

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hartwig-Schulman, Kimberlee		

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN FRANCISCO ETHICS COMMISSION

Division, Board, Department, District, if applicable

Your Position

Sanitation and Streets Commission

Sanitation and Streets Commission, 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☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☒ County of San Francisco☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

☐ 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 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☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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

94103

DAYTIME TELEPHONE NUMBER

EMAIL 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 03/24/2026
(month, day, year)Signature Kimberlee Hartwig-Schulman
(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
Hartwig-Schulman, Kimberlee

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

SoMa West Community Benefit District

ADDRESS (Business Address Acceptable)

San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit

YOUR BUSINESS POSITION

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)**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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: _____