candidate pursuant to Section 13105, and in that case immediately under the designation, may appear at the option of the candidate only one of the following designations:

(1) Words designating the elective city, county, district, state, or federal office which the candidate holds at the time of filing the nomination documents to which he or she was elected by vote of the people.

(2) The word "incumbent" if the candidate is a candidate for the same office which he or she holds at the time of filing the nomination papers, and was elected to that office by a vote of the people.

(3) No more than three words designating either the current principal professions, vocations, or occupations of the candidate, or the principal professions, vocations, or occupations of the candidate during the calendar year immediately preceding the filing of nomination documents.

(4) The phrase "appointed incumbent" if the candidate holds an office by virtue of appointment, and the candidate is a candidate for election to the same office, or, if the candidate is a candidate for election to the same office or to some other office, the word "appointed" and the title of the office. In either instance, the candidate may not use the unmodified word "incumbent" or any words designating the office unmodified by the word "appointed." However, the phrase "appointed incumbent" shall not be required of a candidate who seeks reelection to an office which he or she holds and to which he or she was appointed, as a nominated candidate, in lieu of an election, pursuant to Sections 5326 and 5328 of the Education Code or Section 7228, 7423, 7673, 10229, or 10515 of this code.

(b) (1) Except as specified in paragraph (2), for candidates for judicial office, immediately under the name of each candidate, and not separated from the name by any line, only one of the following designations may appear at the option of the candidate:

(A) Words designating the city, county, district, state, or federal office held by the candidate at the time of filing the nomination documents.

(B) The word "incumbent" if the candidate is a candidate for the same office that he or she holds at the time of filing the nomination papers.

(C) No more than three words designating either the current principal professions, vocations, or occupations of the candidate, or the principal professions, vocations, or occupations of the candidate during the calendar year immediately preceding the filing of nomination documents.

(2) For a candidate for judicial office who is an active member of the State Bar employed by a city, county, district, state, or by the United States, the designation shall appear as one of the following:

(A) Words designating the actual job title, as defined by statute, charter, or other governing instrument.

(B) One of the following ballot designations: "Attorney," "Attorney at Law," "Lawyer," or "Counselor at Law." The designations "Attorney" and "Lawyer" may be used in combination with one other current principal profession, vocation, or occupation of the candidate, or the principal profession, vocation, or occupation of the candidate during the calendar year immediately preceding the filing of nomination documents.

(3) A designation made pursuant to subparagraph (A) of paragraph (1) or paragraph (2) shall also contain relevant qualifiers, as follows:

(A) If the candidate is an official or employee of a city, the name of the city shall appear preceded by the words "City of."

(B) If the candidate is an official or employee of a county, the name of the county shall appear preceded by the words "County of."

(C) If the candidate is an official or employee of a city and county, the name of the city and county shall appear preceded by the words "City and County."

(D) If the candidate performs quasi-judicial functions for a governmental agency, the full name of the agency shall be included.

(c) A candidate for superior court judge who is an active member of the State Bar and practices law as one of his or her principal professions shall use one of the following ballot designations as his or her ballot designation: "Attorney," "Attorney at Law," "Lawyer," or "Counselor at Law." The designations "Attorney" and "Lawyer" may be used in combination with one other current principal profession, vocation, or occupation of the candidate, or the principal profession, vocation, or occupation of the candidate during the calendar year immediately preceding the filing of nomination documents.

(d) For purposes of this section, all California geographical names shall be considered to be one word. Hyphenated words that appear in any generally available standard reference dictionary, published in the United States at any time within the 10 calendar years immediately preceding the election for which the words are counted, shall be considered as one word. Each part of all other hyphenated words shall be counted as a separate word.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

1453888

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document
Date Initial Filing Received
Filing Official Use OnlySAN FRANCISCO
FILED

2022 AUG -9 AM 11:40

DEPARTMENT OF ELECTIONS (MIDDLE)

NAME OF FILER

(LAST)

(FIRST)

Hsu, Ann

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 Education

Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Multi-County _____☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Francisco☐ Other _____**3. Type of Statement (Check at least one box)**☐ Annual: The period covered is January 1, 2021 through
December 31, 2021.

