STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Ple	ease type or print in ink.							
NAN	ME OF FILER (LAST)	(FIRST)		(MID	DLE)			
S	cott	Mattie		An	n			
1.	Office, Agency, or Court							
	Agency Name (Do not use acronyms)							
	San Francisco Police	San Francisco Police Department						
	Division, Board, Department, District, if a	pplicable	Yo	ur Position		_		
	Police Commission		C	Commissioner				
	► If filing for multiple positions, list below	If filing for multiple positions, list below or on an attachment. (Do not use		s)				
	Agency:		D	:4:				
	Agency:		P	osition:				
2.	Jurisdiction of Office (Check a	t least one box)						
	State			ludge, Retired Judge, Pro Statewide Jurisdiction)	Tem Judge, or Court C	commissioner		
	Multi-County		<u> </u>	County of San Fran	ncisco			
	city of San Francisco			Other				
2	Type of Ctatement (c)							
ა.	Type of Statement (Check at le	·			6			
	Annual: The period covered is Jar December 31, 2024.	uary 1, 2024, through		Leaving Office: Date Le (Check	tt/ c one circle below.)			
	The period covered is December 31, 2024.	/, thro	,ag.,	☐ The period covered is leaving office. or-	January 1, 2024, throug	gh the date of		
	Assuming Office: Date assumed			☐ The period covered is the date of leaving off		, through		
	Candidate: Date of Election	and office s	ought, if differen	t than Part 1:				
4	Schedule Summary (required	t) Total nu	mhor of page	s including this cov	vor nago:			
••	Schedules attached	·) Piotai nui	ilber of page	s including this cov	ei paye.			
	Schedule A-1 - Investments – so	hedule attached		l e C - Income, Loans, & E		nedule attached		
	Schedule A-2 - Investments – so	hedule attached		le D - Income - Gifts - so				
	Schedule B - Real Property – so	hedule attached	Schedu	le E - Income – Gifts – Tr	avel Payments – sched	ule attached		
-(-or- None - No reportable interests on any schedule							
5.	Verification							
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	CI'	TY	STATE	ZIP COD	DE		
	1245 3rd Street 6th floor	·	an Francisco	CA	9415	58		
	DAYTIME TELEPHONE NUMBER		EMAIL ADD	DRESS				
	(415) 837-7070			mmission@sfgov.org				
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					ormation contained		
	I certify under penalty of perjury under	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
	D. 1 01 100/06/000E			Mattie Coett				
	Date Signed 02/26/2025 (month, day, year	r)	Signature	Mattie Scott (File the originally signed	paper statement with your filing o	official.)		
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Instructions Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. Because the Form 700 is a public document, you may list your business/office address instead of your home address.

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). Do not use acronyms.
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who
 also is a member of a county board or commission) you may
 be required to file separate and distinct statements with each
 agency. To simplify your filing obligations, in some cases you
 may instead complete a single expanded statement and file it
 with each agency.
 - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. Do not use acronyms. Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

Example:

Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 14, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.

If your agency is not a state office, court, county office, city
office, or multi-county office (e.g., school districts, special
districts and JPAs), check the "other" box and enter the
county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Feather River Irrigation District			
Division, Board, Department, District, if applicable	Your Position		
N/A	Board Member		
$ \begin{tabular}{ll} \hline & \textbf{If filing for multiple positions, list below or on an attachment.} & \textit{(Do not use a superior of the property)} \\ \hline & \textbf{Agency:} & \textbf{N/A} \\ \hline \\ & \textbf{Agency:} & \textbf{Agency:} & \textbf{Agency:} \\ \hline \\ & \textbf{Agency:} & \textbf{Agency:} & \textbf{Agency:} \\ \hline \\ & \textbf{Agency:} & \textbf{Agency:} & \textbf{Agency:} \\ \hline \\ \\ \\ & \textbf{Agency:} \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	acronyms) Position:		
2. Jurisdiction of Office (Check at least one box)			
☐ State	Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County Yuba & Sutter Counties	County of		
City of	Other		

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2024 annual statement, **do not** change the pre-printed dates to reflect 2025. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2025, through December 31, 2025, will be disclosed on your statement filed in 2026. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; or if you have nothing to disclose on any schedule, check the "No reportable interests" box.
 Please do not attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original "wet" signature unless filed with a secure electronic signature. (See page 4 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When you sign your statement, you are stating, under penalty of perjury, that it is true and correct. Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

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				

>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$2,000 - \$10,000	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)
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
	IF APPLICABLE, LIST DATE: //24	IF APPLICABLE, LIST DATE: //24
_	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
,	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
[FAIR MARKET VALUE \$2,000 - \$10,000	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:	IF APPLICABLE, LIST DATE:
	// 24	// 24
Co	mments:	