

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Segal Lynne Newhouse

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Francisco Film Commission

Division, Board, Department, District, if applicable

Your Position

Commissioner

► 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 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, 2018, through December 31, 2018.

☐ Leaving Office: Date Left / / (Check one circle.)

-or-

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☒ Assuming Office: Date assumed 04 / 01 / 2019

☐ 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: one

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)

SF City Hall, Room 473

San Francisco

CA

94102

DAYTIME TELEPHONE NUMBER

(415) 554-6241

EMAIL ADDRESS

film@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.

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

Date Signed

4/17/19
(month, day, year)

Signature

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