

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Adams, William			

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

Port 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, 2021 through
December 31, 2021. **Leaving Office:** Date Left ____/____/____
(Check one circle)

-or-

The period covered is ____/____/____, through
December 31, 2021. The period covered is January 1, 2021 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 (must complete) ▶ 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

-or-

 None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94158

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.

Date Signed 03/30/2022
(month, day, year)Signature William Adams
(File the originally signed paper statement with your filing official.)

