CALIFORNIA FORM 700	STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Receiv COVER PAGE A PUBLIC DOCUMENT		Date Initial Filing Receive
FAIR POLITICAL PRACTICES COMMISSION			
Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ely	Lydia	S	(1110022)
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	
Mayor's Office of Housing and Community Development		0902 - Director of Public Housing Initiatives	
► If filing for multiple positions, list below or	on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	ast one box)		
State	*	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of San Francisco	
X City of San Francisco		Other	
3. Type of Statement (Check at least	one box)		
Annual: The period covered is January December 31, 2019.		Leaving Office: Date Left (Check one	
The period covered is/ December 31, 2019.	, through	 The period covered is January -or-leaving office. 	1, 2019, through the date of
Assuming Office: Date assumed		O The period covered is/. the date of leaving office.	, through
Candidate: Date of Election	and office sought, i	if different than Part 1:	
4. Schedule Summary (must com	olete) 🕨 Total number o	of pages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – sched			
Schedule B - Real Property - sched	ule attached	Schedule E - Income - Gifts - Travel Pay	ments - schedule attached
-or- None - No reportable interes	ts on any schedule		
5. Verification	to on any concure		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Do 1 South Van Ness Avenue Suite {		sco CA	94103
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	34103
(415) 701 5519		Lydia.Ely@sfgov.org	
I have used all reasonable diligence in prepar herein and in any attached schedules is true	ing this statement. I have review and complete. I acknowledge the	red this statement and to the best of my kno nis is a public document.	wledge the information contained
I certify under penalty of perjury under th		`	1
Date Signed <u>3/31/2020</u>	ei-	inature	
(month, day, year)	310	marnie	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
CITY	СІТҮ	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 //19 \$10,001 - \$100,000 //19 \$100,001 - \$1,000,000 //19 Over \$1,000,000 //19	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 //19 \$10,001 - \$100,000 //19 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED	
NATURE OF INTEREST	NATURE OF INTEREST	
Leasehold Leasehold Other	Leasehold	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
% None	% None	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	
Guarantor, if applicable	Guarantor, if applicable	

Comments: _

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	\$
/\$	\$ *
/\$	\$ *
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	\$ *
/\$	\$ §
/\$	\$ \$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	\$\$
/\$ /\$	/
/\$	\$ \$
Comments:	
~ ~	

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