

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Walker, Debra			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Arts Commission

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 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, 2021 through
December 31, 2021.

-or-

The period covered is ____/____/____, through
December 31, 2021. **Assuming Office:** Date assumed ____/____/____ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____ **Leaving Office:** Date Left ____/____/____
(Check one circle) The period covered is January 1, 2021 through the date of
leaving office. The period covered is ____/____/____, through the date
of leaving office.**4. Schedule Summary (must complete) ▶ 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
		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 03/28/2022
(month, day, year)Signature Debra Walker
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Walker, Debra

▶ 1. BUSINESS ENTITY OR TRUST

JustSF
Name _____

San Francisco, CA 94115
Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Ombuds service

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/21 ____/____/21
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION Ombuds

▶ 1. BUSINESS ENTITY OR TRUST

Debra Walker - Artist
Name _____

San Francisco, CA 94110
Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Creation of original fine art, paintings, sculpture and limited edition prints, arts consulting.

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/21 ____/____/21
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner, artist

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

Veritas Investments

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/21 ____/____/21
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/21 ____/____/21
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____