File No. 120732

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules **Date** 7/11/12

Board of Supervisors Meeting **Date** _____

Cmte	Board	
☒	☐	**Motion**
☐	☐	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget Analyst Report**
☐	☐	**Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☐	☐	**Introduction Form (for hearings)**
☒	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☐	☐	**Grant Information Form**
☐	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
☐	☐	**Award Letter**
☐	☐	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☒	☐	Form 700
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Completed by: Linda Wong **Date** 7/6/12
Completed by: _____ **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

[Reappointment, Planning Commission – Michael Antonini]

Motion approving/rejecting the Mayor's nomination of Michael Antonini to the Planning Commission term ending July 1, 2016.

WHEREAS, Pursuant to Charter Section 4.105, the Mayor has submitted a communication notifying the Board of Supervisors of the nomination of Michael Antonini to the Planning Commission, received by the Clerk of the Board on July 2, 2012; and

WHEREAS, The Board of Supervisors, by Motion 02-80 established a process to review the Mayor's nomination to the Planning Commission; now, therefore, be it

MOVED, That the Board of Supervisors hereby approves/rejects the Mayor's nomination of Michael Antonini to the Planning Commission term ending July 1, 2016.

OFFICE OF THE MAYOR
SAN FRANCISCO

Orig: JOY
COB, Leg Deputy
Efile, cpage, City Attny
BOS-11

EDWIN M. LEE
MAYOR

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUL -2 PM 3: 39

Notice of Appointment

July 2, 2012

San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

Honorable Board of Supervisors:

Pursuant to Chart Section 4.105, I hereby make the following nominations to the San Francisco Planning Commission:

Michael Antonini, for a term ending June 30, 2016,

Richard Hillis, assuming the seat held by Ron Miguel, for a term ending June 30, 2016.

I am confident that Mr. Antonini and Mr. Hillis, both CCSF electors, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of these appointments.

Sincerely,

Edwin M. Lee
Mayor

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141

OFFICE OF THE MAYOR
SAN FRANCISCO

EDWIN M. LEE
MAYOR

July 2, 2012

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUL -2 PM 3:39

Angela Calvillo
Clerk of the Board, Board of Supervisors
San Francisco City Hall
1 Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Ms. Calvillo,

Pursuant to Chart Section 4.105, I hereby make the following nominations to the San Francisco Planning Commission:

Michael Antonini, for a term ending June 30, 2016,

Richard Hillis, assuming the seat held by Ron Miguel, for a term ending June 30, 2016.

I am confident that Mr. Antonini and Mr. Hillis, both CCSF electors, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of these appointments.

Sincerely,

Edwin M. Lee
Mayor

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141

Michael J. Antonini, D.D.S.

Franklin Street
San Francisco, CA 94123
(415) Fax (415) 776-5504 C (415)
.l@aol.com

Personal

- Born Livermore, California, 1946
- Married – Linda Madigan 1973
- Children – John, 1978; Peter. 1981-2002; Gina, 1984
- Residence – 110 Broadmoor Drive, San Francisco, CA 94132

Education

- University of Santa Clara, Santa Clara, 1968 – B.A., Major: History Minor: Biology
- University of the Pacific School of Dentistry, San Francisco, CA 1972, D.D.S.

Memberships

- American Dental Association 1972 – present
- California Dental Association 1972 – present
- San Francisco Dental Society, President 1986-87, Editor 1982-84, Trustee Finance Committee 2000 – present
- California State Board of Dental Examiners, Examining Committee 1982-96
- St. Brendan Men's Club, President 1992-93
- St. Brendan Parish Advisory Board, President 1997-98
- St. Ignatius College Preparatory, Fathers Club
- Olympic Club
- Lakeside Property Owners Association
- San Francisco Italian Athletic Club
- San Francisco History Association
- DSE Running Club
- Mechanics Institute
- American Institute of Architects (A.I.A.)

