

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**  
*A Public Document*

Date Initial Filing Received  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Williams, Kavin

**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

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

Judge, Retired Judge, Pro Tem 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, 2023 through December 31, 2023.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle)

-or-  
The period covered is 07 / 12 / 2023, through December 31, 2023.

The period covered is January 1, 2023 through the date of leaving office.

**Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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: 6

**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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
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DAYTIME TELEPHONE NUMBER	San Francisco	CA	94103
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( )	E-MAIL ADDRESS
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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 03/24/2024  
(month, day, year)

Signature Kavin Williams  
(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.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Williams, Kavin

## ► NAME OF BUSINESS ENTITY

Vanguard Total International Bond Index

GENERAL DESCRIPTION OF THIS BUSINESS

Index Fund

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 Diversified 4015  
(Describe)  
 Partnership  Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED            DISPOSED

## ► NAME OF BUSINESS ENTITY

Vanguard Total International Bond Index

GENERAL DESCRIPTION OF THIS BUSINESS

Index Fund

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 Diversified fund in 401(k)  
(Describe)  
 Partnership  Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED            DISPOSED

## ► NAME OF BUSINESS ENTITY

Vanguard Total Bond Market Index Fund

GENERAL DESCRIPTION OF THIS BUSINESS

Index Fund

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 Diversified 401k  
(Describe)  
 Partnership  Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED            DISPOSED

## ► NAME OF BUSINESS ENTITY

Vanguard Total Stock Market Index Fund

GENERAL DESCRIPTION OF THIS BUSINESS

Index Fund

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 Diversified 401k  
(Describe)  
 Partnership  Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED            DISPOSED

## ► NAME OF BUSINESS ENTITY

Vanguard Total Stock Market Index Fund

GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE

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 \$100,001 - \$1,000,000  Over \$1,000,000

NATURE OF INVESTMENT

Stock  Other Diversified fund in 401(k)  
(Describe)  
 Partnership  Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED            DISPOSED

## ► NAME OF BUSINESS ENTITY

Vanguard Total Bond Market Index Fund

GENERAL DESCRIPTION OF THIS BUSINESS

Index fund

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 Diversified fund in 401(k)  
(Describe)  
 Partnership  Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED            DISPOSED

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

**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

Williams, Kavin

**► 1. BUSINESS ENTITY OR TRUST**

KAW LAW

Name

SAN FRANCISCO, CA 94104

Address (Business Address Acceptable)

Check one

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

Law Practice

FAIR MARKET VALUE

- \$0 - \$1,999
- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

- Partnership
- Sole Proprietorship
- Other

YOUR BUSINESS POSITION Sole Owner

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

- \$0 - \$499
- \$500 - \$1,000
- \$1,001 - \$10,000
- \$10,001 - \$100,000
- OVER \$100,000

**► 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  
Nir Toledo

Emperor Motors

Carlson Law Office

**► 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

315 Montgomery Street, Ste 914, SF, CA 94104

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

FAIR MARKET VALUE

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

Leasehold      1.25  
Yrs. remaining

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

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

**► 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- \$0 - \$1,999
- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

- Partnership
- Sole Proprietorship
- Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

- \$0 - \$499
- \$500 - \$1,000
- \$1,001 - \$10,000
- \$10,001 - \$100,000
- OVER \$100,000

**► 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

**► 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

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

Leasehold      \_\_\_\_\_  
Yrs. remaining

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

Additional Single Sources of Income of \$10,000 or more for KAW LAW

Lawyers Committee for Civil Rights

**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

Williams, Kavin

**► 1. BUSINESS ENTITY OR TRUST**

KAW LAW

Name

San Francisco, CA 94104

Address (Business Address Acceptable)

Check one

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

Law firm

FAIR MARKET VALUE  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

Partnership    Sole Proprietorship    Other

YOUR BUSINESS POSITION Sole owner

**► 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  
Nir Toledo

Carlson Law Office

Lawyers Committee for Civil Rights

**► 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:  
 \$2,000 - \$10,000      \_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust       Stock       Partnership

Leasehold      \_\_\_\_\_ Yrs. remaining

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

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

**► 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

\$0 - \$1,999      \_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**NATURE OF INVESTMENT**

Partnership    Sole Proprietorship    Other

YOUR BUSINESS POSITION \_\_\_\_\_

**► 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

**► 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:  
 \$2,000 - \$10,000      \_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust       Stock       Partnership

Leasehold      \_\_\_\_\_ Yrs. remaining

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

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

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name

Williams, Kavin

**► 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Eviction Defense Collaborative

ADDRESS (Business Address Acceptable)

San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal Services Organization

YOUR BUSINESS POSITION

Staff Attorney

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

(Describe)

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\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_ %  None

SECURITY FOR LOAN

None  Personal residence

Real Property \_\_\_\_\_ Street address

City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_

(Describe)

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