

File No. 161008

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date September 22, 2016

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 and Legislative 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"/> | Form 126 – Ethics Commission |
| <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"/> | Information Sheet | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| <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: Derek Evans Date September 16, 2016

Completed by: _____ Date _____

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

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: Shawn Ridgell Home Address: [Redacted] Broderick Street
City: San Francisco State: CA Zip code: 94117
Business Address: 2128 Broadway City: Oakland State: CA Zip Code: 94612
Home Phone: [Redacted] Work Phone: (510) 986-1300 Fax #: (510) 986-1301
Pager #: - E-Mail Address: Sridgell@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: Current assessment appeals board member, attorney with 18 years of experience

Please state your business and/or professional experience: 18 years of experience as an attorney.

Occupation: Attorney Education: B.S., J.D. (Law degree)

Civic Activities: USF alumni board member, volunteer w/ AIDS Legal Referral Panel.
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? 3-4 How many evenings a week? 3-4

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: 7/19/16 Applicant's Signature: [Signature]

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
 Received
 Official Use Only

 E-Filed
 03/31/2016
 13:56:05

 Filing ID:
 160012515

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Assessment Appeals Board

Member

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box) State 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, 2015, through December 31, 2015 Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2015

 The period covered is January 1, 2015, through the date of leaving office. Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office. Candidate: Election Year _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1****Schedules attached** Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

 None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		Oakland	CA	94612

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2016
*(month, day, year)*Signature Shawn Ridgell
(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: JAMES REYNOLDS Home Address: [REDACTED] McAllister St [REDACTED]

City: SAN FRANCISCO State: CA Zip code: 94118

Business Address: 2001 McAllister St #11 City: SAN FRANCISCO State: CA Zip Code: 94118

Home Phone: [REDACTED] Work Phone: 415-358-9660 Fax #: _____

Pager #: _____ E-Mail Address: APPRAISER.jim.sfo@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: California Certified Residential Real Estate Appraiser

Please state your business and/or professional experience: 16 years

Occupation: Appraiser Education: Bachelor

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: 8/10/2015 Applicant's Signature: [Signature]

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
 Received
Official Use Only

 E-Filed
 03/21/2016
 20:47:41

 Filing ID:
 159336940

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Reynolds, James			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Assessment Appeals Board

Member

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of San Francisco City of _____ Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2015, through December 31, 2015 **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is 01 / 24 / 2015, through December 31, 2015 The period covered is January 1, 2015, through the date of leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office. **Candidate:** Election Year _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3****Schedules attached** **Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached **Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached **Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

 None - No reportable interests on any schedule**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94118

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/21/2016
*(month, day, year)*Signature James Reynolds
(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 <u>Reynolds, James</u>

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Conglomerate

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Consolidated Communication

GENERAL DESCRIPTION OF THIS BUSINESS
Telephone

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

Comments: _____

SCHEDULE B Interests in Real Property (Including Rental Income)

Name

Reynolds, James

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2001 McAllister Street, #11

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	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:

____/____/____	____/____/____
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*

Bank of America

ADDRESS (Business Address Acceptable)
San Francisco, CA 94117

BUSINESS ACTIVITY, IF ANY, OF LENDER

Bank/Lender

INTEREST RATE

4.00 % None

TERM (Months/Years)

15 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

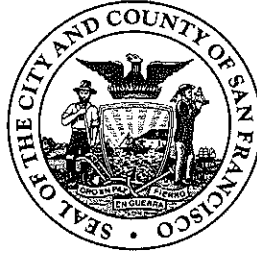
TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000 \$1,001 - \$10,000
- \$10,001 - \$100,000 OVER \$100,000
- Guarantor, if applicable

Comments:

BOARD of SUPERVISORS



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

VACANCY NOTICE

ASSESSMENT APPEALS BOARD NO. 3

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies:

Vacant seat 1, succeeding Shawn Ridgell, term expiring on September 5, 2016, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2019.

Vacant seat 4, succeeding Angela Cheung, resigned, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2019.

Vacant seat 6 (Alternate Member), succeeding James Reynolds, term expiring on September 5, 2016, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2019.

Vacant seat 7 (Alternate Member), new appointment, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for the unexpired portion of a three-year term ending September 7, 2018.

Vacant seat 8 (Alternate Member), new appointment, must have a minimum of five years professional experience in the State of California as one of the following: certified

public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for the unexpired portion a three-year term ending September 8, 2017.

Prohibition: No member shall, within the three years immediately preceding his/her appointment to the Board, have been an employee of an assessor's office.

Report: None.

Sunset Date: None.

Additional information relating to the Assessment Appeals Board No. 3 may be obtained by reviewing Administrative Code, Chapter 2B, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Assessment Appeals Board's website at <http://www.sfbos.org/aab>.

Interested persons may obtain an application from the Assessment Appeals Board website at http://www.sfbos.org/aab_app or from the Rules Committee Clerk, and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Board must complete and submit, with their application, a copy (**not original**) of their Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Board is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.

Angela Calvillo
Clerk of the Board

DATED/POSTED: September 2, 2016

San Francisco
BOARD OF SUPERVISORS

Date Printed: December 7, 2015

Date Established:

July 3, 2013

Active

ASSESSMENT APPEALS BOARD NO. 3

Contact and Address:

Dawn Duran
Assessment Appeals Board
City Hall, Room 405
San Francisco, CA 94102

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

Authority:

Administrative Code, Chapter 2B et seq. (Added by Ordinance No. 37-67; Amended by Ordinances Nos. 110-68, 82-94, 86-96, 393-98, 273-99, and 128-13) and California Revenue and Taxation Code, Section 1620-1630.

Board Qualifications:

The Assessment Appeals Board No. 3 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. No person may concurrently hold a seat on more than one of the three Assessment Appeals Boards.

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 California Revenue and Taxation Code, Section 1624.05, as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant or Public Accountant; licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization.

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing 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 have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

officers in the following priority order: (1) the regular member of Assessment Appeals Board No. 3; (2) the alternate members of Assessment Appeals Board No. 3; (3) the alternate members of Assessment Appeals Board No. 2; (4) the alternate members of Assessment Appeals Board No. 1; (5) the regular members of Assessment Appeals Board No. 2; and (6) 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. 3 shall have jurisdiction to hear applications for reductions only for property assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Block Nos. 1-876 or 3701-3899.

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

Report: Pursuant to California Revenue and Taxation Code, Section 1639, 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.

Sunset Clause: None