Positions – Elected or Appointed

- San Francisco Dental Political Action Committee, President 2001 – present
- San Francisco City and County Planning Commission, Member 2002 – present, Vice-President 2002-04
- San Francisco Republican County Central Committee, Member, 12th Assembly District 2003 – present

Awards

- Certificate of Merit – City and County of San Francisco 1994
- Best Editorial Newsletter – California Dental Association 1983, 1984
- Tau Kappa Omega – Dental Honor Society, 1972
- Annual Honoree Coalition of San Francisco Neighbors, 2004

Hobbies

- Running, creative writing, gardening

Community Service

- San Francisco District 7 Advisory Council, Vice-President 2001-present
- West of Twin Peaks, Neighborhood leader – graffiti removal
- Sisters of The Missionaries of Charity – probono dentistry

Rev. 01/06

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FPPC Date Received
Official Use Only

FILED
MAR 26 2012
12 MAR 28 PM 1:30
CITY & COUNTY OF S.F.
DEPT. OF PLANNING ADMINISTRATION
SAN FRANCISCO ETHICS COMMISSION

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ANTONINI	MICHAEL	JOSEPH

1. Office, Agency, or Court

Agency Name
BY City and County of
PLANNING COMMISSION - SAN FRANCISCO

Division, Board, Department, District, if applicable

Your Position
COMMISSIONER

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of SAN FRANCISCO
- ☐ 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, 2011, through December 31, 2011.

-or-

The period covered is ___/___/_____, through December 31, 2011.

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

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

- ○ The period covered is January 1, 2011, through the date of leaving office.
- ○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ *Total number of pages including this cover page:* 19 nineteen

- ☒ 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[redacted]

DAYTIME TELEPHONE NUMBER [redacted]
E-MAIL ADDRESS (OPTIONAL) [redacted]

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 MARCH 25, 2012 *(month, day, year)*

Signature [redacted]

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

▶ NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other: Kraft Foods (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other: Wal Mart (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: profit sharing plan Michael J. Antonini, DDS, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other: second deed of trust 3225-3227 20th Street San Francisco Don Watts MacPhee (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: profit sharing plan Michael J. Antonini, DDS, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000 → at beginning of 2011
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other: second deed of trust 400-410 Cole St S.F. ~~Robert Mac Phee~~ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED 7/27/11 DISPOSED ← final payment of fully amortized second deed of trust

---

▶ NAME OF BUSINESS ENTITY: profit sharing plan Michael J. Antonini, DDS, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000 → at beginning of 2011
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other: second deed of trust 2604-2608 Third St S.F. ~~Robert Mac Phee~~ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED 7/30/11 DISPOSED ← final payment of fully amortized second deed of trust

---

▶ NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments:

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

▸ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Intel Corporation (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▸ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Microsoft Corporation (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▸ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Google Inc (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

5 /31/ 11 ACQUIRED ___/___/ 11 DISPOSED

▸ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Diamond Foods, Inc. (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

5 /25/ 11 ACQUIRED ___/___/ 11 DISPOSED

▸ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Immunogen, Inc. (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▸ NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Amgen (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

▶ NAME OF BUSINESS ENTITY: Gina Marie M. Antonini Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini, Mary Pezzola trustees

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other GAP, Inc. (Describe)
- [ ] Partnership
- ○ Income Received of $0 - $499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Gina Marie M. Antonini Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini, Mary Pezzola - trustees

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Johnson and Johnson (Describe)
- [ ] Partnership
- ○ Income Received of $0 - $499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Gina Marie M. Antonini Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini, Mary Pezzola - trustees

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Williams Sonoma, Inc (Describe)
- [ ] Partnership
- ○ Income Received of $0 - $499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Gina Marie M. Antonini Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini, Mary Pezzola - trustees

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Vodaphone Group PLC (Describe)
- [ ] Partnership
- ○ Income Received of $0 - $499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Gina Marie M. Antonini Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini, Mary Pezzola - trustees

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Hewlett Packard Co. (Describe)
- [ ] Partnership
- ○ Income Received of $0 - $499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other US Govt Securities Trust B (Describe)
- [ ] Partnership
- ○ Income Received of $0 - $499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