-or-

The period covered is ____/____/____, through
December 31, 2021.☒ Assuming Office: Date assumed 03 / 11 / 2022☐ Leaving Office: Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2021 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: 14**Schedules attached**☒ 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**5. Verification**

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

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

8/9/2022
(month, day, year)

Signature

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

Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>MASTERCARD INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Information Technology</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>ABB LTD ADR</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Industrials</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div>AMERICAN EXPRESS CO</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Financials</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>INTESA SANPAOLO S P A ADR</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Financials</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div>LILLY ELI & CO</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Health Care</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>EDWARDS LIFESCIENCES CORP</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Health Care</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>

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

Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>EXXON MOBIL CORP</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Energy</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><div><input type="checkbox"/> Partnership</div><div><input type="radio"/> Income Received of \$0 - \$499</div><div><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div></div></div> <div>IF APPLICABLE, LIST DATE:</div> <div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div> <div>ACQUIRED</div> <div>DISPOSED</div>

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

Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>AMAZON COM INC COM</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Consumer Discretionary</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>MICROSOFT CORP</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Information Technology</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div>ALIGN TECHNOLOGY INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Health Care</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>ORACLE CORP</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Information Technology</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div>NEXTERA ENERGY INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Utilities</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>NIKE INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Consumer Discretionary</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIRED</div><div>DISPOSED</div></div>

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
Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>INTUITIVE SURGICAL INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Health Care</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><div><input type="checkbox"/> Partnership</div><div><input type="radio"/> Income Received of \$0 - \$499</div><div><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div></div></div> <div>IF APPLICABLE, LIST DATE:</div> <div><div><div>/</div><div>/</div><div>21</div></div><div>ACQUIRED</div></div> <div><div><div>/</div><div>/</div><div>21</div></div><div>DISPOSED</div></div>
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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
Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>COSTCO WHSL CORP NEW</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Consumer Staples</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIREDDISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>ROPER INDS INC NEW</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Industrials</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIREDDISPOSED</div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div>ASML HOLDING N V NYS</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Information Technology</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIREDDISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>CATERPILLAR INC DEL</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Industrials</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIREDDISPOSED</div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div>APPLE INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Information Technology</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIREDDISPOSED</div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>HOME DEPOT INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Consumer Discretionary</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other</div><div>(Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div><div>ACQUIREDDISPOSED</div></div>

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
Hsu, Ann

NAME OF BUSINESS ENTITY
SERVICENOW INC
GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ESSILORLUXOTTICA UNSPONSOR ADR
GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Discretionary
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
VISA INC
GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
INTUIT
GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
UNION PAC CORP
GENERAL DESCRIPTION OF THIS BUSINESS
Industrials
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ABBOTT LABS
GENERAL DESCRIPTION OF THIS BUSINESS
Health Care
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:
____/____/21 ____/____/21
ACQUIRED 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

Hsu, Ann

<p>NAME OF BUSINESS ENTITY META PLATFORMS INC CL A GENERAL DESCRIPTION OF THIS BUSINESS Communication Services FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ____/____/21 ____/____/21 ACQUIRED DISPOSED</p>	<p>NAME OF BUSINESS ENTITY MORGAN STANLEY GENERAL DESCRIPTION OF THIS BUSINESS Financials FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ____/____/21 ____/____/21 ACQUIRED DISPOSED</p>
<p>NAME OF BUSINESS ENTITY VERTEX PHARMACEUTICALS INC GENERAL DESCRIPTION OF THIS BUSINESS Health Care FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ____/____/21 ____/____/21 ACQUIRED DISPOSED</p>	<p>NAME OF BUSINESS ENTITY 3M CO GENERAL DESCRIPTION OF THIS BUSINESS Industrials FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ____/____/21 ____/____/21 ACQUIRED DISPOSED</p>
<p>NAME OF BUSINESS ENTITY SAP SE ADR GENERAL DESCRIPTION OF THIS BUSINESS Information Technology FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ____/____/21 ____/____/21 ACQUIRED DISPOSED</p>	<p>NAME OF BUSINESS ENTITY L OREAL CO ADR GENERAL DESCRIPTION OF THIS BUSINESS Consumer Staples FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ____/____/21 ____/____/21 ACQUIRED DISPOSED</p>

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
Hsu, Ann

NAME OF BUSINESS ENTITY
AMERICAN TOWER CORP NEW

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
MEDTRONIC PLC

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care

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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ADOBE INC

GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology

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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
BLOCK INC CL A

GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology

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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GLAXOSMITHKLINE PLC ADR

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care

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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ADVANCED MICRO DEVICES INC

GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology

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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

Comments:

