

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Sheriff's Oversight Board

Seat # (Required - see Vacancy Notice for qualifications): 1

Full Name: Ovava Etere Afuhaamango

[Redacted] San Francisco, CA Zip Code: 94108
Occupation: Marketing Manager

Work Phone: N/A Employer: Sephora

Business Address: 425 Market Street, San Francisco, CA Zip Code: 94105

Business Email: ovava.afuhaamango@sephora.cc Home [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Born and raised in San Francisco to immigrant parents of Samoan and Tongan descent, I grew up in the Portola District with family all over the city -- from Bayview to Sunset. I have family personally impacted by the criminal justice system, so the issue of transparency and accountability is near and dear to me.

Business and/or Professional Experience:

I offer my experience in marketing and communications to engage the public -- especially those most impacted by the system.

Civic Activities:

I am a member of the Samoan Community Development Center and SF Sheriff's Oversight Board (of which I am seeking re-appointment to Seat #1).

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 3/28/2023 Applicant's Signature (required): Ovava E. Afuhaamango
*(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)*

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

E-Filed 03/28/2023 23:54:32 Filing ID: 207415134

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Afuhaamango, Ovava Etere

1. Office, Agency, or Court

Agency Name (Do not use acronyms) SAN FRANCISCO ETHICS COMMISSION Division, Board, Department, District, if applicable Sheriff's Department Oversight Board and Office of Inspector General Your Position Sheriff's Department Oversight Board, Member

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, 2022 through December 31, 2022. -or- The period covered is 01 / 14 / 2022, through December 31, 2022. Leaving Office: Date Left (Check one circle) The period covered is January 1, 2022 through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 2

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) San Francisco CA 94105 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 03/28/2023 Signature Ovava Etere Afuhaamango (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Afuhaamango, Ovava Etereï

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME Sephora</p> <p>ADDRESS (Business Address Acceptable) San Francisco, CA 94105</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Retail, Beauty Industry</p> <p>YOUR BUSINESS POSITION Marketing Manager</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i> <input type="checkbox"/> Other _____ <i>(Describe)</i></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i> <input type="checkbox"/> Other _____ <i>(Describe)</i></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <i>Street address</i> _____ <i>City</i> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <i>(Describe)</i></p>
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Comments: _____

BOARD of SUPERVISORS



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San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

SF Sheriff Department Oversight Board

Name of Board/Commission/Committee/Task Force: _____

3

Seat # (Required - see Vacancy Notice for qualifications): _____

William Monroe Palmer II

Full Name: _____

San Francisco, CA

94117

Zip Code: _____

Credible Messenger

Occupation: _____

Restorative Justice for Oakland Youth

Work Phone: _____

415-590-9193

Employer: _____

1733 Broadway, Oakland, CA

94612

Business Address: _____

Zip Code: _____

william@rjoyoakland

Business Email: _____

Home Email: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No []

If No, place of residence: _____

18 Years of Age or Older: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I spent 31 years in California's prison system and a few months in SF County Jail. During my time on the inside, I earned my Associates of Arts degree in Business, was on the Men's Advisory Committee, mentored the younger prisoners in cognitive reconstruction methods. Selected as a leader in prison programming that included: Defy Ventures, an entrepreneur and leadership program teaching me to become a liaison between administration, the public and the prison population. This led me to becoming an advocate of my liberation. I was successful in creating Title 15 Regulation for youth convicted as adults and giving meaningful release to thousands under the CA Supreme Court case: In re Palmer.

I have channeled my passion into working with many advocacy groups including United Playaz (by saving the hood), Insight Gardening Program (an environmentalist), Defy Ventures (creating business partnerships), All Of Us Or None (organizing/legislative work), and core member of Abolish Slavery National Network (repeal/replace the exception clause), but I also have significant experience working inside the criminal justice system with leadership from SF Chief of Police Bill Scott and Sheriff Miyamoto.

Business and/or Professional Experience:

Restorative Justice for Oakland Youth, Oakland, CA—RJ Coordinator

April 2023-Present

Restorative Justice Coordinator. Credible Messenger lead facilitator for the Alameda Juvenile Hall, Writer of the Credible Messenger Program, Healing Circle Facilitator.

Café Revolution, San Francisco, CA—Founder/Podcaster

Feb 2023-Present

SF Bayview Newspaper, San Francisco, CA—Editor in Chief

Nov 2022-January 2023

Life After Next, San Francisco, CA—Founder/Executive Director

July 2021-Present

Civic Activities:

Abolish Slavery National Network

San Francisco Reentry Council-Sentencing Commission

San Francisco Sheriff Department Oversight Board

San Diego Peace Resource Center - *Board Member*

The Adachi Project

Exodus Coalition - Youth Offender Advocate & Legal Defense Litigators

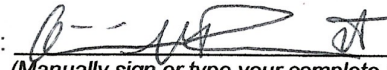
San Francisco Reparations Committee-Property & Economics

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 02/03/2023

Applicant's Signature (required):



(Manually sign or type your complete name.)

NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

 Date Initial Filing Received
 Filing Official Use Only

 E-Filed
 03/31/2023
 16:06:31

 Filing ID:
 207538274

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Palmer II, William Monroe			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN FRANCISCO ETHICS COMMISSION

Division, Board, Department, District, if applicable

Sheriff's Department Oversight Board and Office of Inspector General

Your Position

Sheriff's Department Oversight Board, Member

▶ 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 San Francisco 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, 2022 through December 31, 2022.

-or-

The period covered is 01 / 14 / 2022, through December 31, 2022. **Assuming Office:** Date assumed _____/_____/_____ **Leaving Office:** Date Left _____/_____/_____ (Check one circle) The period covered is January 1, 2022 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 (required)**▶ Total number of pages including this cover page: 3**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
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94117

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 03/31/2023
(month, day, year)Signature William Monroe Palmer II
(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.

Name
Palmer II, William Monroe

▶ NAME OF BUSINESS ENTITY
Studio 3 To The Third Power

GENERAL DESCRIPTION OF THIS BUSINESS
Consulting and Artist

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 Single LLC Ownership
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / **22** / / **22**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Life After Next

GENERAL DESCRIPTION OF THIS BUSINESS
Reentry Housing

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:
 / / **22** / / **22**
 ACQUIRED 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:
 / / **22** / / **22**
 ACQUIRED 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:
 / / **22** / / **22**
 ACQUIRED 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:
 / / **22** / / **22**
 ACQUIRED 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:
 / / **22** / / **22**
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Palmer II, William Monroe

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Thea Selby for Assembly 2022</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>San Francisco, CA 94102</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Political Campaign</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Constultant</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Real Property _____ Street address	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	City _____	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ (Describe)	

Comments: _____