▶ NAME OF BUSINESS ENTITY: JOHN M. ANTONINI Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: TRUST - Linda Antonini Mary Pezzola trustees
FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other McKesson Corp (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: JOHN M. ANTONINI Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust. Linda Antonini Mary Pezzola trustees
FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Chevron Corp (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini Mary Pezzola - trustees
FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Oracle Corporation (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: John M Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini Mary Pezzola - trustees
FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Charles Schwab Corp. (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: John M Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini Mary Pezzola - trustees
FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other Wells Fargo & Co. (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Trust - Linda Antonini Mary Pezzola - trustees
FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other United Parcel Service (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc. Profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

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: Bank of America, mortgage securities (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini DDS, Inc Profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

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: Countrywide asset Ivans trust backed (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc Profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: RETIREMENT Plan

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: California State taxable muni-bonds (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: RETIREMENT Plan

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: GNMA Govt backed GMO Securities (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: RETIREMENT Plan

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: GSR MTG securities mortgage backed (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

▶ NAME OF BUSINESS ENTITY: Michael J. Antonini, DDS, Inc profit sharing plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: RETIREMENT Plan

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: Class A US Govt fund securities (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

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: Michael J. Antonini

---

1. BUSINESS ENTITY OR TRUST

Name: Antonini Family Properties, LLC [redacted]

Address (Business Address Acceptable)

Check one: ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: rental ownership, administration properties

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: __/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INVESTMENT: ☐ Sole Proprietorship ☐ Partnership ☒ Other: limited liability company

YOUR BUSINESS POSITION: member, administrator

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000 ☐ $10,001 - $100,000 ☒ OVER $100,000

my prorata share was about $69,500

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

see attached page

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☒ REAL PROPERTY [redacted]

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: see attached

Description of Business Activity or City or Other Precise Location of Real Property: all properties held by this entity are outside the boundaries of the City and County of San Francisco

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

IF APPLICABLE, LIST DATE: __/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold ____ Yrs. remaining ☒ Other: limited liability company

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

---

1. BUSINESS ENTITY OR TRUST

Name: A-3, Inc. % Michael Antonini [redacted]

Address (Business Address Acceptable)

Check one: ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: ranching, farm property rental

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: __/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INVESTMENT: ☐ Sole Proprietorship ☐ Partnership ☒ Other: "S" Corporation

YOUR BUSINESS POSITION: President, shareholder

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000 ☒ $10,001 - $100,000 ☐ OVER $100,000

my pro-rata share of gross income was $3,500

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

Mr and Mrs Mike McCafferty
6531 Mines Rd
Livermore CA 94550

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☒ REAL PROPERTY [redacted]

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: [redacted]

Description of Business Activity or City or Other Precise Location of Real Property: all properties held by this entity are located outside the City and County of San Francisco

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

IF APPLICABLE, LIST DATE: __/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold ____ Yrs. remaining ☒ Other: "S" Corporation

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

---

Comments: Family Properties is 50%. The other 50% is owned by my sister Carolyn Cardinalli

I own 100 shares of corporate stock, jointly with my sister, Carolyn Cardinalli, a total of 300 shares of A-3, Inc stock exist

FORM 700 - MICHAEL J. ANTONINI

SCHEDULE A-2

INVESTMENTS, INCOME ASSETS OF BUSINESS ENTITIES/TRUSTS

ANTONINI FAMILY PROPERTIES, LLC

ITEM 3 - names of each reportable source of income of $10,000 or more in 2011 to ANTONINI FAMILY PROPERTIES LLC

