## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed 12/06/2022 08:24:49

Filing ID: 205650563

Please type or print in ink. NAME OF FILER (LAST) (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 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) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ☐ State (Statewide Jurisdiction) X County of San Francisco Multi-County \_\_\_\_\_ ☐ City of \_\_\_\_\_ Other\_ 3. Type of Statement (Check at least one box) Annual:The period covered is January 1, 2021, through Leaving Office: Date Left \_\_\_\_\_/\_ December 31, 2021. (Check one circle.) -or-The period covered is \_\_\_\_\_\_\_, through the date of leaving office. December 31, 2021. ○ The period covered is \_\_\_\_\_/\_\_\_, through the date X Assuming Office: Date assumed 11 / 18 / 2022 Candidate: Date of Election\_\_\_ \_\_\_\_\_ and office sought, if different than Part 1:\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_ 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) San Francisco CA 94103 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. Signature <u>Earl Shaddix</u> Date Signed \_\_12/06/2022 (month, day, year) (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

AMENDMENT

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Economic Development on Third  ADDRESS (Business Address Acceptable)	EDOT ADDRESS (Business Address Acceptable)
San Francisco , CA 94124	San Francisco , CA 94124
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3	501c3
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Executive Director	Executive Director
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,000
□ \$10,001 - \$100,000	\$10,001 - \$100,000 X OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary Spouse's or registered domestic partner's income	X 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.)	(For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
Comments:	
	ution, or any indebtedness created as part of a retail installment or credit in terms available to members of the public without regard to your official course of business must be disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOSINESS ACTIVITY, IF ANY, OF ELINDER	
LICUISOT DALANOS DUDINO DEPODITIVO DEDIOD	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	,
—	Guarantor
\$10,001 - \$100,000	<i>,</i>
S10,001 - \$100,000 OVER \$100,000	<i>,</i>
	Guarantor
OVER \$100,000  Filer's Verification	Guarantor
OVER \$100,000  Filer's Verification  Print Name Shaddix, Earl Office	Guarantor
OVER \$100,000  Filer's Verification  Print Name Shaddix, Earl Office  Statement Type 2021/2022 Annual (yr) Annual X A	Guarantor  Other  (Describe)  e, Agency or Court  City and County of San Francisco  Assuming  Leaving  Candidate  we reviewed this statement and to the best of my knowledge the information
OVER \$100,000  Filer's Verification  Print Name Shaddix, Earl Office  Statement Type 2021/2022 Annual Annual Annual Annual I have used all reasonable diligence in preparing this statement. I have	Guarantor  Other  (Describe)  e, Agency or Court  City and County of San Francisco  Assuming  Leaving  Candidate  we reviewed this statement and to the best of my knowledge the information te.