

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Wolfe, Bruce

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

Sunshine Ordinance Task Force

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☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County☒ County of San Francisco☒ City of San Francisco☐ Other**3. Type of Statement** (Check at least one box)☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ **Candidate:** Date of Election ____ and office sought, if different than Part 1: ____**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

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)

1951 Page Street

San Francisco

CA

94117

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(415) 658-5318

sotf@brucewolfe.net

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

02/12/2025

(month, day, year)

Signature

Bruce Wolfe

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