RON ANDRE - STATE FARM INSURANCE [redacted] LIVERMORE, CA 94550 - $16,134.00

CATHY PASOT-GRAHAM - STATE FARM INSURANCE [redacted] LIVERMORE, CA 94550 - $16,169.00

JOHNSON/LOGAN FAMILY - [redacted] PLEASANTON, CA 94566 - $13,200.00

SHERYL LOCKWOOD - [redacted] PLEASANTON CA 94566 - $10,800.00

CHRISTINE CARDULLO - [redacted] PLEASANTON, CA 94566 - $10,800.00

CAMPIOTTI FAMILY - [redacted] PLEASANTON CA 94566 - $16,800.00

ROB PALASSOU - [redacted] PLEASANTON CA 94566 - $12,000.00

STEVE WOLESKI [redacted] PLEASANTON CA 94566 - $12,000.00

Steve, Jeana KOPPEL - [redacted] PLEASANTON, CA 94566 - $15,600.00

additional properties held by Antonini Family Properties, LLC from which less than $10,000.00 from a single source was received in 2011

[redacted] } PLEASANTON, CA 94566

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: Michael J Antonini

1. BUSINESS ENTITY OR TRUST

Name: Michael J. Antonini, DDS, Inc [redacted]

Address (Business Address Acceptable) [redacted]

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: dental practice

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:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Other: "S" corporation

YOUR BUSINESS POSITION: chairman

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

my share of gross income was my salary $85,500.00

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

Ann Donnelly, DDS

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:
__/__/11 ACQUIRED
__/__/11 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: Jointly with my wife, Linda, as part of the Antonini 1997 Family Trust corporation is owned

1. BUSINESS ENTITY OR TRUST

Name: Antonini Family 1997 Trust [redacted]

Address (Business Address Acceptable) [redacted]

Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ 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
☒ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

I receive none of this income

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☒ INVESTMENT ☐ REAL PROPERTY [redacted]

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property
educational trust [redacted]

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:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☒ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☒ Other: Cash

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

reportable holdings are listed in schedule A-1

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: Michael J. Antonini

1. BUSINESS ENTITY OR TRUST

Antonini Family 1997 Trust

Name [redacted]

Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ 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
☒ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

I receive none of this income

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☒ INVESTMENT ☐ REAL PROPERTY

[redacted]

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

trust terminated in 2004. some trust holdings remain reported in trust

Description of Business Activity or
City or Other Precise Location of Real Property [redacted]

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

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 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

holdings reported in schedule A-1

Comments: _____

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 BUSINESS ACTIVITY

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:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:
___/___/ 11 ACQUIRED ___/___/ 11 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

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: Michael J. Antonini

1. BUSINESS ENTITY OR TRUST

Name: Antonini Family 1997 Trust [redacted]

Address (Business Address Acceptable)

Check one: ☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

trust's prorata share of rent is about $75,000 gross

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

Michael J. Antonini, DDS, Inc.
Kevin C. Growney, DDS, Inc.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

[redacted]

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

[redacted]

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:
___/___/11 ACQUIRED ___/___/11 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

1. BUSINESS ENTITY OR TRUST

Name: Antonini Family 1997 Trust [redacted]

Address (Business Address Acceptable)

Check one: ☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

trust's prorata share of rent is about 10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

Sumit Kapur
John Kristensen

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

[redacted]

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

[redacted]

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:
___/___/11 ACQUIRED ___/___/11 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

See attached

Comments: See attached

SCHEDULE A-2

FORM 700
MICHAEL ANTONINI

INVESTMENTS, INCOME and
ASSETS of
BUSINESS ENTITIES / TRUSTS
ANTONINI FAMILY 1997
TRUST

DENTAL BUILDING- [redacted]

OWNERSHIP is AS FOLLOWS:

75% ANTONINI FAMILY 1997
TRUST
LINDA and MICHAEL
ANTONINI, TRUSTEES

25% jointly GINA MARIE M. ANTONINI
a single woman
and
JOHN MICHAEL ANTONINI
a married man as seperate
property

[redacted]

ownership is AS FOLLOWS:

75% JOHN MICHAEL ANTONINI
a married man

25% ANTONINI FAMILY 1997
TRUST
Linda and Michael Antonini
trustees

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Kevin C. Grouner, DDS, PC

ADDRESS (Business Address Acceptable): [redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry

YOUR BUSINESS POSITION: Administrative Assistant

GROSS INCOME RECEIVED
- ☐ $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 — Linda Antonini wife
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: City and County of San Francisco

ADDRESS (Business Address Acceptable): [redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURC[redacted]: Commissioner

YOUR BUSINESS POSITION: City and County Planning Commission

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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*: Michael J. Antonini, DDS, Inc pension plan

ADDRESS (Business Address Acceptable): [redacted]

BUSINESS ACTIVITY, IF ANY, OF LENDER: retirement plan administration

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: 5 % ☐ None

TERM (Months/Years): 60 months

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address _____ City
- ☐ Guarantor _____
- ☒ Other vested account balance of borrower in profit sharing plan (Describe)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Michael J. Antonini, DDS, Inc.

ADDRESS *(Business Address Acceptable)*
[redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry

YOUR BUSINESS POSITION
chairman/employee dentist

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Michael J. Antonini DDS, Inc

ADDRESS *(Business Address Acceptable)*
[redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry

YOUR BUSINESS POSITION
administrative assistant

GROSS INCOME RECEIVED
- ☐ $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 — Linda Antonini w/f c
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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*
Lawrence S. Witter Jean Witter

ADDRESS *(Business Address Acceptable)*
[redacted]

BUSINESS ACTIVITY, IF ANY, OF LENDER
retired

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

INTEREST RATE
6.0 % ☐ None

TERM (Months/Years)
7 years (5 remain as of 1-1-2012)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☒ Real Property [redacted] *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J Antonini

SCHEDULE D
Income – Gifts

NAME OF SOURCE: Michael Cohen, Jessie Blout Strada Investments
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: real estate investment & development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/12/11	$50.00	lunch Ohc Market
/ /	$	
/ /	$	

NAME OF SOURCE: Saint Ignatius College Preparatory
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Secondary education - College Preparatory

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/28/11	$60.00	scholarship dinner
10/15/11	$140.00	President's cabinet dinner
/ /	$	

NAME OF SOURCE: Lawis W. Loeven Loeven and Asso, LLC
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: land use consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/11/11	$100	dinner for two Empress of China Chinese American Voters
/ /	$	
/ /	$	

NAME OF SOURCE: Dan Kingsley - Investments SKS
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: real estate development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/18/11	$65.00	dinner Palio D'Asti
/ /	$	
/ /	$	

NAME OF SOURCE: Joseph Grenn, DMD
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry - Endodontics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/5/11	$50.00	dinner The Brixton
/ /	$	
/ /	$	

NAME OF SOURCE: William Lee - Lee Family
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Director - Asian tourism City/County SF personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/13/11	$60.00	dinner Lee family dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

SCHEDULE D
Income – Gifts

NAME OF SOURCE: Frank Dal Santo, DDS, MD
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry, oral surgery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/22/11	$ 50.00	lunch Scala's
/ /	$	
/ /	$	

NAME OF SOURCE: Jeffrey Heller Heller, Manus Architects
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: architecture, design

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/6/11	$ 60.00	dinner Prospect
8/25/11	$ 84.00	Giants-Cubs baseball game
/ /	$	
/ /	$	

NAME OF SOURCE: Jim Mercurio San Francisco Forty Niners
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Vice President Security Stadium Operations, personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/21/11	$ 60.00	dinner Hayes St Grill
9/3/11	$ 50.00	football ticket Cal vs Fresno State
/ /	$	
/ /	$	

NAME OF SOURCE: Phil Lesser Mission Merchants Association
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: promotion, consultant Mission District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/12/11	$ 50.00	dinner Speechio
/ /	$	
/ /	$	

NAME OF SOURCE: Doug Freeman JET SETS
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: set design, personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/25/11	$ 50.00	lunch Perry's
/ /	$	
/ /	$	

NAME OF SOURCE: Angelo, Jim Sangiacomo Trinity Properties
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: real property ownership development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/13/11	$ 50.00	lunch Euni Cafe
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

SCHEDULE D
Income – Gifts

NAME OF SOURCE: Patrick Ferillo-Dugoni University of the Pacific School of Dentistry
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Dean of the dental school

