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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Shaddix, Earl				
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		
Building Inspection Commission	attachment (De not us	Commissioner		
▶ If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least on	e box)			
State		Judge, Retired Ju (Statewide Jurisdi		dge, or Court Commissioner
Multi-County		X County of San	Francisco	
City of		Other		
3. Type of Statement (Check at least one be				
X Annual: The period covered is January 1, 20		Leaving Office:	: Date Left	
December 31, 202 4.	• · · · · · · · · · · · · · · · · · · ·		(Check one cir	
The period covered is/	/, through	☐ The period of leaving office -or-	,	y 1, 202 4, through the date of
Assuming Office: Date assumed/_		☐ The period of	covered is	/, through
Candidate: Date of Election	and office sought	if different than Part 1:		
4. Schedule Summary (required)	► Total number	of pages including	this cover nad	ηρ· .
Schedules attached	rotal Hambol	or pages meraanig	ims oover pag	<u> </u>
	a a h a d	Schedule C - Income I	nans & Rusiness	<i>Positions</i> – schedule attached
Schedule A-1 - Investments – schedule att Schedule A-2 - Investments – schedule att	Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property – schedule att				yments – schedule attached
Golloudie B. Real Property Schedule and		_	-	,
-or- x None - No reportable interests or	anv schedule			
5. Verification				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
49 South Van Ness Avenue, Ste. 500 DAYTIME TELEPHONE NUMBER	San Fr	ancisco EMAIL ADDRESS	CA	94103
(628) 6652-3510				
I have used all reasonable diligence in preparing thi	s statement. I have revie	dbicustomerservic		owledge the information contained
herein and in any attached schedules is true and c			and book of my kin	sgo are intermedial contained
I certify under penalty of perjury under the laws	of the State of Californ	nia that the foregoing is	true and correct.	
Date Signed 02/18/2025 (month, day, year)	S	ignature Earl Shaddi		ement with your filing official.)