



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

E-Filed  
04/02/2019  
16:45:25  
Filing ID:  
178860610

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Breed, London Nicole

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  
Office of the Mayor Mayor

► 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, 2018, through December 31, 2018  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018  
 Assuming Office: Date assumed 07 / 11 / 2018 See attached  
 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: 4

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 04/02/2019 Signature London Nicole Breed  
(month, day, year) (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

London Nicole Breed

\* 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	Board of Supervisors	Supervisor	Annual 1/1/2018 - 12/31/2018
City and County of San Francisco	Office of the Mayor	Mayor	Annual 1/1/2018 - 12/31/2018
Bay Area Air Quality Management District	Board of Directors	Director	Assuming Office 10/9/2018
Association of Bay Area Governments	Executive Board	Member	Assuming Office 7/11/2018
Bay Area Air Quality Management District	Board of Directors	Director - Annual	Annual 1/1/2018 - 12/31/2018
Association of Bay Area Governments	Executive Board	Member - Annual	Annual 1/1/2018 - 12/31/2018

**SCHEDULE D**  
**Income – Gifts**

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 18	\$ 359.00	Attend inaugural event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Breed, London Nicole

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<p>▶ NAME OF SOURCE (Not an Acronym)  <u>Third Baptist Foundation</u>                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE  <u>San Francisco, CA 94115</u>  <input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE                  _____                  DATE(S): <u>07 / 18 / 18</u> - <u>07 / 19 / 18</u> AMT: \$ <u>1,462.65</u>                  (If gift)</p> <p>▶ MUST CHECK ONE:      <input checked="" type="checkbox"/> Gift    -or-    <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Attend NAACP annual convention</u>                  _____</p> <p>▶ If Gift, Provide Travel Destination <u>San Antonio, Texas</u>                  _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym)                  _____                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE                  _____  <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE                  _____                  DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____                  (If gift)</p> <p>▶ MUST CHECK ONE:      <input type="checkbox"/> Gift    -or-    <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____                  _____</p> <p>▶ If Gift, Provide Travel Destination _____                  _____</p>
<p>▶ NAME OF SOURCE (Not an Acronym)                  _____                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE                  _____  <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE                  _____                  DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____                  (If gift)</p> <p>▶ MUST CHECK ONE:      <input type="checkbox"/> Gift    -or-    <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____                  _____</p> <p>▶ If Gift, Provide Travel Destination _____                  _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym)                  _____                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE                  _____  <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE                  _____                  DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____                  (If gift)</p> <p>▶ MUST CHECK ONE:      <input type="checkbox"/> Gift    -or-    <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____                  _____</p> <p>▶ If Gift, Provide Travel Destination _____                  _____</p>

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