

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEVERONI STEPHEN EDMUND

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

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of SAN FRANCISCO
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2023, through December 31, 2023.
- or-
- Leaving Office: Date Left _____ (Check one circle)
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- Assuming Office: Date assumed _____
- 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 A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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)
525 GOLDEN GATE AVENUE 13TH FLOOR SAN FRANCISCO, CA 94102

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 554-3165

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 07-30-2024
(month, day, year)

Signature Stephen E. Leveroni
(File the originally signed paper statement with your filing official.)

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
NEWFRONT
GENERAL DESCRIPTION OF THIS BUSINESS
Insurance Brokerage
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:
____/____/23 ACQUIRED ____/____/23 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
____/____/23 ACQUIRED ____/____/23 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
____/____/23 ACQUIRED ____/____/23 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
____/____/23 ACQUIRED ____/____/23 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
____/____/23 ACQUIRED ____/____/23 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
____/____/23 ACQUIRED ____/____/23 DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



Name

<BLUE> is a required field

NAME OF BUSINESS ENTITY	GENERAL DESCRIPTION OF THIS BUSINESS ACTIVITY	FAIR MARKET VALUE (Select from drop down list)	NATURE OF INVESTMENT (Select from drop down list if "other," describe)	IF APPLICABLE, LIST DATE (mm/dd/yyyy) ACQUIRED DISPOSED
ALTRIA GROUP INC (MO)	Produces and markets tobacco products	\$2,000 - \$10,000	Stock	
AMER INTL GP INC NEW (AIG)	Global insurance organization	\$2,000 - \$10,000	Stock	
AMERICAN EXPRESS CO (AXP)	Globally integrated payments company	\$10,001 - \$100,000	Stock	
APPLE INC (AAPL)	Technology company	\$100,001 - \$1,000,000	Stock	
BERKSHIRE HATHAWAY CL-B NEW (BRKB)	Holding Company	\$10,001 - \$100,000	Stock	
CHEVRON CORP (CVX)	Integrated Energy Company	\$10,001 - \$100,000	Stock	
COCA COLA CO (KO)	Manufacture, market, and sell various nonalcoholic beverages	\$2,000 - \$10,000	Stock	
DIAGEO PLC SPON ADR NEW (DEO)	Production and distribution of alcoholic beverages	\$10,001 - \$100,000	Stock	
ELI LILLY & CO (LLY)	Healthcare company	\$10,001 - \$100,000	Stock	
INTERCONTINENTAL EXCHANGE INC (ICE)	Financial services company	\$10,001 - \$100,000	Stock	
JOHNSON & JOHNSON (JNJ)	Healthcare company	\$10,001 - \$100,000	Stock	
JPMORGAN CHASE & CO (JPM)	Financial and investment banking services	\$10,001 - \$100,000	Stock	
MC DONALDS CORP (MCD)	Fast food franchises/restaurants	\$10,001 - \$100,000	Stock	
MICROSOFT CORP (MSFT)	Technology company	\$100,001 - \$1,000,000	Stock	
NESTLE SPON ADR REP REG SHR (NSRGY)	Food and beverage manufacturer	\$10,001 - \$100,000	Stock	
PHILIP MORRIS INTL INC (PM)	Production and sale of tobacco products	\$10,001 - \$100,000	Stock	
PROCTER & GAMBLE (PG)	Consumer product manufacturer	\$10,001 - \$100,000	Stock	
SANOFI ADR (SNY)	Research, production, and distribution of pharmaceutical products	\$2,000 - \$10,000	Stock	
THE J.M. SMUCKER COMPANY (SJM)	Manufactures and markets branded food and beverage products	\$2,000 - \$10,000	Stock	
WASTE MGMT INC (DELA) (WM)	Waste management and recycling services	\$10,001 - \$100,000	Stock	

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
NEWFRONT

ADDRESS (Business Address Acceptable)
777 KARWEAS ISLAND BLVD. #250

BUSINESS ACTIVITY, IF ANY, OF SOURCE SAN MATEO, CA 94404
INSURANCE Brokerage

YOUR BUSINESS POSITION
EVP

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

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.)

Sale of _____
(Real property car boat etc.)

Loan repayment

Commission or Rental Income. list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

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.)

Sale of _____
(Real property car boat etc.)

Loan repayment

Commission or Rental Income. list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____