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

Name
Hsu, Ann

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
SANOFI ADR
GENERAL DESCRIPTION OF THIS BUSINESS
Health Care
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
JPMORGAN CHASE & CO
GENERAL DESCRIPTION OF THIS BUSINESS
Financials
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PAYPAL HLDGS INC
GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ALIBABA GROUP HLDG LTD ADR
GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Discretionary
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
RIO TINTO PLC ADR
GENERAL DESCRIPTION OF THIS BUSINESS
Materials
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:
____/____/21 ____/____/21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
EQUINOR ASA SPONSORED ADR ADR
GENERAL DESCRIPTION OF THIS BUSINESS
Energy
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:
____/____/21 ____/____/21
ACQUIRED 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

Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>NETFLIX INC COM</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Communication Services</div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input checked="" type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><div><input type="checkbox"/> Partnership</div><div><input type="radio"/> Income Received of \$0 - \$499</div><div><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div></div></div> <div>IF APPLICABLE, LIST DATE:</div> <div><div><div>/</div><div>/</div><div>21</div></div><div><div>/</div><div>/</div><div>21</div></div></div> <div>ACQUIRED</div> <div>DISPOSED</div>
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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
Hsu, Ann

<div><div>NAME OF BUSINESS ENTITY</div><div>THERMO FISHER SCIENTIFIC INC</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Health Care</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div>ACQUIRED</div><div>DISPOSED</div></div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div>HEICO CORP NEW</div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div>Industrials</div><div>FAIR MARKET VALUE</div><div><div><input checked="" type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input checked="" type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div>ACQUIRED</div><div>DISPOSED</div></div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div></div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div></div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div>ACQUIRED</div><div>DISPOSED</div></div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div></div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div></div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div>ACQUIRED</div><div>DISPOSED</div></div></div>
<div><div>NAME OF BUSINESS ENTITY</div><div></div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div></div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div>ACQUIRED</div><div>DISPOSED</div></div></div>	<div><div>NAME OF BUSINESS ENTITY</div><div></div><div>GENERAL DESCRIPTION OF THIS BUSINESS</div><div></div><div>FAIR MARKET VALUE</div><div><div><input type="checkbox"/> \$2,000 - \$10,000</div><div><input type="checkbox"/> \$10,001 - \$100,000</div><div><input type="checkbox"/> \$100,001 - \$1,000,000</div><div><input type="checkbox"/> Over \$1,000,000</div></div><div>NATURE OF INVESTMENT</div><div><div><input type="checkbox"/> Stock</div><div><input type="checkbox"/> Other (Describe)</div></div><div><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</div><div>IF APPLICABLE, LIST DATE:</div><div><div>ACQUIRED</div><div>DISPOSED</div></div></div>

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Hsu, Ann

1. BUSINESS ENTITY OR TRUST

Thomas M Chin and Ann Hsu Family Trust 2019
Name
531 14th Ave
San Francisco, CA 94118
Address (Business Address Acceptable)
Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>21</u> <u> </u> / <u> </u> / <u>21</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☒ Names listed below
Rental Income 50%

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>21</u> <u> </u> / <u> </u> / <u>21</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ☐ Other

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>21</u> <u> </u> / <u> </u> / <u>21</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>21</u> <u> </u> / <u> </u> / <u>21</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ☐ Other

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Hsu, Ann

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
531 14th Ave
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:
ACQUIRED 21 DISPOSED 21

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
Rental 50%

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:
ACQUIRED 21 DISPOSED 21

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:



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

Candidate Statement of Qualifications

CAEC §§ 13307-13308

Candidate Name

Ann Hsu

Office Sought

Board of Education

Election Date

November 8, 2022

SAN FRANCISCO
FILED

2022 AUG -9 AM 11:40

DEPARTMENT OF ELECTIONS

Issued by: _____

Date: __/__/__

Complete one of the following sections:

☐ I will **NOT** file a Candidate Statement of Qualifications

Signature of Candidate: _____ Date _____

☒ I will file a Candidate Statement of Qualifications

☒ To facilitate typesetting, and reduce the possibility of transcription error, I am sending an electronic copy of my statement text within 24 hours after submission to the Department at publications@sfgov.org.

Signature of Candidate: _____ Date 8/9/2022

Name as it will appear with statement:

Ann Hsu

My occupation is Appointed Member, Board of Education

My qualifications are:

Keep Text Within the Vertical Lines

As a Member of the SF School Board, I'm committed to student achievement and academic excellence, safe schools, and operational excellence. I am a mother of twin boys enrolled in SFUSD, and after the passing of my father and husband during the pandemic, I have dedicated my time, energy, skills and resources to addressing the failures of our public school system.

