



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed  
01/27/2017  
12:57:44  
Filing ID:  
162990570

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Kelly, Naomi M.

### 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  
City Administrator's Office (GSA) City Administrator

► 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  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, 2016, through December 31, 2016  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

### 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

#### 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)  
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 01/27/2017 Signature Naomi M. Kelly  
(month, day, year) (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name

Naomi M. Kelly

\* 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	City Administrator's Office (GSA)	City Administrator	Annual 1/1/2016 - 12/31/2016
City & County of San Francisco	Rate Fairness Board	Board Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Workforce Investment Board	Board Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	San Francisco Refuse Rate Board	Board Member	Annual 1/1/2016 - 12/31/2016
Non-Profit	SF Community Investment Fund	Secretary	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Mayor's Our Children, Our Families Council	Board Member	Annual 1/1/2016 - 12/31/2016

## SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____
Kelly, Naomi M. _____

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
 Women in Construction, Engineering and Related Services (WICERS) 2016 Conference Committee  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 Atlanta, GA 30303  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 The WICERS conference is for women who work in construction, engineering and related services.  
 DATE(S): 04 / 27 / 16 - 04 / 28 / 16 AMT: \$ 1,458.00  
(If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination Atlanta Marriott Marquis

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_