



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

For the Ballot: Term, Candidate's Name, Ballot Designation

(CAEC §§ 13104, 13106-13107; SF MEC §§ 205, 225)

SAN FRANCISCO  
FILED

2022 AUG 10 AM 10:45

DEPARTMENT OF ELECTIONS

Issued by: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

I, William Walker, have declared myself a candidate for the following contest (select one):

- ☒ Member, Community College Board of Trustees, 4-year term  
☐ Member, Community College Board of Trustees, 2-year term

Signature: \_\_\_\_\_

Date: 8/10/2022

I request that my name and ballot designation appear as follows:

William Walker

Print your name as it should appear on the ballot

Teacher / Community Organizer

Print your ballot designation as it should appear on the ballot. (generally 3 word maximum) If none is requested, write "none" and initial it. The word "none" will not appear on the ballot.

For the Ballot: Name in Chinese

(SF MEC § 401)

The names of candidates appear on the official ballot in traditional Chinese characters as well as in English. The Department of Elections can provide this transliteration or translation for candidates for local office, or the candidate may provide documentation of established use of a name in Chinese. The California Secretary of State provides Chinese transliterations for candidates running for state and federal offices.

Check one option:

- ☒ I request that the Department of Elections, working with a qualified Chinese-language translator, provide a Chinese transliteration or translation of my name for all materials where it is legally required.
- ☐ I am providing documentation of established use of a particular Chinese transliteration or translation of my name for the Department to review. I understand that the Department's decision whether to accept a proposed transliteration or translation is final.

Requested name in Chinese: \_\_\_\_\_

English (415) 554-4375

Fax (415) 554-7344

TTY (415) 554-4386

sselections.org

1 Dr. Carlton B. Goodlett Place

City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367

Español (415) 554-4366

Filipino (415) 554-4310



California Secretary of State  
BALLOT DESIGNATION WORKSHEET

November 8, 2022, General Election (Elections Code §§ 8168, 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

SAN FRANCISCO  
FILED  
2022 AUG 12 AM 10:44  
DEPARTMENT OF ELECTIONS

This entire form **must be completed**, or it will not be accepted and you will **not** be entitled to a ballot designation. **DO NOT LEAVE ANY RESPONSE SPACES BLANK.** If information requested is not applicable, please write "N/A" in the space provided, otherwise the information **MUST** be provided. **UPON FILING, THIS WORKSHEET WILL BE A PUBLIC DOCUMENT.**

Candidate  
Information

1

Candidate Name: William Walker Gender (optional for translation use only): male  
Office: Trustee Community College Board Email: [REDACTED]  
Home Address: [REDACTED]  
Mailing Address: [REDACTED]  
Business Address: [REDACTED]  
Phone Number(s) Business: [REDACTED] Fax: [REDACTED]

Attorney  
Information

2

Attorney Name (or other person authorized to act on your behalf):  
Address:  
Phone Number(s) Business: Mobile: Fax:

You may select as your ballot designation one of the following designations:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")].
- (b) The full title of the public office you currently occupy and to which you were elected.
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to the same office or to some other office.
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office. **NOTE: A candidate for the office of Representative in Congress, Member of the State Board of Equalization, State Senator, or Member of the Assembly shall not choose the word "incumbent" as a designation to appear on the ballot.**
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

Proposed  
Ballot  
Designation(s)

3

Proposed Ballot Designation(s): Teacher / Community Organizer  
Alternate Ballot Designation(s) 1: Teacher / CESTF Alumnus  
Alternate Ballot Designation(s) 2:

In the spaces provided on the next page(s):

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation.
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. **Do not submit originals.**

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.





If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.

Justification  
for use of  
Proposed  
Ballot  
Designation(s)  
If you are  
proposing  
alternate ballot  
designations,  
please provide  
justification for  
use of those on  
Page 3.

4

Justification for use of 1<sup>st</sup> PVO:

In February 2022, I certified as a 30-Day Emergency Substitute teacher with the Credentialing Commission. I began teaching in Santa Clara County in March 2022.

Current or most recent job title: Substitute Teacher

Start/End Dates: 2/2022 Present

Employer Name or Business:

Person who can verify this information:

Name: Stephanie Tejeda

Phone Number(s): 650 550 7912

Email: stephanie.tejeda@unicon.net

Name: Sandra Farver

Phone Number(s): 650 550 2246

Email: sfarver@smuhd.org

Justification for use of 2<sup>nd</sup> PVO:

I began organizing at Coleman Advocates and the ACLU of NorCal in 1995. I've since worked at a half-dozen nonprofits, most recently with the San Francisco Transit Riders.

Current or most recent job title: Southeast Community Organizer

Start/End Dates: 5/2022 - 7/2022

Employer Name or Business: San Francisco Transit Riders

Person who can verify this information:

Name: Theo Gelby

Phone Number(s): 415 309 9410

Email: theosftransitriders.org

Justification for use of 3<sup>rd</sup> PVO:

I am a former CCSF student. This is a status and I understand it may not be considered.

Current or most recent job title: Student; Student Justice

Start/End Dates: 1997-2013

Employer Name or Business: City College of San Francisco

Person who can verify this information:

Name: Linda Shaw

Phone Number(s): 415 239 3303

Email: lshaw@ccsf.edu

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

- 1) Use only a portion of the title of your current elected office?
- 2) Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed?
- 3) Use more than three total words for your principal professions, vocations, or occupations?
- 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent?
- 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations?
- 6) Abbreviate the word "retired"?
- 7) Place the word "retired" after the words it modifies? Example: Accountant, retired
- 8) Use a word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation?
- 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher
- 10) Use the name of a political party or political body?
- 11) Refer to a racial, religious, or ethnic group?
- 12) Refer to any activity prohibited by law?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial	JS

If the answer to any of these questions is "yes," your proposed ballot designation is likely to be rejected.

