

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Kelly, Jr., Harlan Leroy			

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

Public Utilities Commission

General Manager

▶ 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
 Alameda, San Francisco, San Mateo, Santa Clara
- Multi-County Clara
- City of San Francisco

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)
 Annual: The period covered is January 1, 2018, through December 31, 2018

-or-

The period covered is ____/____/____, through December 31, 2018

 Assuming Office: Date assumed ____/____/____

 Leaving Office: Date Left ____/____/____
 (Check one circle)

- The period covered is January 1, 2018, 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: 3**Schedules attached**

- | | |
|---|---|
| <input type="checkbox"/> Schedule A-1 - Investments - schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments - schedule attached | <input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached |
| <input type="checkbox"/> Schedule B - Real Property - schedule attached | <input type="checkbox"/> 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94102

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 03/25/2019
 (month, day, year)

 Signature Harlan Leroy Kelly, Jr. 
 (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

Harlan Leroy Kelly, Jr.

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

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Public Utilities Commission	General Manager	Annual 1/1/2018 - 12/31/2018
San Francisco Bay Area Regional Water System Financing Authority	Special District	Director	Annual 1/1/2018 - 12/31/2018
City and County of San Francisco	San Francisco Refuse Rate Board	Board Member	Annual 1/1/2018 - 12/31/2018

**SCHEDULE D
 Income – Gifts**

Name
Kelly, Jr., Harlan Leroy

▶ NAME OF SOURCE (Not an Acronym)
2018 San Francisco Inaugural Fund
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94114
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Inauguration of San Francisco Mayor London Breed

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 11 / 18</u>	<u>\$ 359.00</u>	<u>Attendance at inauguration</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: _____

