CALIFORNIA FORM 700	STATEMENT	OF ECONOMIC INTERESTS	DateRECEIVEDceived	
FAIR POLITICAL PRACTICES COMMISSION A MENDMENT	COVER PAGE		APR 06 2020	
Please type or print in ink.			*	
NAME OF FILER (LAST)		(FIRST)	DIOTRIC (MIDDLE) CRETARY S	
Lateetah Simon	-	,1	adefor	
1. Office, Agency, or Court			U	
Agency Name (Do not use acronyms) San Francisco Bay Division, Board, Department, District, if applicat	Area Rapid			
District 7		Member, Do	ard of Director	
► If filing for multiple positions, list below or or	n an attachment. (Do not	use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least	t one box)			
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner	
Z Multi-County Contra Costa, 3	SF. Clamecht	_ County of		
City of	,	_ Other		
	- ()			
3. Type of Statement (Check at least on		an a <u>a se se sa s</u> a an a se		
Annual: The period covered is January 1, December 31, 2019.	, 2019, through	Leaving Office: Date Left (Check or	ll ne circle.)	
The period covered is/ December 31, 2019.	, through	leaving office.	y 1, 2019, through the date of	
Assuming Office: Date assumed/	//	 O The period covered is the date of leaving office. 	/, through	
Candidate: Date of Election	and office sought,	if different than Part 1:		
 4. Schedule Summary (must complete Schedules attached Schedule A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule -Or- None - No reportable interests on 	e attached e attached e attached	er of pages including this cover pages including this cover pages including this cover pages in the second	s Positions – schedule attached attached	
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docun	CITY CITY	STATE	ZIP CODE	
300 Lakeside Drive	_ 23rd 11_	Oakland CA E-MAIL ADDRESS	94612	
(SIO) 464-6095 I have used all reasonable diligence in preparing herein and in any attached schedules is true ar				
I certify under penalty of perjury under the l				
Date Signed 3212020)	Signature dee falle	ment with your filing official.)	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Lateefah Simor	
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► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
AKONADI FOUNDATION	California State University		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
436 14TH ST, #1417; OAKLAND CA 94612	401 Golden Shore, Long Beach CA 90802		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Private Foundation 501C3 Agency	State University		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
President	Board of Directors - Trustee		
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$10,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Souse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	X Other Board Stipend		
(Describe)	(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	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*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	andre and Contracting and a store of
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR I	_OAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000			City
<pre>\$10,001 - \$100,000</pre> OVER \$100,000	Guarantor Other		
Comments:			(Describe)