X

Signature: [Redacted] Date Signed: 8 | 10 | 2022

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at [www.sos.ca.gov](http://www.sos.ca.gov)).



**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**A PUBLIC DOCUMENT**

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) Walker (FIRST) William (MIDDLE) Le Shane **2022 AUG 10 AM 10:45**  
**SAN FRANCISCO FILED**  
**DEPARTMENT OF ELECTIONS**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) San Francisco Community College District  
Division, Board, Department, District, if applicable City College Board of Trustees Your Position Candidate, 4 Yr Term  
► 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 San Francisco Community College Dist

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

- ☐ Annual: The period covered is January 1, 2021, through December 31, 2021.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2021.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☒ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
☐ The period covered is January 1, 2021, through the date of leaving office.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☒ Candidate: Date of Election 11/08/2022 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 Address Only - Recommended - Public Document)

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 08/02/2022  
(month, day, year)

Signature \_\_\_\_\_

**Print**

**Clear**

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  
William Walker

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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

Comments: I own no stocks or bonds

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

Walker, William L.

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:

\_\_\_\_/\_\_\_\_/21 ACQUIRED \_\_\_\_/\_\_\_\_/21 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 ☐ \$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

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

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/21 ACQUIRED \_\_\_\_/\_\_\_\_/21 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_ Yrs. remaining ☐ Other \_\_\_\_

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

Comments:

I own no stocks, bonds nor investments, nor real property.

Print

Clear

SCHEDULE B  
Interests in Real Property  
(Including Rental Income)

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Walker, William L.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/21  
ACQUIRED DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust  
☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/21  
ACQUIRED DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust  
☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None

\* You are not required to report loans from a commercial lending institution 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

INTEREST RATE TERM (Months/Years)  
\_\_\_\_\_% ☐ None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)  
\_\_\_\_\_% ☐ None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: I own no shares in real property.

Print Clear

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

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Walker, William L.

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME National Assn of City Transportation	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) Officials; 120 Park Av 25th Fl	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE New York NY 10017; Political Organization	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Fellow, Transportation Justice	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more \$800 honorarium; \$800 tuition (Describe) <input checked="" type="checkbox"/> Other reimbursement; \$1,000 travel stipend (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more (Describe) <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____% <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$1,001 - \$10,000	_____	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)
Comments: At time of filing, unemployed.		

Print

Clear



SCHEDULE D  
Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name  
Walker, William L.

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: At time of this filing, currently unemployed.

SCHEDULE E  
Income – Gifts  
Travel Payments, Advances,  
and Reimbursements

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Walker, William L.

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
National Association of City Transportation  
ADDRESS (Business Address Acceptable)  
Office; 120 Park Ave. 21st Fl, NY 10017  
CITY AND STATE  
New York, NY 10017  
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$2,600  
(If gift)  
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income  
☒ Made a Speech/Participated in a Panel  
☒ Other - Provide Description tuition, computer  
and travel stipends.  
▶ If Gift, Provide Travel Destination Boston, MA

▶ NAME OF SOURCE (Not an Acronym)  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
▶ If Gift, Provide Travel Destination

Comments:

Print Clear



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF ELECTIONS

John Arntz, Director

Official Filing Form

Candidate Statement of Qualifications

CAEC §§ 13307-13308

Candidate Name

William Walker

Office Sought

Trustee, Community College Board

Election Date

November 8, 2022

SAN FRANCISCO  
FILED

2022 AUG 10 AM 10:45

DEPARTMENT OF ELECTIONS

Issued by: ms

Date: 8/10/22

Complete one of the following sections:

☐ I will NOT file a Candidate Statement of Qualifications

Signature of Candidate: \_\_\_\_\_ Date \_\_\_\_\_

☒ I will file a Candidate Statement of Qualifications

☐ To facilitate typesetting, and reduce the possibility of transcription error, I am sending an electronic copy of my statement text within 24 hours after submission to the Department at [publications@sfgov.org](mailto:publications@sfgov.org).

Signature of Candidate: \_\_\_\_\_ Date 8/10/2022

Name as it will appear with statement:

William Walker

My occupation is

Teacher

My qualifications are:

As a born and raised San Franciscan graduate of Wallenberg High, CCSF and UC Berkeley, and the former Student Trustee who served on the Board during re-accreditation, I'm experienced in engaging the community to make CCSF the powerhouse it once was when I first enrolled, when CCSF boasted a 110,000 student enrollment.

I will, if elected:

- Grow CCSF enrollment.
- Partner with employers to identify courses that will make students viable candidates for existing job openings.
- Expand nursing degree and job apprenticeship programs.
- Expand Cantonese, English language and Ethnic Studies courses.
- Expand nursing degree and job apprenticeship programs.
- Support the Chancellor in updating CCSF courses to ensure more courses are transferable.
- Introduce new programs that expose students to growing fields, such as urban planning and data science.
- Expand high school concurrent enrollment, older adult learning and other programs based upon community need.
- Expand partnerships with SFDHR, SFMTA and other City departments to utilize CCSF as the training institution of record.

With 28 years of community development and student services experience, I will bring skills to the Board that are lacking. Students deserve true leadership. I humbly request your vote.

Vote William Walker!

Let's rebuild City College!

Visit [ccsfwill.com](http://ccsfwill.com).

English (415) 554-4375  
Fax (415) 554-7344  
TTY (415) 554-4386

[sfelections.org](http://sfelections.org)  
1 Dr. Carlton B. Goodlett Place  
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367  
Español (415) 554-4366  
Filipino (415) 554-4310