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/27/11	$65.00	dinner Olympic Club
8/17/11	$70.00	dinner Elite Cafe
/ /	$	
/ /	$	

NAME OF SOURCE: E. Dennis Normandy
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: patient, personal friend, member Civil Service Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/12/11	$120.00	dinner for two City Hall Philippine Nat'l Day
/ /	$	
/ /	$	

NAME OF SOURCE: Good/Sears Orthodontics
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry, orthodontics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/24/11	$55.00	office cocktail reception
/ /	$	
/ /	$	

NAME OF SOURCE: Carlo Dévita Adir Restaurants
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: restaurant ownership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/3/11	$30.00	lunch Perry's
11/28/11	$55.00	dinner Perry's
/ /	$	

NAME OF SOURCE: Kevin Grouner, DDS
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry - general

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/28/11	$160.00	dinner for two Park Tavern
/ /	$	
/ /	$	

NAME OF SOURCE: David Blatteis Blatteis Realty
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: real property commercial rental

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/25/11	$60.00	lunch St Francis Yacht Club
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

SCHEDULE D
Income – Gifts

NAME OF SOURCE: Alfonso Faustino
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/12/11	$65.00	dinner Perbacco
/ /	$	
/ /	$	

NAME OF SOURCE: Antonio Cucalon, DDS, MS
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry, orthodontics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/30/11	$280.00	4 tickets Giants vs. Cubs
/ /	$	
/ /	$	

NAME OF SOURCE: Dean Duncan, DDS
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry oral surgery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/20/11	$256.00	2 tickets 49ers vs Cardinals
/ /	$	
/ /	$	

NAME OF SOURCE: Keith Hall – State Farm Insurance
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: insurance agent

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/20/11	$55	lunch Perry's
/ /	$	
/ /	$	

NAME OF SOURCE: Marcia Snoders H.M.S. Associates
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: land use consultant [redacted]

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/30/11	$50.00	lunch Absinthe
/ /	$	
/ /	$	

NAME OF SOURCE: Sam Singer and Asso.
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: public affairs & communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/9/11	$50.00	House lunch Hilton Hotel
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Michael J. Antonini

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Len A. Tolstunov, DMD
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: dentistry, oral surgeon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/2/11	$ 55.00	cocktail reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Jason O'Malley
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: patient, personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/8/11	$ 65.00	baseball ticket Giants Pirates
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Academy of Art University
ADDRESS (Business Address Acceptable): [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: educational institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/21/11	$ 50.00	cocktail reception classic autos Moscone
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

Comments:

San Francisco
BOARD OF SUPERVISORS

Date Printed: July 6, 2012 Date Established: July 1, 2002

Active

PLANNING COMMISSION

Contact and Address:

Linda Avery
Planning Department
1660 Mission Street
San Francisco, CA 94103

Phone: (415) 558-6415
Fax: (415) 558-6409
Email: linda.avery@sfgov.org

Authority:

Charter Section 4.105- per Prop D. Election March 5, 2002

Board Qualifications:

The Planning Commission consists of seven voting members.

The President of the Board of Supervisors shall nominate three members to the commission.

The Mayor shall nominate four members to the commission.

Each nomination of the President of the Board of Supervisors and the Mayor is subject to the approval of the Board of Supervisors, and shall be the subject of a public hearing and vote within 60 days. If the Board fails to act on the nomination within 60 days of the date the nomination is transmitted to the Clerk of the Board of Supervisor the nominee shall be deemed approved.

The mission of the City Planning Department is to guide the orderly and prudent use of land, in both the natural and built environment, with the purpose of improving the quality of life and embracing the diverse perspectives of those who live in, work in, and visit San Francisco. The Commission shall periodically recommend to the Board of Supervisors for approval or rejection proposed amendments to the General Plan.

Report: The Commission shall periodically recommend to the Board of Supervisors for approval or rejection proposed amendments to the General Plan.
Sunset Date: None