

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received

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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Cisneros, Jose Miguel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Bar of California

Division, Board, Department, District, if applicable

Your Position

Board of Trustees

Board Member

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.☐ Leaving Office: Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through
December 31, 2024.☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/_____
The period covered is ____/____/_____, through☐ 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 (required)**► Total number of pages including this cover page: 5**Schedules attached**☐ Schedule A-1 - Investments – schedule attached☐ Schedule C - Income, Loans, & Business Positions – schedule attached☒ Schedule A-2 - Investments – schedule attached☒ Schedule D - Income – Gifts – schedule attached☒ Schedule B - Real Property – schedule attached☐ Schedule E - Income – Gifts – Travel Payments – schedule attached-or- ☐ None - No reportable interests on any schedule**5. Verification**
 MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

180 Howard Street

San Francisco

CA

94105

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(415) 554-4479

jose.cisneros@calbar.ca.gov

 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained
 herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

 Date Signed 03/21/2025
 (month, day, year)

 Signature Jose Miguel Cisneros
 (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jose Miguel Cisneros

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
State Bar of California	Board of Trustees	Board Member	Annual 1/1/2024 - 12/31/2024	112100405-NPH-0405
City and County of San Francisco	Office of the Treasurer and Tax Collector	Treasurer	Annual 1/1/2024 - 12/31/2024	

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

Cisneros, Jose Miguel

1. BUSINESS ENTITY OR TRUST

Mark Kelleher

N

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2**GENERAL DESCRIPTION OF THIS BUSINESS**Organizational Development Consultant**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/24
ACQUIRED____/____/24
DISPOSED**NATURE OF INVESTMENT**☐ Partnership ☒ Sole Proprietorship ☐ _____ OtherYOUR BUSINESS POSITION Spouse**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 belowPhoenix Philanthropy Group
Broderick Haight Consulting**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTYName of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real PropertyDescription of Business Activity or
City or Other Precise Location of Real Property**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/24
ACQUIRED____/____/24
DISPOSED**NATURE OF INTEREST**☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership☐ Leasehold _____
Yrs. remaining☐ Other _____☐ Check box if additional schedules reporting investments or real property are attached**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:**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/24
ACQUIRED____/____/24
DISPOSED**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**

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ACQUIRED____/____/24
DISPOSED**NATURE OF INTEREST**☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership☐ Leasehold _____
Yrs. remaining☐ Other _____☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Cisneros, Jose Miguel

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

BLOCK 0276 LOT 105

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:

____/____/24
ACQUIRED____/____/24
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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

BLOCK 3753 LOT 335

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:

____/____/24
ACQUIRED____/____/24
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

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym) K. Xu ADDRESS (Business Address Acceptable) 505 Los Altos Ave Arcadia, CA 91007 BUSINESS ACTIVITY, IF ANY, OF SOURCE Mayor's Office of Protocol 4th of July Party <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td>07 / 04 / 24</td><td>\$ 414.30</td><td>Dinner</td></tr><tr><td> / / </td><td>\$</td><td></td></tr><tr><td> / / </td><td>\$</td><td></td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	07 / 04 / 24	\$ 414.30	Dinner	/ /	\$		/ /	\$		▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr><tr><td> / / </td><td>\$</td><td></td></tr><tr><td> / / </td><td>\$</td><td></td></tr><tr><td> / / </td><td>\$</td><td></td></tr></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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Comments: