

File No. 131048

Committee Item No. 9  
Board Item No. \_\_\_\_\_

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 31, 2013

Board of Supervisors Meeting

Date \_\_\_\_\_

**Cmte Board**

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

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

- Form 700
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Linda Wong Date October 28, 2013

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

**Assessment Appeals Board**  
 City and County of San Francisco  
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405  
 1 Dr. Carlton B. Goodlett Place  
 San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:  
 (Please circle one)

Board 1  
Board 2  
 Board 3

or Board 1 Alternate  
 or Board 2 Alternate  
 or Board 3 Alternate

RECEIVED  
 JUL 30 2013  
 Assessment Appeals Board

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  yes  no

Name: MERVIN T. CONLAN Home Address: 16<sup>th</sup> AVE

City: SAN FRANCISCO State: CA Zip code: 94118

Business Address: 333-16<sup>th</sup> AVE City: SF State: CA Zip Code: 94118

Home Phone: 415- rk Phone: 415-751-6132 Fax #:

Pager #:  E-Mail Address: @SBCGlobal.net

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: REAL ESTATE LICENSED BROKER & APPRAISER IN STATE OF CALIF.

Please state your business and/or professional experience: OVER 25 YRS REAL ESTATE

Occupation: REAL ESTATE BROKER Education: BA COLLEGE DEGREE

Civic Activities:

Ethnicity (optional):  Sex (optional):  M  F

Other Personal Information (optional)

Would you be able to attend Day Meetings?  Yes  No Evening meetings?  Yes  No

How many days a week would you be available for hearings? 5 How many evenings a week? 5

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 7/26/13

Applicant's Signature: Mervin Conlan

For Office Use Only: Appointed to Board #:  Seat #:  Term Expires:



STATEMENT OF ECONOMIC INTERESTS

Ebu f Sf of jvf e  
Official Use Only

RECEIVED  
COVER PAGE BOARD OF SUPERVISORS  
SAN FRANCISCO

Please type or print in ink.

NAME OF FILER (LAST) CONLAN (FIRST) MERVIN (MIDDLE) IGNATIUS

1. Office, Agency, or Court

Agency Name BOARD OF SUPERVISORS  
Division, Board, Department, District, if applicable ASSESSMENT APPEALS BOARD Your Position BOARD MEMBER  
If filing for multiple positions, list below or on an attachment.  
Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of SAN FRANCISCO  
 City of SAN FRANCISCO  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."  
Total number of pages including this cover page: 17  
 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)

DAYTIME TELEPHONE NUMBER 415-751-6132 E-MAIL ADDRESS (OPTIONAL) DSBCGlobal.net

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 3/28/13 Signature Mervin Conlan  
(month, day, year) (File the originally signed statement with your filing official.)

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

MERVIN CONLAN

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:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                      DISPOSED

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:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                      DISPOSED

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 Corporate Bonds (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                      DISPOSED

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:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                      DISPOSED

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 Muni Bonds (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                      DISPOSED

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:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                      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  
MERVIN CONLAN

**1. BUSINESS ENTITY OR TRUST**

Name CONLAN Appraisers  
 Address (Business Address Acceptable) 333-16th Ave SF CA 94118

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Appraisal

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/12 DISPOSED 1/12

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION OWNER

**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)**

None

**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 IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/12 DISPOSED 1/12

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 \_\_\_\_\_  
 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 IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/12 DISPOSED 1/12

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  
 \$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)**

None

**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 IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/12 DISPOSED 1/12

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: Equity Investments outside of SAN FRANCISCO

FPPC Form 700 (2012/2013) Sch. A-2  
 FPPC Advice Email: advice@fppc.ca.gov  
 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Mervin Conlan

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:  
\_\_\_\_\_/\_\_\_\_\_/12 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/12 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:  
\_\_\_\_\_/\_\_\_\_\_/12 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/12 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 commercial lending institutions 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 \_\_\_\_\_%      None     TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_%      None     TERM (Months/Years) \_\_\_\_\_

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

Comments: Personal Residence in SAN FRANCISCO; rental properties outside of SF

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
MERVIN CONLAN

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
CONLAN Appraisers

ADDRESS (Business Address Acceptable)  
333-16<sup>th</sup> AVE SF.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Appraiser

YOUR BUSINESS POSITION  
OWNER

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  
outside of SF  
 Other Appraising  
(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  
 \$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: \_\_\_\_\_

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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>MERVIN CONLAN</u>

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: NONE



**SCHEDULE D  
Income - Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <i>MERVIN CONLAN</i>
---

▶ 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: *NONE*

**Assessment Appeals Board**  
**City and County of San Francisco**  
 (415) 554-6778 Fax (415) 554-6775



**City Hall, Room 405**  
**1 Dr. Carlton B. Goodlett Place**  
**San Francisco, CA 94102-4697**

*Complete and return this original Application to the Assessment Appeals Board*

Application for Appointment to: **Board 1** or **Board 1 Alternate**  
 (Please circle one) **Board 2** or **Board 2 Alternate**  
**Board 3** or **Board 3 Alternate**

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  yes  no

Name: ALFREDO C. PEREZ Home Address: FLORENTINE ST.

City: SF State: CA Zip code: 94112

Business Address: SAME City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (415) \_\_\_\_\_ Work Phone: (415) 554-6778 Fax #: (415) 554-6775

Pager #: (415) \_\_\_\_\_ E-Mail Address: 3 yahoo.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s); and the court(s) that convicted you.)

**Pursuant to Ordinance No. 393-98 the following qualifications are required:**

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: B.B.A. - U.F. - PHILS. / ACCTS. MAJOR; VAR. UNIVERSITIES - CONTINUING EDUCATION (USA)

Please state your business and/or professional experience: ACCOUNTANT & DEP. CITY AUDITOR / RECORDER - C.C.S.F. (31 YRS. - RET. - 2004)

Occupation: C.P.A. (PHILS.) & CA Education: B.B.A - ACCTS. - MANILA, PHILS

Civic Activities: PICPA DIRECTOR; K of C - 4th DEGREE

Ethnicity (optional): FLIPINO Sex (optional):  M  F

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?  Yes  No Evening meetings?  Yes  No

How many days a week would you be available for hearings? \_\_\_\_\_ How many evenings a week? \_\_\_\_\_

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the **RULES COMMITTEE** is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 9/14/13

Applicant's Signature: Alfredo C. Perez

For Office Use Only: Appointed to Board #: \_\_\_\_\_ Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_

COVER PAGE

RECEIVED  
 2013 MAR 29 PM 3:17

Please type or print in ink.

NAME OF FILER (LAST) PEREZ, ALFREDO (FIRST) PA (MIDDLE) C.

1. Office, Agency, or Court

Agency Name

7A, A, B - BOARD MEMBER  
 Division, Board, Department, District, if applicable  
Assessment Appeals Board  
 Your Position

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

Agency: N/A Position: N/A

FILED  
 13 APR 1 PM 1:59  
 SUPERVISORS  
 SAN FRANCISCO

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

- State
- Multi-County
- City of SF
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SF
- 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 \_\_\_\_\_
- 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.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

- 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

Total number of pages including this cover page: 1

-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  
 STREET: FLORENTINE ST CITY: S.F. STATE: CA ZIP CODE: 94112  
 PHONE NUMBER: (415) \_\_\_\_\_ E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

I have used all reasonable diligence in preparing 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 3/12/13  
 (month, day, year)

Signature [Signature]  
 (File the originally signed statement with your filing official)

Assessment Appeals Board  
City and County of San Francisco  
(415) 554-6778 Fax (415) 554-6775



City Hall, Room 405  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate  
(Please circle one) Board 2 or Board 2 Alternate  
Board 3 or Board 3 Alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  yes  no

Name: Margaret N. Ruxton Home Address: Greenwich Street

City: San Francisco State: CA Zip code: 94123

Business Address: 1737 Union Street City: SF State: CA Zip Code: 94123

Home Phone: --- Work Phone: 577 3416 Fax #: 771.9350

Pager #: --- E-Mail Address: @comcast.net

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

*Commissioner of Assessment Appeals Board No 2, 2004-present*

Please state your qualifications: licensed California Real Estate Broker (license issued in 2005); Active Member of the State Bar of California (admitted 1986)

Please state your business and/or professional experience: Real Estate Broker specializing in residential real estate (multi-unit and single family); practiced real estate law;

Occupation: Real Estate Broker / Attorney Education: Duke School of Law J.D. 1986

Civic Activities: Charge Across Town - Electric Vehicle Education and Outreach; Director Business Council on Climate Change - member UCLA - B.A. 1983  
Ethnicity (optional): Caucasian Sex (optional):  M  F strategic Partnership

Other Personal Information (optional)

Would you be able to attend Day Meetings?  Yes  No Evening meetings?  Yes  No

How many days a week would you be available for hearings? 5 How many evenings a week? 5

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 10/2/13

Applicant's Signature: Margaret N. Ruxton

For Office Use Only: Appointed to Board #: \_\_\_\_\_ Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
 Official Use Only

**FICOVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) Ruxton (FIRST) Margaret (MIDDLE) Nielsen  
 13 APR 1 11:59 AM '13  
 ETHICS OFFICE

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

Agency Name Board of Supervisors BY Board Member  
 Division, Board, Department, District, if applicable Assessment Appeals Board Your Position

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 23 MAR 29 PM 3:18  
 ON

▶ 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, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2012.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."  
 ▶ Total number of pages including this cover page: 4

- 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
- None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
Greenwich St., SF CA 94123  
 DAYTIME TELEPHONE NUMBER (415) E-MAIL ADDRESS (OPTIONAL)

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 3/26/13 Signature Margaret N. Ruxton  
 (month, day, year) (File the originally signed statement with your filing official.)

opate

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1370 Washington Street  
 CITY  
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:  
 ACQUIRED 1/12 DISPOSED 1/12

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 Jordan Risse, Katherine Foster  
Grace Warrick, Samantha Cronin, Sam  
Cronin, Gracie Childress, Alajna Kretchaus  
Jennifer Pearce, Kathryn Cullen, Teiki  
Kimball, Damien Thivent, Rebecca  
Morhiser, Jason Whalen, Benjamin  
Liebold

▶ 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:  
 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 commercial lending institutions 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: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Margaret N. Raxton

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
City Living SF

ADDRESS (Business Address Acceptable)  
1737 Union Street, SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Brokerage

YOUR BUSINESS POSITION  
Broker

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. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Charge Across Town

ADDRESS (Business Address Acceptable)  
950 Battery Street, Suite 405 SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Environmental Group

YOUR BUSINESS POSITION  
Development Manager

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 consulting fee  
(Describe)

**3. 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 \_\_\_\_\_

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: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Margaret Buxton

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Evolve Discovery

ADDRESS (Business Address Acceptable)  
Mission Street, SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Contract Attorneys

YOUR BUSINESS POSITION  
Attorneys

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 Consulting Fee  
(Describe)

**2. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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)

**3. 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

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: \_\_\_\_\_



4m 8/27  
(13)

Assessment Appeals Board  
City and County of San Francisco  
(415) 554-5184 Fax (415) 554-5163



City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: Board 1 or Board 1 alternate  
(Please circle one) Board 2 or Board 2 alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  yes  no  
Name: Robia Crisp Home Address: Collins Street  
City: San Francisco State: CA Zip code: 94118  
Business Address: Manatt Phelps Phillips 30th Fl. Embarcadero Center, San Francisco State: CA Zip Code: 94111  
Home Phone (415) Work Phone: (415) 291-7462 Fax #:  
Pager #: E-Mail Address: @manatt.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No  
(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:  
A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to Incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Licensed member of the California State Bar since December 2003 (9 years) #227198.

Please state your business and/or professional experience: Land use attorney in San Francisco.

Occupation: attorney Education: J.D. UOP McGeorge School of Law. B.A. UC Davis

Civic Activities: member/supporter of Golden Gate National Parks Conservancy

Ethnicity (optional): Korean American Sex (optional):  M  F

Other Personal Information (optional): See attached resume

Would you be able to attend Day Meetings?  Yes  No Night meetings?  Yes  No  
How many days a week would you be available for hearings? 2  
Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.  
Please Note: Your application will be retained for one year.

Date: 1/2/13 Applicant's Signature: Robia Crisp

For Office Use Only: Appointed to Board #: \_\_\_\_\_ Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_

## ROBIA SOOK CRISP

Collins Street • San Francisco, CA 94118 • (415) \_\_\_\_\_

\_\_\_\_\_@gmail.com

### BAR ADMISSION

California State Bar, December 2003

### WORK EXPERIENCE

- June 2012-present     **UPDATE LEGAL  
MANATT PHELPS AND PHILLIPS**     San Francisco, CA  
Contract Land Use Associate  
Assist in the representation of a broad range of clients in land use matters. Regularly appear before local decisionmaking bodies throughout the Bay Area in connection with obtaining discretionary approvals.
- June 2006-  
June 2012     **MILLER STARR REGALIA**     Walnut Creek, CA  
Land Use Associate  
Represented clients in all phases of entitlement processing, including compliance with CEQA and regularly appearing before local governmental bodies throughout Northern California. Assisted in representation of national big box retailer and interfaced with staff and technical consultants to develop a comprehensive administrative record. Provided land use advice to a global healthcare company operating a large campus in the East Bay. Conducted land use due diligence research in connection with site acquisitions. Drafted contracts, deeds, easements, and other legal documents in connection with real estate transactions. Administrative law experience in obtaining alcoholic beverage sales permits on behalf of two national drugstore companies. Projects included handling two hearings before administrative law judges, both resulting in favorable decisions.
- Sept. 2006-  
June 2006;  
Summer  
2002     **DOWNEY BRAND LLP**     Sacramento, CA  
Water Law Associate; Summer Associate  
Assisted in representing public and private clients on a broad range of issues involving water law. Advised public agency clients regarding compliance issues under the Brown Act, Political Reform Act, and Public Records Act. Assisted in representing amicus curiae water association and prepared appellate brief on issue of priority of water rights, resulting in favorable decision in *El Dorado Irrigation Dist. v. State Water Resources Control Bd.* (2006) 142 Cal.App.4<sup>th</sup> 937. Represented private landowners in a water right dispute and drafted appellate briefs resulting in a favorable decision in *Barnes v. Hussa* (2006) 136 Cal.App.4<sup>th</sup> 1358.

### EDUCATION

- May 2003     **University of the Pacific McGeorge School of Law**  
• Juris Doctor, Graduated with Distinction
- Dec. 1996     **University of California, Davis**  
• Bachelor of Arts, Philosophy

### SELECTED PUBLICATIONS AND TEACHING EXPERIENCE

- Editorial Board Member, *Climate Change Reporter* (August 2009-January 2011)
- Editorial Board Member, *California Land Use Law and Policy Reporter* (November 2008-August 2009)
- Lecturer, Lorman Seminars, *Real Estate Development from Beginning to End, Local Government Approvals*, Oakland, CA (February 2008)
- Co-Author, *Low Impact Development: A Growing Trend in Stormwater Management*, Builder Magazine (March 2007)
- Panelist, San Joaquin County Housing Symposium, Fresno, CA (February 2007)
- Adjunct Professor, McGeorge School of Law, Appellate Advocacy Program (2006)
- Presenter, Northern California Water Association and Downey Brand, "Ethics Training for Local Agency Officials, AB 1234: The Brown Act" (2006)
- Presenter, "Groundwater Law and Hydrology," UC Davis Extension Program (October 2004)

### COMMUNITY INVOLVEMENT

- Executive Board Member, Professional Women in Building, Building Industry Association of the Bay Area (2009-2012)
- Member/Supporter, Golden Gate National Parks Conservancy (2009-present)

STATEMENT OF ECONOMIC INTERESTS

Date Received  
 Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Crisp (FIRST) Robia (MIDDLE) Book

1. Office, Agency, or Court

Agency Name City & County of San Francisco  
 Division, Board, Department, District, if applicable Assessment Appeals Board Your Position Board 2 member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City 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 \_\_\_\_\_  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.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 5

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  
 (Agency Address Recommended - Public Document)  
Collins Street San Francisco CA 94118  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (OPTIONAL)  
(415) \_\_\_\_\_ @gmail.com

I have used \_\_\_\_\_ 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 1/2/13 (month, day, year) Signature Robia Crisp (File the originally signed statement with your filing officer.)

**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: Robia Crisp

▶ NAME OF BUSINESS ENTITY  
Velocity Financial Group (from A-2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
venture debt portfolio

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      \_\_\_\_\_ / \_\_\_\_\_ / 11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
United Parcel Service

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
delivery service

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      \_\_\_\_\_ / \_\_\_\_\_ / 11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Chymax (from A-2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
e-commerce co.

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      \_\_\_\_\_ / \_\_\_\_\_ / 11  
 ACQUIRED      DISPOSED

▶ 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      \_\_\_\_\_ / \_\_\_\_\_ / 11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Fleetmatics (from A-2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
software co.

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      \_\_\_\_\_ / \_\_\_\_\_ / 11  
 ACQUIRED      DISPOSED

▶ 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      \_\_\_\_\_ / \_\_\_\_\_ / 11  
 ACQUIRED      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 Rozia Crisp

**1. BUSINESS ENTITY OR TRUST**

Name Canopy Capital  
 Address (Business Address Acceptable) 301 California Dr., Suite #3, Burlingame, CA

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Private investment firm

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/11 DISPOSED 1/11

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  LLC  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)**

Velocity Financial Group, Cymax, Fleetmatics

**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 IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/11 DISPOSED 1/11

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: \_\_\_\_\_

**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 IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/11 DISPOSED 1/11

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  \$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)**

\_\_\_\_\_

**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 IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/11 DISPOSED 1/11

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 B**  
**Interests in Real Property**  
 (Including Rental Income)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Robia Crisp

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
Collins Street

CITY  
San Francisco, CA 94118

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

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

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.

▶ 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:  
 ACQUIRED     /     / 11      DISPOSED     /     / 11

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.

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Robica Crisp

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Update Legal, Inc.

ADDRESS (Business Address Acceptable)  
100 California Street, SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
Contract attorney

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  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

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\* \_\_\_\_\_

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: \_\_\_\_\_

## ATTORNEY SEARCH

Robia Sook Crisp - #227198

Current Status: Active

This member is active and may practice law in California.

See below for more details.

### Profile Information

*The following information is from the official records of The State Bar of California.*

<b>Bar Number:</b>	227198		
<b>Address:</b>	Manatt Phelps Phillips One Embarcadero Center 30th Floor San Francisco, CA 94111 Map it	<b>Phone Number:</b>	(415) _____
		<b>Fax Number:</b>	(415) 291-7474
		<b>e-mail:</b>	_____@manatt.com
<b>County:</b>	San Francisco	<b>Undergraduate School:</b>	Univ of California Davis; Davis CA
<b>District:</b>	District 1		
<b>Sections:</b>	None	<b>Law School:</b>	McGeorge SOL Univ of the Pacific; CA

### Status History

Effective Date	Status Change
Present	Active
12/3/2003	Admitted to The State Bar of California

Explanation of member status

### Actions Affecting Eligibility to Practice Law

#### Disciplinary and Related Actions

Overview of the attorney discipline system.

This member has no public record of discipline.

#### Administrative Actions

This member has no public record of administrative actions.

[Start New Search »](#)



**Assessment Appeals Board**  
 City and County of San Francisco  
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405  
 1 Dr. Carlton B. Goodlett Place  
 San Francisco, CA 94102-4697

RECEIVED  
 AUG 16 2013  
 Assessment Appeals Board

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:  
 (Please circle one)

- Board 1 or  Board 1 Alternate  
 Board 2 or  Board 2 Alternate  
 Board 3 or  Board 3 Alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  yes  no

Name: JOHN M. LEE Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address: 1 LETTERMAN DR. # C300 City: SAN FRANCISCO State: CA Zip Code: 94129

Home Phone: \_\_\_\_\_ Work Phone: 415 447-6231 Fax #: 415-447-6201

Pager #: 415 E-Mail Address: @pacunion.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: LICENSED REAL ESTATE BROKER SINCE 1988

Please state your business and/or professional experience: SALES OF REAL PROPERTY SINCE 1987. MANAGE & SUPERVISE REAL ESTATE SALES TEAM

Occupation: REAL ESTATE BROKER Education: MBA FROM UCLA, BS ENG. NEARBY

Civic Activities: REAL ESTATE NEWSPAPER COLUMNIST FOR RICHMOND REVIEW UC. BERKELEY AND SUNSET SECTION, PAST PRESIDENT AND BOARD MEMBER OF

Ethnicity (optional): ASIAN Sex (optional):  M  F VARIOUS ORGANIZATIONS

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?  Yes  No Evening meetings?  Yes  No

How many days a week would you be available for hearings? 1 How many evenings a week? 1

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made. Please Note: Your application will be retained for one year.

Date: 8/15/2013 Applicant's Signature: [Signature]

For Office Use Only: Appointed to Board #: \_\_\_\_\_ Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE

Date Received  
 Office Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Lee John M.

1. Office, Agency, or Court

Agency Name  
 Assessment Appeals Board  
 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, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2012.
- Assuming Office: Date assumed 09 / 01 / 2013
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 9
- 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

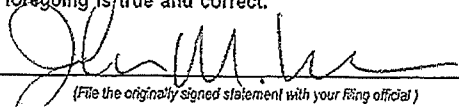
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 1 Letterman Drive, #C500 San Francisco CA 94129

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 415 ) 447-6231 pacunion.com

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 09/15/2013  
 (month, day, year)

Signature   
 (File the originally signed statement with your Ring official)

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name John M. Lee

▶ NAME OF BUSINESS ENTITY  
Time Warner Cable

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Cable

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Banking

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Intel Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computers

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computers

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Merck

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Microsoft

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computer

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION	
Name	
John M. Lee	

▶ NAME OF BUSINESS ENTITY  
Oracle Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Software

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Qualcomm

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computer

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
LSI Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computers

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Times Warner

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Entertainment

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      12 / 20 / 12  
 ACQUIRED                                  DISPOSED

▶ 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

▶ 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

Comments: Times Warner Stock was acquired 9/13/2000.

**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  
 John M. Lee

**1. BUSINESS ENTITY OR TRUST**

John M Lee and Lily T Lee Revocable Trust  
 Name  
 1 Letterman Drive, #C500, San Francisco, CA 94129  
 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                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 12                      / / 12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

3609-045  
 Assessor's Parcel Number or Street Address of Real Property

Rental Real Estate  
 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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 12                      / / 12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

**1. BUSINESS ENTITY OR TRUST**

John M Lee and Lily T Lee Revocable Trust  
 Name  
 1 Letterman Drive, #C500, San Francisco, CA 94129  
 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                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 12                      / / 12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

1649-012  
 Assessor's Parcel Number or Street Address of Real Property

Rental Real Estate  
 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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 12                      / / 12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

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  
John M. Lee

**1: BUSINESS ENTITY OR TRUST**

John M Lee and Lily T Lee Revocable Trust  
 Name  
1 Letterman Drive, #C500, San Francisco, CA 94129  
 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u>   /   /   12</u> <u>   /   /   12</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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  
Alyson Belcher, Mary Jane Eisenberg, Sarah Haselup,  
Sarah Davis, Esmeralda Munoz

**4: INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                 REAL PROPERTY

1526-021

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

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u>   /   /   12</u> <u>   /   /   12</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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**

John M Lee and Lily T Lee Revocable Trust  
 Name  
1 Letterman Drive, #C500, San Francisco, CA 94129  
 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u>   /   /   12</u> <u>   /   /   12</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

**4: INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                 REAL PROPERTY

6167-027

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

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u>   /   /   12</u> <u>   /   /   12</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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: \_\_\_\_\_

**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  
 John M. Lee

**1. BUSINESS ENTITY OR TRUST**

John M Lee and Lily T Lee Revocable Trust  
 Name

1 Letterman Drive, #C500, San Francisco, CA 94129  
 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                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$10,001 - \$100,000                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$100,001 - \$1,000,000                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

Over \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

ACQUIRED                      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

Alice Sun, Alvin Chen, Tobi Stuart, John DeFazio, Brett Pameles, Peter Lowell, Matthew Schiachtman

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

Check one box:  
 INVESTMENT     REAL PROPERTY

0218-11

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

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$10,001 - \$100,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$100,001 - \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

Over \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

ACQUIRED                      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

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                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$2,000 - \$10,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$10,001 - \$100,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$100,001 - \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

Over \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

ACQUIRED                      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

**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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$10,001 - \$100,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

\$100,001 - \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

Over \$1,000,000                              \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12

ACQUIRED                      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: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 1412-019

CITY  
 San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 12      DISPOSED      /      / 12

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  
 2041-012

CITY  
 San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 12      DISPOSED      /      / 12

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 commercial lending institutions 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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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

Guarantor, if applicable

Comments: \_\_\_\_\_



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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name John M. Lee

**1: INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Pacific Union International

ADDRESS (Business Address Acceptable)  
 1 Letterman Dr, #C500, San Francisco, CA 94129

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Real Estate

YOUR BUSINESS POSITION  
 Broker

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  
 Dignity Health

ADDRESS (Business Address Acceptable)  
 900 Hyde St, San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Hospital

YOUR BUSINESS POSITION  
 Pharmacist

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:  
 \_\_\_\_\_

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      TERM (Months/Years)  
 \_\_\_\_\_%     None    \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
John M. Lee	

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 San Francisco Association of REALTORS (SFAR)

ADDRESS (Business Address Acceptable)  
 301 Grove Street

CITY AND STATE  
 San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Real Estate Association

DATE(S): 09 / 01 / 12 - 08 / 31 / 13 AMT: \$ 5,233.03  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Reimbursement for travel expenses to various  
conferences on behalf of SFAR

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): / / - / / AMT: \$  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): / / - / / AMT: \$  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): / / - / / AMT: \$  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \_\_\_\_\_

## STATE OF CALIFORNIA BUREAU OF REAL ESTATE

The license information shown below represents public information taken from the Bureau of Real Estate's database at the time of your inquiry. It will not reflect pending changes which are being reviewed for subsequent database updating. Also, the license information provided includes formal administrative actions that have been taken against licensees pursuant to the Business and Professions Code and/or the Administrative Procedure Act. All of the information displayed is public information. Although the business and mailing addresses of real estate licensees are included, this information is not intended for mass mailing purposes.

License information taken from records of the Bureau of Real Estate on 8/14/2013 9:46:55 AM

<b>License Type:</b>	BROKER
<b>Name:</b>	Lee, John M
<b>Mailing Address:</b>	— LAPLAYA STE 537 SAN FRANCISCO, CA 94121
<b>License ID:</b>	00965312
<b>Expiration Date:</b>	09/28/16
<b>License Status:</b>	LICENSED
<b><u>Salesperson License Issued:</u></b>	07/20/87 (Unofficial -- taken from secondary records)
<b><u>Broker License Issued:</u></b>	09/29/88 (Unofficial -- taken from secondary records)
<b>Former Name(s):</b>	NO FORMER NAMES
<b>Main Office:</b>	1 LETTERMAN DRIVE BUILDING C SUITE 300 SAN FRANCISCO, CA 94129
<b>DBA</b>	NO CURRENT DBAS
<b>Branches:</b>	NO CURRENT BRANCHES
<b>Affiliated Licensed Corporation(s):</b>	NO CURRENT AFFILIATED CORPORATIONS
<b>Salespersons:</b>	<u>01008573</u> - Lee, Lily Tam
<b><u>Comment:</u></b>	NO DISCIPLINARY ACTION
	NO OTHER PUBLIC COMMENTS
	>>>> Public information request complete <<<<

**Assessment Appeals Board**  
 City and County of San Francisco  
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405  
 1 Dr. Carlton B. Goodlett Place  
 San Francisco, CA 94102-4697

*Complete and return this original Application to the Assessment Appeals Board*

Application for Appointment to:  
 (Please circle one)

- Board 1    or     Board 1 Alternate  
 Board 2    or     Board 2 Alternate  
 Board 3    or     Board 3 Alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  yes  no

Name: Kristine Nelson Home Address: 1 Dr. Carlton B. Goodlett Pl # 405  
601 Buena Vista Way  
 City: San Francisco State: CA Zip code: 94117  
 Business Address: 601 Buena Vista W City: SF State: CA Zip Code: 94117  
 Home Phone: \_\_\_\_\_ Work Phone: 415-706-0995 Fax #: \_\_\_\_\_  
 Pager #: \_\_\_\_\_ E-Mail Address: wnleffers.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No  
 (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

**Pursuant to Ordinance No. 393-98 the following qualifications are required:**

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Certified Real Estate Appraiser

Please state your business and/or professional experience: Real Estate Appraiser, Chief Appraiser, Review Appraiser, Real Estate Agent

Occupation: Appraiser, Real Estate Agent Education: BA UCLA

Civic Activities: Randall Museum, SPEAK, CSB-school

Ethnicity (optional): \_\_\_\_\_ Sex (optional):  M  F

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?  Yes  No Evening meetings?  Yes  No

How many days a week would you be available for hearings? 4 How many evenings a week? 2

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the **RULES COMMITTEE** is a requirement before any appointment can be made.  
 Please Note: Your application will be retained for one year.

Date: 9/9/2013 Applicant's Signature: \_\_\_\_\_

For Office Use Only: Appointed to Board #: \_\_\_\_\_ Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Kristy Nelson

— )mleffers.com

(415) —

Skills

Professional Experience

**Independent Appraiser and Real Estate Sales Agent**

1995- Present

- Appraise apartments, commercial properties, condominiums, income properties and single family residences
- Represent buyers and sellers in real estate transactions
- Lease and manage residential and commercial properties

**Senior Staff Real Estate Appraiser, San Francisco Federal, San Francisco, CA**

1993-1995

- Appraised apartments, condominiums and income properties
- Planned unit developments and single family residences
- Reviewed apartment and residential appraisals
- Supervised staff reviewers

**Regional Chief Appraiser, Foster Ousley Comley, Walnut Creek, CA**

1992-1993

- Managed staff reviewers
- Determined final review value for residential properties, condominiums, income properties and planned unit developments
- Provided technical support and training

**Independent Appraiser, Johnson O'Neil & Associates; Michael J. Vizzini Associates, Los Angeles, CA**

1990-1992

- Prepared narratives for commercial properties and vacant land appraisals
- Appraised apartments, condominiums and residential properties
- Prepared relocation and proposed construction appraisals

**Senior Staff Real Estate Appraiser, Home Savings America, Palos Verdes, CA**

1986-1991

- Appraised condominiums, planned unit developments and single family residences
- Appraisals ranged in price from \$90,000 to \$4,000,000
- Appraised multi-unit income producing properties
- Reviewed single residences and income property appraisals
- Assisted in office management

**Leasing Consultant, Dorn and Company, Los Angeles, CA**

1984-1986

- Located office and real estate space for commercial tenants
- Aided prospective tenants in space planning and building design
- Negotiated commercial leases
- Published *San Fernando Valley Commercial Leasing Activity* in WESTERN REAL ESTATE NEWS, December 20, 1986

Licenses

Certified General Appraisal License #AG007334

California Real Estate Sales License #00884857

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Nelson Kristine Ann

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

Agency Name  
 Assessment appeals Board  
 Division, Board, Department, District, if applicable  
 Your Position  
 Board 3

► 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 \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-  
 The period covered is 09 / 01 / 2013, through December 31, 2012.
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- 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)  
 1 Dr. Carlton B Goodlett pl #405 San Francisco Ca 94102

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 415 ) \_\_\_\_\_

I have used 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 9/10/2013  
 (month, day, year)

Signature \_\_\_\_\_  
 (Be the originally signed statement with your filing official.)

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Kristine Nelson
--

▶ NAME OF BUSINESS ENTITY  
PGE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
electricity

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computers

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Chip maker

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Southern Copper

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Copper

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hewlett Packard

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computers

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                      DISPOSED

▶ 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

Name  
 Kristine Nelson

**1. BUSINESS ENTITY OR TRUST**

Leffers Family 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/12    ____/____/12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/12    ____/____/12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

**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

\_\_\_\_\_

\_\_\_\_\_

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

None

\_\_\_\_\_

\_\_\_\_\_

**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  
 287 Sanchez Street

Description of Business Activity or City or Other Precise Location of Real Property  
 \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12    ____/____/12
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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

**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  
 565-567 Natoma street

Description of Business Activity or City or Other Precise Location of Real Property  
 \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12    ____/____/12
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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: \_\_\_\_\_



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
 Kristine Nelson

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 62-64 Moss Street

CITY  
 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:  
 ACQUIRED: \_\_\_/\_\_\_/12      DISPOSED: \_\_\_/\_\_\_/12

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  
 621 Natoma Street

CITY  
 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:  
 ACQUIRED: \_\_\_/\_\_\_/12      DISPOSED: \_\_\_/\_\_\_/12

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 commercial lending institutions 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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Kristine Nelson

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
23-25 Moss Street

CITY  
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:  
ACQUIRED     /     / 12      DISPOSED     /     / 12

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  
1316-1318 Fulton Street

CITY  
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:  
ACQUIRED     /     / 12      DISPOSED     /     / 12

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 commercial lending institutions 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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Kristine Nelson

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
445-449 Tehama Street

CITY  
San Francisco

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000          /     / 12          /     / 12  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000          /     / 12          /     / 12  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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 commercial lending institutions 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: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kristine Nelson</u>

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Real Estate Commission

ADDRESS (Business Address Acceptable)  
1669 Page Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Buyers Agent

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  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

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  
\_\_\_\_\_

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      TERM (Months/Years)  
 \_\_\_\_\_%     None    \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_



Business, Transportation & Housing Agency  
OFFICE OF REAL ESTATE APPRAISERS  
REAL ESTATE APPRAISER LICENSE

Kristine A. Nelson

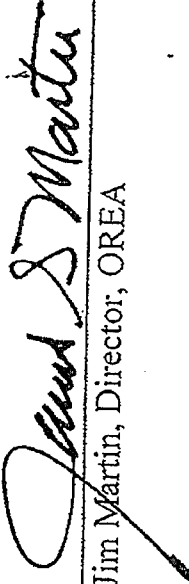
has successfully met the requirements for a license as a residential and commercial real estate appraiser in the State of California and is, therefore, entitled to use the title:

“Certified General Real Estate Appraiser”

This license has been issued in accordance with the provisions of the Real Estate Appraisers' Licensing and Certification Law.

OREA APPRAISER IDENTIFICATION NUMBER: AG 007334

Effective Date: May 6, 2013  
Date Expires: May 5, 2015

  
Jim Martin, Director, OREA

3007087

Assessment Appeals Board  
City and County of San Francisco  
(415) 554-6778 Fax (415) 554-6775



City Hall, Room 405  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:  
(Please circle one)

Board 1 or Board 1 Alternate  
Board 2 or Board 2 Alternate  
Board 3 or Board 3 Alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information?  Yes  No

Name: Shawn Ridgell Home Address: Biederick Street  
City: San Francisco State: CA Zip code: 94117

Business Address: 2128 Broadway City: Oakland State: CA Zip Code: 94612

Home Phone: 415 Work Phone: (510) 986-1300 Fax #: (510) 986-1301

Pager #: N/A E-Mail Address: @aol.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: I am an attorney with 15 years of experience. I also have 5 years of experience as an arbitrator.

Please state your business and/or professional experience: 15 years of experience as an attorney. Please see attached resume.

Occupation: Attorney Education: B.S., J.O. From USF.

Civic Activities: Board member, USF Alumni, Volunteer Attorney, ALRP

Ethnicity (optional): \_\_\_\_\_ Sex (optional):  M  F

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?  Yes  No Evening meetings?  Yes  No

How many days a week would you be available for hearings? 2-3 How many evenings a week? 1-2

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 9/19/13

Applicant's Signature: Shawn Ridgell

For Office Use Only: Appointed to Board #: \_\_\_\_\_ Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_

SHAWN RIDGELL  
— BRODERICK STREET  
SAN FRANCISCO, CA 94117  
TELEPHONE (415) —  
Email: — [Daol.com](mailto:Daol.com)

**EDUCATION**

UNIVERSITY OF SAN FRANCISCO SCHOOL OF LAW  
Juris Doctor Degree, May 1996  
Staff Member, *Maritime Law Journal*  
Tutor in the *Academic Support Program*

UNIVERSITY OF SAN FRANCISCO  
Bachelor of Science in Business Administration, May 1991  
Member of the *Disciplinary Hearing Committee*  
Named *Who's Who Among Students in American Universities*

**WORK  
EXPERIENCE**

MANAGING ATTORNEY, JANUARY, 2007- PRESENT  
RIDGELL & LAWLOR, LLP; Oakland, CA  
Client representation in civil litigation and business matters. Areas of practice include contracts, consumer litigation, business litigation, business formation, insurance litigation, personal injury, and elder abuse. Client representation in mediations, arbitrations, administrative hearings, and trial.

ARBITRATOR, JANUARY, 2008-PRESENT  
FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA);  
San Francisco, CA  
Responsible for hearing and deciding disputes arising out of breach of contract and employment law matters within the securities industry. Reviewed pleadings and other documents in evaluating disputes. Issued rulings on discovery matters.

ATTORNEY, 2001-2006  
CHARLES SCHWARTZ, P.C.; Oakland, CA  
Client representation in civil litigation and business matters. Areas of practice include contracts, consumer litigation, business litigation, business formation, insurance litigation, personal injury, and elder abuse. Represented clients in mediations, arbitrations, administrative hearings, and trial. Assumed sole responsibility for own case files.

LEGAL EDITOR, 1999-2006  
CONTINUING EDUCATION OF THE BAR; Oakland, CA  
Conducted extensive legal research on various legal subjects, including areas involving business law, civil litigation, real property, and estate planning. Assisted in editing legal publications.

ATTORNEY, 1999-2001  
SHAWN RIDGELL, ATTORNEY AT LAW; San Francisco, CA  
Client representation in civil litigation and business matters.

LAW CLERK, 1997-1998  
LAW OFFICES OF JOHN D. WINER; San Francisco, CA  
Participated in Civil discovery, including preparing clients for Deposition testimony. Drafted legal memoranda.

**LAW CLERK, 1996-1997**

FRANCOIS SORBA, ATTORNEY AT LAW; San Mateo, CA  
Conducted legal research on real estate and construction matters. Drafted discovery requests and legal memoranda.

**LAW CLERK, FEBRUARY 1996 - MAY, 1996**

RICE, FOWLER, BOOTH, & BANNING; San Francisco, CA  
Participant in the law firm's externship program. Conducted legal research on maritime issues. Drafted Motions and legal memoranda. Attended depositions.

**LAW CLERK, JUNE 1995- NOVEMBER 1995**

RICHTER, SENN & PALUMBO; San Francisco, CA  
Conducted legal research on real estate, construction, and business matters. Drafted Motions and legal memoranda.

**PROFESSIONAL  
ASSOCIATIONS**

San Francisco Bar Association, Member  
Alameda County Bar Association, Member  
California Bar Association, Member

**VOLUNTEER  
ACTIVITIES**

Volunteer Attorney, Bar Association of San Francisco  
Volunteer Attorney, AIDS Legal Referral Service (ALRP)  
University of San Francisco Alumni Board of Directors

**AWARDS**

Outstanding Volunteer in Public Service Award, Bar Association of San Francisco, 2004  
  
Award for Outstanding Volunteer, AIDS Legal Referral Service, 2009



**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

Date Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) Ridgell (FIRST) Shawn (MIDDLE)

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

Agency Name Assessment Appeals Board Your Position Board Member  
 Division, Board, Department, District, if applicable

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of San Francisco  
 City of San Francisco  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.  
 -or-  
 The period covered is \_\_\_\_\_, through December 31, 2012.  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: -0-

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  
2128 Broadway Oakland CA 94612  
 (Business or Agency Address Recommended - Public Document)  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
(510) 986-1300 saol.com

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 9/19/13 Signature [Signature]  
 (month, day, year) (File the originally signed statement with your filing official.)

Wednesday, October 2, 2013

~~THE STATE BAR OF CALIFORNIA~~

### ATTORNEY SEARCH

Shawn Ridgell - #201179

Current Status: Active

This member is active and may practice law in California.

See below for more details.

### Profile Information

*The following information is from the official records of The State Bar of California.*

Bar Number:	201179		
Address:	Ridgell & Lawlor LLP 2128 Broadway Oakland, CA 94612 Map it	Phone Number:	(510) 986-1300
		Fax Number:	(510) 986-1301
		e-mail:	<u>          </u> @aol.com
County:	Alameda	Undergraduate School:	Univ of San Francisco; San Francisco CA
District:	District 1		
Sections:	Business Law	Law School:	U of San Francisco SOL; San Francisco CA

### Status History

Effective Date	Status Change
Present	Active
6/7/1999	Admitted to The State Bar of California

Explanation of member status

### Actions Affecting Eligibility to Practice Law

#### Disciplinary and Related Actions

Overview of the attorney discipline system.

This member has no public record of discipline.

#### Administrative Actions

This member has no public record of administrative actions.

[Start New Search »](#)



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714**

**Application for Boards, Commissions, Committees, & Task Forces**

Name of Board, Commission, Committee, or Task Force: Assessment Appeals Board

Seat # or Category (If applicable): N.A. Boards 1-3 (all seats) District: \_\_\_\_\_

Name: Yosef Tahbazof

Home Address: Burnett Ave, San Francisco Zip: 94131

Home Phone: 415. \_\_\_\_\_ Occupation: Attorney

Work Phone: 415.922.0200 x 111 Employer: Tahbazof Law Firm

Business Address: 1256 Howard Street, San Francisco Zip: 94103

Business E-Mail: yosef@tahbazoflaw.com Home E-Mail: \_\_\_\_\_@gmail.com

**Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.**

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco  Yes  No  If No, place of residence: \_\_\_\_\_

**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 was born in San Francisco shortly after my family immigrated from Iran. I have always enjoyed and cared for the city which was one of the main reasons I pursued my legal education at UC Hastings. In my professional capacity, I have had the pleasure of working with a broad spectrum of community members and have often collaborated closely with neighborhood groups as well as community organizations.

**Business and/or professional experience:**

I have worked in the following capacities: attorney, property manager, tax accountant, and paralegal.

**Civic Activities:**

I volunteered for Mayor Gavin Newsom and Supervisor Michela Alioto-Pier. I have also enjoyed volunteering at the Shelter Network and Home Away from Homelessness.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 10.25.2013 Applicant's Signature: (required)



**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 Seat was Vacated: \_\_\_\_\_

YOSEF TAHBAZOF

TAHBAZOF LAW FIRM, LLP

1256 Howard Street • San Francisco, CA 94103 • (415) 922-0200 x 111 • yosef@tahbazoflaw.com

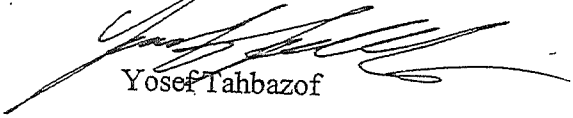
September 9, 2013

Supervisor Norman Yee  
Rules Committee Chair  
Board of Supervisors  
City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Supervisor Yee:

Please consider the enclosed resume as an application to serve our City in whatever capacity you deem necessary and fitting. Should you have any questions or desire to meet with me, I will make myself available at your convenience.

Sincerely,

  
Yosef Tahbazof

**EDUCATION**

University of California, Hastings College of the Law, San Francisco, CA  
Juris Doctor, 2011

Santa Clara University, Santa Clara, CA  
Bachelor of Science in Commerce, 2008

**EXPERIENCE**

Tahbazof Law Firm, San Francisco, CA August 2011 - Present  
*Partner*

- Drafted contracts including real property purchase agreements, LLC operating agreements, stipulations, settlement agreements, prime contracts, subcontractor agreements, lease agreements, employment contracts.
- Negotiated informal settlements resulting in fair compromises and avoidance of cumbersome litigation.
- Represented clients in disputes and cases concerning mechanics' liens, construction defects, unlawful detainers, breach of contractual obligations.

SST Investments, San Francisco, CA August 2011 - Present  
*Manager*

- Management of hundreds of rental units including mediation of conflicts with tenants and neighbors; implementation of innovative work order tracking system; ensuring prompt repairs; coordinating with independent contractors; acquiring and maintaining proper documentation; resolving tenant complaints; ensuring legal compliance of operations.
- Created project-specific construction accounting programs.
- Secured over \$10 million in financing for construction projects.
- Successfully led refinancing efforts for dozens of apartment buildings.
- Construction management including negotiating supply and service contracts; overseeing quality of work; utility applications; accounting for expenses.

Ross Madden Law, San Francisco, CA May 2010 – August 2010  
*Intern*

- Drafted various forms of pleadings and motions.
- Data acquisition and forensic analysis used to uncover latent causes of action.
- Assisted in informal negotiations and discussions with opposing parties.

Price Waterhouse Coopers, San Francisco, CA May 2007 – September 2007  
*Transfer Pricing and Corporate Accounting Intern*

- Implemented corporate guidelines and Generally Accepted Accounting Principles (GAAP) to prepare unified documents for the financial reporting of publicly traded corporations.
- Translated financial information into user-friendly formats for clientele.
- Researched Transfer Pricing Division guarantee agreements, capital infusion agreements and capital support agreements.
- Proactively participated in weekly staff meetings and coordinated large documents with and between associates for joint clients.

Effective Solutions, San Mateo, CA June 2006 – September 2006  
*Assistant Property Manager*

- Responded to and satisfied tenant requests for property repairs.
- Mediated conflicts between landlords, tenants and neighbors.
- Managed and coordinated schedules of multiple contractors and merchants to maximize productivity.
- Assignments consisted of the removal and subsequent reinstallation of hardwood, sheetrock, and insulation as well as applying exterior and interior paint.

**ACTIVITIES**

*Campaign Volunteer:* San Francisco Supervisor Michela Alioto-Pier (2004) & San Francisco Mayor Gavin Newsom (2003)

*Volunteer:* Shelter Network, Home Away from Homelessness

*Other:* Setar (Persian classical instrument), Accounting Tutor, Law School Tutor

San Francisco  
BOARD OF SUPERVISORS

Date Printed: October 25, 2013

Date Established: December 24, 1998

Active

**ASSESSMENT APPEALS BOARD NO. 2**

**Contact and Address:**

Dawn Duran  
Assessment Appeals Board  
City Hall, Room 405

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

**Authority:**

Administrative Code Chapter 2B et seq.; Added by Ordinance 37-67, approved 1/31/67; amended by Ordinance No. 393-98, approved 12/24/1998; amended by Ordinance No. 273-99, approved 10/27/99.

**Board Qualifications:**

The Assessment Appeals Board No. 2 consists of eight members, five regular members, and three alternate members all of whom are appointed by the Board of Supervisors.

No person may concurrently hold a seat on Assessment Appeals Board No. 1 and a seat on Assessment Appeals Board No. 2.

The Board members' term of office is three years, beginning on the first Monday in September. In the event of a vacancy, the newly appointed member shall serve for the remainder of the unexpired term.

The Board shall have the following qualifications as stated in the eligibility criteria set forth in Section 1624.05 of the California Revenue and Taxation Code as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, or Property Appraiser certified by the Office of Real Estate Appraiser; or he or she is a current member of an assessment appeals board.

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing

"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

officers. The Clerk shall designate members to act as hearing officers for particular applications using a rotating system designed to assure that all members with the same priority level, as described in this subsection, have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing officers in the following priority order: (a) the alternate members of Assessment Appeals Board No. 2; (b) the alternate members of Assessment Appeals Board No. 1; (c) the regular members of Assessment Appeals Board No. 2; and (d) the regular members of Assessment Appeals Board No. 1. In their capacity as assessment hearing officers, the officers shall serve at the pleasure of and by contract with the Board of Supervisors.

It shall be the duty of each Assessment Appeals Board to equalize the valuation of the taxable property within the City and County for the purposes of taxation in the manner and subject to the limitations contained in Article XIII of the California State Constitution. Assessment Appeals Board No. 2 shall have jurisdiction to only hear applications for reduction for property on the secured or unsecured rolls assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Blocks 1 - 876, inclusive, or Assessor's Blocks 3701-3899 inclusive. Except not including residential real property on the secured roll consisting of four units or less that is located all or in part within those blocks.

Report: Pursuant to Section 1639 of the Revenue and Taxation Code, the hearing officer shall prepare a summary report of the proceedings together with a recommendation on the application and shall transmit this report and recommendation to the Clerk of the Board of Supervisors.

Compensation: (\$100 for each one-half day of service.)

Sunset Clause: None