Since Mayor Breed appointed me to the School Board in March 2022, I have worked to:

- pass a balanced budget and rescind virtually all lay-off notices
- hire a student focused superintendent
- reinstate criteria-based admissions at Lowell High School
- terminate the Washington mural lawsuit appeal
- create a high school task force to ensure equitable distribution of resources across the district
- lead the effort to restore JROTC at Balboa, Mission and Galileo at no additional cost to SFUSD

I am proud to have earned the endorsements of Senator **Scott Wiener**, Mayor **London Breed**, Former Presidential Candidate **Andrew Yang**, Former Board of Supervisors President **Matt Gonzalez**, and the **Chinese American Citizens' Alliance**.

I will put words into action for the sake of our students and families.

www.AnnForSFBoe.com

This statement will be reproduced exactly as written. You may not make changes or corrections after the deadline for filing. Please type or print neatly. If handwritten information or a revision is unclear, Department staff will interpret the handwritten information to the best of their abilities; this interpretation is final.

English (415) 554-4375

Fax (415) 554-7344

TTY (415) 554-4386

sfelections.org

1 Dr. Carlton B. Goodlett Place
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367

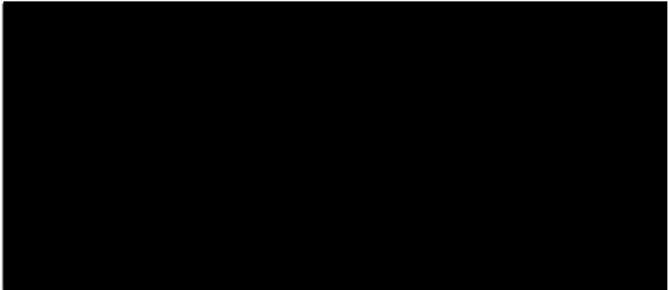
Español (415) 554-4366

Filipino (415) 554-4310

ENDORSEMENT AUTHORIZATION

SAN FRANCISCO
FILED
2022 AUG 10 AM 10:10
DEPARTMENT OF ELECTIONS

I/We London Breed, endorse Ann Hsu for the office of San Francisco Board of Education Commissioner in the November 8, 2022 General Election, and hereby authorize the use of my/our name(s) on her "Candidate Qualification Statement" and publicly on campaign materials and communications.



Signature

Mayor
Title

8/9/2022
Date

ENDORSEMENT AUTHORIZATION

SAN FRANCISCO
FILED
2022 AUG 10 AM 10:10
DEPARTMENT OF ELECTIONS

I/We Chinese American Citizens' Alliance, endorse Ann Hsu for the office of San Francisco Board of Education Commissioner in the November 8, 2022 General Election, and hereby authorize the use of my/our name(s) on her "Candidate Qualification Statement" and publicly on campaign materials and communications.



Signature

President
Title

8 / 9 / 2022
Date


SAN FRANCISCO
FILED

2022 AUG 10 AM 10:10

DEPARTMENT OF ELECTIONS

ENDORSEMENT AUTHORIZATION

I/We Matt Gonzalez, endorse Ann Hsu for the office of San Francisco Board of Education Commissioner in the November 8, 2022 General Election, and hereby authorize the use of my/our name(s) on her "Candidate Qualification Statement" and publicly on campaign materials and communications.



Signature

Former President
Board of Supervisors

Title

8/9/22

Date

SAN FRANCISCO
FILED

2022 AUG -9 AM 11:40

DEPARTMENT OF ELECTIONS

ENDORSEMENT AUTHORIZATION

I/We SCOTT WIENER, endorse Ann Hsu for the office of San Francisco Board of Education Commissioner in the November 8, 2022 General Election, and hereby authorize the use of my/our name(s) on her "Candidate Qualification Statement" and publicly on campaign materials and communications.



Signature

SENATOR

Title

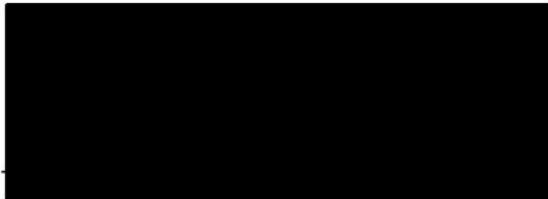
AUGUST 8, 2022

Date

ENDORSEMENT AUTHORIZATION

SAN FRANCISCO
FILED
2022 AUG -9 AM 11:40
DEPARTMENT OF ELECTIONS

I/We Andrew Yang, endorse Ann Hsu for the office of San Francisco Board of Education Commissioner in the November 8, 2022 General Election, and hereby authorize the use of my/our name(s) on her "Candidate Qualification Statement" and publicly on campaign materials and communications.



Signature

Former Presidential Candidate
Title

August 8, 2022
Date