

File No. 110959

Committee Item No. 5
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 10/11/11

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

- | | | |
|-------------------------------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong

Date 10/7/11

Completed by: _____

Date _____

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

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 94102-4698

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
APR 6 AM 8:58

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

Application for Appointment to:
(Please circle one)

Board 1

or

Board 1 alternate

Board 2

or

Board 2 alternate

Name: Shawn Ridgell

Home Address: Broderick

City: San Francisco

State: CA

Zip code: 94118

Business Address: 2128 Broadway

City: Oakland

State: CA

Zip code: 94612

Home Phone: (415) _____

Work Phone: (510) 986-1300

Fax #: (510) 986-1301

Pager #: _____

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 California Revenue and Taxation Code Section 1624, 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: I have twelve years of experience as an attorney, and I have experience as an arbitrator.

Please state your business and/or professional experience: I am the managing partner of the law firm Ridgell + Lamb LLP.

Occupation: Attorney

Education: B.S., Juris Doctorate

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

Ethnicity (optional): _____

Sex (optional): ☐ M ☐ F

Other Personal Information (optional) _____

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? 3

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: 4/4/01

Applicant's Signature: [Signature]

For Office Use Only: Appointed Board #: _____

Seat #: _____

Term Expires: _____

SHAWN RIDGELL
— **BRODERICK STREET**
SAN FRANCISCO, CA 94117
TELEPHONE (415) —
Email: — j@aoi.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, 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. 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

RIDGELL & LAWLOR LLP
ATTORNEYS AT LAW
2128 BROADWAY
OAKLAND, CALIFORNIA 94612

SHAWN RIDGELL
NANCY N. LAWLOR

TELEPHONE
(510) 986-1300
FACSIMILE
(510) 986-1301
E-MAIL
Sridgell@aol.com


April 5, 2011

Assessment Appeals Board
City & County of San Francisco
City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102


Dear Assessment Appeals Board:

I am applying for an appointment to the assessment appeals board. Enclosed, please find my application for appointment and my resume. Thank you for your consideration.

Sincerely,



Shawn Ridgell
SR:r
Enclosures

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2011 APR -6 AM 8:57
BY 

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2011 SEP 8 AM 8:32

Please type or print in ink.

NAME OF FILER (LAST) Ridgell (FIRST) Sharon (MIDDLE) AL

1. Office, Agency, or Court

Agency Name

Assessment Appeals Board

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Assessment 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 (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, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

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

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ **Assuming Office:** Date _____

☐ 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: 2

☐ **Schedule A-1 - Investments** - schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

Broadway

Oakland

CA

94612

DAYTIME TELEPHONE NUMBER

(510) _____

E-MAIL ADDRESS

@aol.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

9/6/11

(month, day, year)

Signature

[Signature]

(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Shawn R. Zsell</u>

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Ridgell + Lawlor LLP

ADDRESS (Business Address Acceptable)
Law Firm

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney / Partner

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

<input type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input checked="" type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> 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

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

<input type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> 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

<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> OVER \$100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

<input type="checkbox"/> None	<input type="checkbox"/> Personal residence
<input type="checkbox"/> Real Property	_____ Street address _____ City
<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> Other _____ (Describe)	

Comments: I have not received any loans.

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:
(Please circle one)

Board 1 or
Board 2

Board 1 alternate
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: Joseph K. Tham Home Address: _____

City: San Francisco State: CA Zip code: _____

Business Address: 1145 Market Street, 7-46 City: SF State: CA Zip Code: 94103

Home Phone 415-8 Work Phone: 415-487-5212 Fax #: _____

Pager #: _____ E-Mail Address: _____@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: 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: I have been serving on Board No. 2 as an alternate member since 2002 and was reappointed to the same seat in 2008.

Please state your business and/or professional experience: 25+ years of real estate sales, appraisals, leasing and property management. Real Estate investment analysis, cash flows and feasibility studies.

Occupation: Real Property Officer / Analyst Education: Post Graduate - JD

Civic Activities: Project Pull Mentor; Project Safe Investigator

Ethnicity (optional): Asian Sex (optional): ☒ M ☐ F

Other Personal Information (optional) _____

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? 1-3

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: 08/03/11

Applicant's Signature: _____

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

STATEMENT OF ECONOMIC INTERESTS

Date Received
2011 APR -1 AM 10:38
RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

COVER PAGE

2011 APR -1 PM 3:04

Please type or print in ink.

NAME OF FILER (LAST) THAM (FIRST) Joseph (MIDDLE) K.

1. Office, Agency, or Court

Agency Name

San Francisco Public Utilities Commission

Division, Board, Department, District, if applicable

Real Estate Services

Your Position

Real Property Officer

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

Agency: San Francisco Assessment Appeals Board

Position: Alternate Member

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

☐ State

☐ Judge (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, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____ through December 31, 2010.

☐ Assuming Office: Date ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, 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: 3

☐ 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1145 Market Street, 7-46		San Francisco	CA	94103
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(.415)	@yahoo.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 03/08/11
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

THAM, J.

► STREET ADDRESS OR PRECISE LOCATION

4253-57 18th Street

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

 / / 10

 / / 10

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.

Scott Lauze, MD, Gregory Wells, Ph.D. and
Stephen Morris

► STREET ADDRESS OR PRECISE LOCATION

2910 Anza Street

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

 / / 10

 / / 10

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.

Andrew Stancliffe and Jacob Dornbush

* 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:

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

RECEIVED
 JAN 11 2011

Application for Appointment to:
 (Please circle one)

Board 1

or

Board 1 alternate

Board 2

or

Board 2 alternate

Name: Tulip Yeh Home Address: 28 Ave

City: San Francisco State: CA Zip code: 94121

Business Address: 1448 Taraval St City: San Francisco State: CA Zip code: 94121

Home Phone: 415- Work Phone: 415-350-8908 Fax #: 415-752-2554

Pager #: E-Mail Address: tyehov.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 California Revenue and Taxation Code Section 1624, 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 real estate broker since 1993
Licensed Supervisor principal S26 1994 - 2008

Please state your business and/or professional experience: Real Estate, Financial Planning, Insurance, Appraisal, Accounting

Occupation: Real Estate broker Education: BA

Civic Activities: Church functions

Ethnicity (optional): Chinese Sex (optional): ☐ M ☒ F

Other Personal Information (optional)

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? 5-6

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: 1-1-11 Applicant's Signature: Tulip Yeh

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

**STATE OF CALIFORNIA
DEPARTMENT OF REAL ESTATE**

The license information shown below represents public information taken from the Department 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 Department of Real Estate on 12/29/2010 3:47:32 PM

License Type:	BROKER
Name:	Yeh, Tulip
Mailing Address:	—, TARAVAL STREET SAN FRANCISCO, CA 94116
License ID:	01141628
Expiration Date:	08/31/13
<u>License Status:</u>	LICENSED
<u>Salesperson License Issued:</u>	07/15/92 (Unofficial -- taken from secondary records)
<u>Broker License Issued:</u>	09/01/93 (Unofficial -- taken from secondary records)
Former Name(s):	Yeh, Tulip Yun-Ching
Main Office:	1448 TARAVAL STREET SAN FRANCISCO, CA 94116
DBA	Complete Financial Investor Services ACTIVE AS OF 08/06/1999
	Help-U-Sell Golden Gate Realty ACTIVE FROM 01/31/2003 TO 08/26/2009
	Yeh & Associates Real Estate Group ACTIVE FROM 03/30/1994 TO 03/14/1995
Branches:	NO CURRENT BRANCHES
Affiliated Licensed Corporation(s):	NO CURRENT AFFILIATED CORPORATIONS
<u>Comment:</u>	NO DISCIPLINARY ACTION
	NO OTHER PUBLIC COMMENTS

TULIP'S RESUME

Experiences in USA

1999 – Present	Complete Financial Investor Services (Real Estate Broker)
1994 - 2008	Complete Financial Investor Services (Security Supervisor, S26 licensee)
2003 - 2006	Help – U – Sell Golden Gate Realty (Real Estate Broker)
1993 – 1995 & 1997 - 2002	Yeh & Associates Real Estate Group (Real Estate Broker)
1995 – 1997	Mason McDuffy Realty (Real Estate Broker Associate)
1991 - 1993	Bay View Realty (Real Estate Broker assistant, Real Estate Agent)
1985 - 1990	Home Appraisal (Real Estate Appraiser)
1984 – 1985	Chen Import & Export Co. (Manager)
1983 - 1984	New York Life Insurance Co. (Insurance Assistant)
1982 – 1983	Lane & Associates (Accounting Clerk)

1972	Graduated from Taiwan Taipei Ming Chuang University
------	---

As an Appraiser	Helped a client to appeal the assessment tax
-----------------	--

As a Broker (Besides Buy & Sell)	Help a client to recover losses from prior agent's fraudulent acts; help clients to deal with tenant problems; without hiring any lawyer.
-------------------------------------	---

Enjoy helping people and advising people to do the right things.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	YEH,	Tulip	YC

1. Office, Agency, or Court

Agency Name
 San Francisco Accessment Appeals Board

Division, Board, Department, District, if applicable
 Board 1 & 2

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)

<input type="checkbox"/> State	<input type="checkbox"/> Judge (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input checked="" type="checkbox"/> County of San Francisco
<input checked="" type="checkbox"/> City of San Francisco	<input type="checkbox"/> Other: _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is _____, through December 31, 2010.	<input type="checkbox"/> Leaving Office: Date Left _____ (Check one) <input type="checkbox"/> The period covered is January 1, 2010, through the date of leaving office. <input type="checkbox"/> The period covered is _____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date _____	
<input type="checkbox"/> 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: 1

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <small>Agency Address Recommended - Public Document</small>	STREET	CITY	STATE	ZIP CODE
	Araval Street	San Francisco	CA	94116
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(415) _____	@yahoo.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 9-1-2011
(month, day, year)

Signature

Tulip Yeh
(File the originally signed statement with your filing official.)

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:
(Please circle one)

Board 1
Board 2

or
or

Board 1 alternate
Board 2 alternate

RECEIVED

DEC 21 2010

Name: EDUARDO CAMPAÑA

Home Address: HOFFMAN AVE

City: SAN FRANCISCO

State: CA

Zip code: 94114

Business Address: 1801 COMBARD

City: SAN FRANCISCO

State: CA

Zip code: 94123

Home Phone: (415) _____

Work Phone: (415) 447-8704

Fax #: (415) 447-8884

Pager #: N/A

E-Mail Address: @SOMAFRO.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 California Revenue and Taxation Code Section 1624, 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: 20^{YES} OF RESIDENTIAL & COMMERCIAL REAL ESTATE EXPERIENCE IN SAN FRANCISCO, BROKER, ADVANCED DEGREE IN REAL ESTATE EVALUATION FROM UC BERKELEY

Please state your business and/or professional experience: MEMBER OF SF BOARD OF REALTORS, BERKELEY, ASSESSED PROPERTY VALUES OF OVER A THOUSAN SF PROPERTIES

Occupation: REAL ESTATE BROKER Education: BA, MSA, DSW

Civic Activities: ACTIVE IN LATIN COMMUNITY, POLICE COMMISSIONER UNDER AGLOS & JORDAN

Ethnicity (optional): MEXICAN

Sex (optional): ☒ M ☐ F

Other Personal Information (optional) I'M BRIGHT, PERSONABLE, SKILLED NEGOTIATOR, HARD WORKER

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? DEPENDS ON MY WORK LOAD

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: 12-10-2010

Applicant's Signature: _____

For Office Use Only: Appointed Board #: _____

Seat #: _____

Term Expires: _____

EDWARD CAMPAÑA, C.R.S.
Coldwell Banker Residential Brokerage
1801 Lombard Street
415 447-8704
415 447-8884
www.somapro.com

Objective Expand my experiences in life and work in order to enhance my development into a well rounded citizen.

Skills

- Assessment of real estate values
- Unbiased analysis of data and commentary
- Report writing
- Statistical Analysis
- Calm in the face of adversity
- Communication
- Management
- Leadership
- Forecasting the real estate market place in San Francisco
- Presentations both one on one and group
- Development of marketing strategies
- Teaching research, evaluation, and human behavior
- Sales
- Creativity

Education

San Jose State BA 1966
UC Berkeley MSW 1972
UC Berkley-DSW (abd) 1975

Achievements

- President of Social Welfare Student Union UC Berkeley 1973
- Regional Director National Association of Student Social Worker 1974
- San Francisco Police Commissioner 1989-1992
- Certified Residential Specialist 1995-Present

Experience

Associate Professor SFSU Graduate School of Social Welfare
1974 -1980
Director of the Title XX MSW Program DSS San Francisco
Duties included: Managing everyday operation of the graduate on-site program at DSS,
Teaching research and evaluation, child development. Supervising Master Theses.

President/CEO MIRA(Millennium Interdisciplinary Research Associates)
1980-1986
MIRA was a research and demonstration evaluation firm overseeing the evaluation of

local and national research projects sponsored by Department of Mental Health, Department of Justice and San Francisco foundation involving Latino mental health models for youth, violent juvenile behavior and grass roots organizational strategies to combat these phenomenon.

Real Estate Broker

1887-present

Engaged in all aspects of residential and commercial real estate including but not limited to assessment of value, marketing strategies, loan qualification, negotiation and education. Obtained Certified Residential Specialist (CRS) designation in 1995. The CRS designation is held by less than 4 percent of all licensed Realtors and must have significant experience and demonstrate volume of real estate transactions or gross sales, as well as complete rigorous educational requirements.

STATE OF CALIFORNIA

Department of Real Estate

Serving Californians Since 1917

Licensee

Edward James Campana

ID Number

00941738

Type

Broker

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received _____
File of Use Only

Please type or print in ink.

NAME OF FILER

CAMPAÑA
(LAST)

EDWARD
(FIRST)

JAMES
(MIDDLE)

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

SAN FRANCISCO ASSESSMENT APPEALS BOARD

ALTERNATE

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

Agency:

Position:

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

☐ State

☐ Judge (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, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☒ Candidate: Election Year 2011

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ 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

LOMBARD

SAN FRANCISCO

CA

94123

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) _____

@LOMBARD.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

MARCH 10, 2011
(month, day, year)

Signature

(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

E. Campaña

NAME OF BUSINESS ENTITY
Rimm

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ELECTRONICS

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:
3/10/10 11 / 10
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:
____ / ____ / 10 ____ / ____ / 10
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SUP CAPITAL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTMENT 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:
3/10/10 11 / 10
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:
____ / ____ / 10 ____ / ____ / 10
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:
____ / ____ / 10 ____ / ____ / 10
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:
____ / ____ / 10 ____ / ____ / 10
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 _____

▶ 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

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

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ 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

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

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other _____

YOUR BUSINESS POSITION _____

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

- ☐ \$0 - \$499 ☐ \$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)

▶ 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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
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: I AM A REAL ESTATE BROKER FOR COLDWELL BANKER
BUT HAVE NO INVESTMENT IN COMPANY

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

E. Campa

► STREET ADDRESS OR PRECISE LOCATION

HOFFMAN AVE

CITY

SAU 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:

10 / 10 / 10

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.

ELIKA GEMAD

► STREET ADDRESS OR PRECISE LOCATION

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:

10 / 10 / 10

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.

* 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

Ee Compania

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Colonial Banker

ADDRESS (Business Address Acceptable)

1801 Lombard St, SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE

REAL ESTATE SALES

YOUR BUSINESS POSITION

REAL ESTATE 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 _____
(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

Kaiser Permanente

ADDRESS (Business Address Acceptable)

2200 2258 Gary Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MEDICAL ASSISTANT

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 _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other MULTIPLE WORKS FOR KAISER
(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: _____

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:
(Please circle one)

Board 1 or
Board 2

Board 1 alternate
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: COLIN V. GALLAGHER Home Address: —, Buxton St #217

City: San Francisco State: CA Zip code: 94107

Business Address: 225 Bush St #1600 City: San Francisco State: CA Zip Code: 94104

Home Phone: (415) — Work Phone: (415) 439-8365 Fax #: (415) 439-8371

Pager #: — E-Mail Address: — @easy.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 ATTORNEY IN THE STATE OF CALIFORNIA
(C.S.B. MEMBER NO. 209543)

Please state your business and/or professional experience: SEE ATTACHED RESUME

Occupation: ATTORNEY Education: J.D. U.C. Hastings 2000

Civic Activities: B.A. (cum laude) Harvard College

Ethnicity (optional): Caucasian Sex (optional): ☒ M ☐ F

Other Personal Information (optional) —

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? —

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: 9/2/09

Applicant's Signature: Colin V. Gallagher

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

Colin Gallagher
— Bluxome Street #217
San Francisco, CA 94107
(415) —
Email: — @easy.com
Cal. State Bar Member # 209543

EDUCATION:

University of California, Hastings College of the Law. J.D. (received May, 2000).
Harvard University. B.A. *cum laude* in History and Literature.

PROFESSIONAL EXPERIENCE:

MANAGING ATTORNEY December 2007 to present
LOUIE & STETTLER
225 Bush Street, Ste 1600, San Francisco, CA 94104

ASSOCIATE ATTORNEY April 2004 to October, 2007
ADELSON TESTAN BRUNDO & POPALARDO
180 Montgomery Street, Ste 1000, San Francisco, CA 94104

ASSOCIATE ATTORNEY May 2003 to April 2004
STOCKWELL HARRIS WIDOM & WOOLVERTON LLP
222 Kearney Street, 9th Floor, San Francisco, CA 94108

ASSOCIATE ATTORNEY November 2002 to May 2003
GRANCELL LEBOVITZ STANDER BARNES & REUBENS LLP
7250 Redwood Blvd, Suite 370, Novato, CA 94945

ASSOCIATE ATTORNEY May 2002 to October 2002
PULLEY & COHEN LLP
1333 Broadway, Suite 1700, Oakland, CA 94612

STAFF COUNSEL July 2001 to May 2002
STATE COMPENSATION INSURANCE FUND
1275 Market Street, San Francisco, CA 94103

ASSOCIATE ATTORNEY January 2001 to July 2001
HARBINSON, TUNE, MANGOLD & KASSELIK
100 Bush Street, Suite 1200, San Francisco, CA 94104

PROFESSIONAL MEMBERSHIPS:

Member of the Workers' Compensation section of the California State Bar. Admitted to the U.S. District Court, Northern District of California.

ATTORNEY SEARCH

Colin Gallagher - #209543

Current Status: Active

This member is active and may practice law in California.

See below for more details.

Profile Information

Bar Number	209543	Phone Number	(415) _____
Address	Lois Stettler & Liebherr 3333 Bush St #1600 San Francisco, CA 94104	Fax Number	(415) 439-8371
		e-mail	____@loislaw.net
District	District 4	Undergraduate School	Harvard Univ; Cambridge MA
County	San Francisco	Law School	UC Hastings COL; San Francisco CA
Sections	Trusts & Estates Worker's Compensation		

Status History

Effective Date	Status Change
Present	Active
12/4/2000	Admitted to The State Bar of California

Explanation of member status

Actions Affecting Eligibility to Practice Law

Disciplinary and Related Actions

This member has no public record of discipline.

Administrative Actions

This member has no public record of administrative actions.

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GALLAGHER COLIN V

1. Office, Agency, or Court

Agency Name

ASSESSMENT APPEALS BOARD

Division, Board, Department, District, if applicable

Your Position

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

Agency: Position:

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

- ☐ State ☐ Judge (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, 2010, through December 31, 2010.
-or-
The period covered is through December 31, 2010.
☐ Assuming Office: Date
☒ Candidate: Election Year 2011 Office sought, if different than Part 1:
☐ Leaving Office: Date Left
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

- ☐ 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)
Blumens Street #217 San Francisco CA 94107
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) @easy.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 SEPT 2, 2011 Signature
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

COLIN GALLAGHER

STREET ADDRESS OR PRECISE LOCATION

BLUXOME STREETS #217

CITY

SAN FRANCISCO, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/10

ACQUIRED

1/10

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.

STREET ADDRESS OR PRECISE LOCATION

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:

1/10

ACQUIRED

1/10

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.

* 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 <u>COLIN GALAGHER</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

BRADY VORMERCK RYDER & CASINO

ADDRESS (Business Address Acceptable)

1855 GATEWAY BLVD #650

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CONCORD, CA 94520

YOUR BUSINESS POSITION

ASSOCIATE 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 _____
(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 _____
(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*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____ % ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: September 6, 2011

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

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