BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Sheriff's Oversight Board

Seat # (Required - see Vacancy Notice for qualifications): 1

Full Name: Ovava Eterei Afuhaamango

[redacted] Francisco, CA Zip Code: 94108

[redacted] Occupation: Marketing Manager

Work Phone: N/A Employer: Sephora

Business Address: 425 Market Street, San Francisco, CA Zip Code: 94105

Business Email: ovava.afuhaamango@sephora.cc Home [redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ■ No ☐ If No, place of residence: _____

18 Years of Age or Older: Yes ■ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Born and raised in San Francisco to immigrant parents of Samoan and Tongan descent, I grew up in the Portola District with family all over the city -- from Bayview to Sunset. I have family personally impacted by the criminal justice system, so the issue of transparency and accountability is near and dear to me.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

I offer my experience in marketing and communications to engage the public -- especially those most impacted by the system.

Civic Activities:

I am a member of the Samoan Community Development Center and SF Sheriff's Oversight Board (of which I am seeking re-appointment to Seat #1).

Have you attended any meetings of the body to which you are applying? Yes ■ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 3/28/2023 Applicant's Signature (required): Ovava E. Afuhaamango

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

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03/28/2023
23:54:32

Filing ID:
207415134

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Afuhaamango,	Ovava Eterei	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN FRANCISCO ETHICS COMMISSION

Division, Board, Department, District, if applicable

Sheriff's Department Oversight Board and Office of Inspector General

Your Position

Sheriff's Department Oversight Board, 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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2022 through December 31, 2022.

-or-

The period covered is 01 / 14 / 2022, through December 31, 2022.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____

(Check one circle)

○ The period covered is January 1, 2022 through the date of leaving office.

○ 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:** 2

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – 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
		San Francisco	CA	94105

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 03/28/2023 *(month, day, year)*

Signature Ovava Eterei Afuhaamango *(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: Afuhaamango, Ovava Eterei

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Sephora

ADDRESS *(Business Address Acceptable)*: San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Retail, Beauty Industry

YOUR BUSINESS POSITION: Marketing Manager

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: _____% ☐ None

TERM (Months/Years): _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

BOARD of SUPERVISORS

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Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: SF Sheriff Department Oversight Board

Seat # (Required - see Vacancy Notice for qualifications): 3

Full Name: William Monroe Palmer II

[redacted] San Francisco, CA Zip Code: 94117

[redacted] Occupation: Credible Messenger

Work Phone: 415-590-9193 Employer: Restorative Justice for Oakland Youth

Business Address: 1733 Broadway, Oakland, CA Zip Code: 94612

Business Email: william@rjoyoakland Home Email: [redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: _____

18 Years of Age or Older: Yes ☒ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I spent 31 years in California's prison system and a few months in SF County Jail. During my time on the inside, I earned my Associates of Arts degree in Business, was on the Men's Advisory Committee, mentored the younger prisoners in cognitive reconstruction methods. Selected as a leader in prison programming that included: Defy Ventures, an entrepreneur and leadership program teaching me to become a liaison between administration, the public and the prison population. This led me to becoming an advocate of my liberation. I was successful in creating Title 15 Regulation for youth convicted as adults and giving meaningful release to thousands under the CA Supreme Court case: In re Palmer.

I have channeled my passion into working with many advocacy groups including United Playaz (by saving the hood), Insight Gardening Program (an environmentalist), Defy Ventures (creating business partnerships), All Of Us Or None (organizing/legislative work), and core member of Abolish Slavery National Network (repeal/replace the exception clause), but I also have significant experience working inside the criminal justice system with leadership from SF Chief of Police Bill Scott and Sheriff Miyamoto.

Business and/or Professional Experience:

Restorative Justice for Oakland Youth, Oakland, CA—RJ Coordinator
April 2023-Present
Restorative Justice Coordinator. Credible Messenger lead facilitator for the Alameda Juvenile Hall, Writer of the Credible Messenger Program, Healing Circle Facilitator.

Café Revolution, San Francisco, CA—Founder/Podcaster
Feb 2023-Present

SF Bayview Newspaper, San Francisco, CA—Editor in Chief
Nov 2022-January 2023

Life After Next, San Francisco, CA—Founder/Executive Director
July 2021-Present

Civic Activities:

Abolish Slavery National Network
San Francisco Reentry Council-Sentencing Commission
San Francisco Sheriff Department Oversight Board
San Diego Peace Resource Center - Board Member
The Adachi Project
Exodus Coalition - Youth Offender Advocate & Legal Defense Litigators
San Francisco Reparations Committee-Property & Economics

Have you attended any meetings of the body to which you are applying? Yes ☒ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 02/03/2023 Applicant's Signature (required): _____

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

060600029-NFH-0029

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)
Palmer II, William Monroe			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN FRANCISCO ETHICS COMMISSION

Division, Board, Department, District, if applicable

Sheriff's Department Oversight Board and Office of Inspector General

Your Position

Sheriff's Department Oversight Board, 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)*

- [X] State
- [ ] Multi-County _____
- [X] City of San Francisco
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [X] County of San Francisco
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [X] **Annual:** The period covered is January 1, 2022 through December 31, 2022.
  -or-
  The period covered is 01 / 14 / 2022, through December 31, 2022.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____
  (Check one circle)
  - ○ The period covered is January 1, 2022 through the date of leaving office.
  - ○ 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:** 3

Schedules attached

- [X] **Schedule A-1 -** *Investments* – schedule attached
- [ ] **Schedule A-2 -** *Investments* – schedule attached
- [ ] **Schedule B -** *Real Property* – schedule attached
- [X] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- [ ] **Schedule D -** *Income – Gifts* – schedule attached
- [ ] **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
	San Francisco	CA	94117

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 03/31/2023 *(month, day, year)*

Signature William Monroe Palmer II *(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
Palmer II, William Monroe

► NAME OF BUSINESS ENTITY
Studio 3 To The Third Power
GENERAL DESCRIPTION OF THIS BUSINESS
Consulting and Artist
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [X] Other Single LLC Ownership (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

► NAME OF BUSINESS ENTITY
Life After Next
GENERAL DESCRIPTION OF THIS BUSINESS
Reentry Housing
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [ ] Other (Describe)
[X] Partnership ⊗ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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 (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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 (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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 (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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 (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Palmer II, William Monroe

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Thea Selby for Assembly 2022

ADDRESS *(Business Address Acceptable)*
San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Campaign

YOUR BUSINESS POSITION
Constultant

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
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____