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## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAN	ME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
Ac	dams, William						
1.	Office, Agency, or Court						
	Agency Name (Do not use acro	cy Name (Do not use acronyms)					
	City and County of San	Francisco					
	Division, Board, Department, Dis	vision, Board, Department, District, if applicable		Your Position			
	Port Commission		Commission				
	▶ If filing for multiple positions,	f 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			☐ Judge or C	Court Commissioner (Sta	tewide Jurisdiction)	
	Multi-County			County of San Francisco			
	City of			Other			
3.	Type of Statement (Check at least one box)						
	X Annual: The period covered December 31, 20	• • • • • •	h	Leaving (	Office: Date Left		
	The period covered is/, through December 31, 2013			<ul> <li>The period covered is January 1, 2013, through the date of leaving office.</li> </ul>			
	Assuming Office: Date as	sumed/	_		eriod covered is	/, through the date	
	Candidate: Election Year and office sought, if different than Part 1:						
4.	Schedule Summary						
	Check applicable schedules or "None."		<b>▶</b> T	► Total number of pages including this cover page:1			
	Schedule A-1 - Investments	- schedule attached		Schedule C - Ir	ncome, Loans, & Busine	ess 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 P				Payments – schedule attached			
	-or-  None - No reportable interests on any schedule						
5.	Verification						
	MAILING ADDRESS STR (Business or Agency Address Recommen		CITY		STATE	ZIP CODE	
				ancisco	CA	94102	
	DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS (OPT	TONAL)		
	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						
	erein and in any attached schedules is true and complete. I acknowledge this is a public document.						
	I certify under penalty of perju	rtify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	Date Signed 03/26/2014			Signature _ William Adams			
	(mon	th, day, year)	·		(File the originally signed statem	ent with your filing official.)	