

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



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

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

**Application for Appointment to:**  
 (Please circle one)

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

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

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

Name: LOUISA MENDOZA Home Address: 980 MINNESOTA ST SUITE 1

City: SAN FRANCISCO State: CA Zip code: 94107

Business Address: 980 MINNESOTA ST City: SAN FRAN State: CA Zip Code: 94107

Home Phone: L Work Phone: 415 824 3514 Fax #: 415 824 3618

Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

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

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

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

Please state your qualifications: LICENSED REAL ESTATE BROKER, Lic. MORTGAGE BROKER. HR ADVISORY MGT TRAINING.

Please state your business and/or professional experience: MANAGER OWNER OF MAM FINANCIAL SERVICES FOR OVER 15 YEARS.

Occupation: REAL ESTATE BROKER Education: B.S. FINANCE, VOCATIONAL STUDIES.

Civic Activities: SENIOR ROUND TABLE. EMPOWERING WOMEN GROUP.

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? \_\_\_\_\_

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: 9/2/2024 Applicant's Signature: \_\_\_\_\_

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



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### Information About the Assessment Appeals Boards

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**Purpose:** To provide the taxpayers of San Francisco a means to appeal their property tax assessments.

**Procedure:** After an application is filed a hearing is scheduled to allow both the taxpayer and the Assessor an opportunity to present evidence upholding their opinions of the value of the property. A panel of three Assessment Appeals Board Members or a hearing officer will listen to the testimony, review documents, and question the participants. The panel or hearing officer then evaluates the evidence and decides what the assessment of the property will be.

**Differences between Boards:**

Board #1 is authorized to hear appeals regardless of value, type, or location.

Board #2 is only authorized to hear property assessed at less than \$50 million, excluding possessory interests and applications concerning real property located all or in part within Assessor's Blocks 1 through 876 and 3701 through 3899, inclusive.

Board #3 is the same as Board #2, however the members primarily serve as hearing officers (see below) for day and evening hearings of residential property comprised of four units or less.

**Duties of Assessment Appeals Board Members & Alternates:** To listen to testimony, review documents, and ask questions of the taxpayer and Assessor in order to determine the correct assessment of property according to the applicable California Revenue and Taxation Codes.

**Duties of the Alternates:** The same, except that they substitute for regular board members who cannot attend the hearing.

**Hearing Officers:** All board members and alternates act as hearing officers. Hearing officers perform the same duties as the board panel except that they can only hear applications on single family residences, condominiums, cooperatives, or multiple-family dwellings of four units or less. Hearing officers meet with the taxpayer and the Assessor's representative to evaluate their evidence. Afterwards, the hearing officer makes a recommendation of value that can be accepted or rejected by either the taxpayer or Assessor. If the value is rejected, the appeal will be re-scheduled before a panel of three Assessment Appeals Board members for final disposition.

**Dates and Times of Meetings:** The Assessment Appeals Board meets Monday through Friday. There are two daily sessions. The first starts at 9:30 A.M. and the second at 1:30 P.M. In addition, there are evening sessions that start at 5:30 P.M. as needed for hearing officers only. Each session lasts until all the calendared items are acted upon.

**Composition of the Board:** Due to the demanding hearing schedule, there are five regular members and three alternate members on each board. Members are chosen on a rotating basis from the five regular members to create a three-member panel to hear appeal applications.

**Compensation:** \$125 for each half-day or evening session of service.

TERM: \_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

E-Filed 03/30/2024 14:25:15 Filing ID: 211269435

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Mendoza, Louisa

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 Multi-County City of Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

- Annual: The period covered is January 1, 2023 through December 31, 2023. Leaving Office: Date Left The period covered is January 1, 2023 through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 4

Schedules attached

- 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 San Francisco CA 94102 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 03/30/2024 (month, day, year)

Signature Louisa Mendoza (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_  
Mendoza, Louisa

▶ NAME OF BUSINESS ENTITY  
Fidelity Mutual Funds

GENERAL DESCRIPTION OF THIS BUSINESS  
Investments

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:  
 \_\_\_\_\_/\_\_\_\_\_/ 23      \_\_\_\_\_/\_\_\_\_\_/ 23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/ 23      \_\_\_\_\_/\_\_\_\_\_/ 23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/ 23      \_\_\_\_\_/\_\_\_\_\_/ 23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/ 23      \_\_\_\_\_/\_\_\_\_\_/ 23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/ 23      \_\_\_\_\_/\_\_\_\_\_/ 23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/ 23      \_\_\_\_\_/\_\_\_\_\_/ 23  
 ACQUIRED                      DISPOSED

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

88 Orsi Circle  
 CITY

San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
 ACQUIRED 23 DISPOSED 23

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

139 Valmar St.  
 CITY

San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
 ACQUIRED 23 DISPOSED 23

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

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

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

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

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

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

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Mendoza, Luisa	

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
M & M Financial Services

ADDRESS (Business Address Acceptable)  
San Francisco, Ca 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Financial Management

YOUR BUSINESS POSITION  
Broker

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_ (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_ (Describe)  
 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  No Income - Business Position Only  
 \$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 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_ (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_ (Describe)  
 Other \_\_\_\_\_ (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

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

Application for Appointment to:  
(Please circle one)

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

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

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

Name: NICHOLAS GOLDMAN Home Address: 3876 18th ST #104

City: SAN FRANCISCO State: CA Zip code: 94114

Business Address: 2261 MARKET ST. #14 City: SF State: CA Zip Code: 94114

Phone: SAME Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

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

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

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

Please state your qualifications: I AM AN ATTORNEY WITH EXPERIENCE IN REAL ESTATE LAW TO INCLUDE LANDLORD TENANT LAW IN SAN FRANCISCO.

Please state your business and/or professional experience: FORMER REALTOR AND LEAD OFFICER FOR BOTH RESIDENTIAL AND COMMERCIAL

Occupation: ATTORNEY Education: JD, LL.M.

Civic Activities: FORMER MEMBER OF SOTF

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

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

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

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

Have you attended an Assessment Appeals Board meeting?  Yes  No

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

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

Date: 9/10/24 Applicant's Signature: \_\_\_\_\_

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

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

Date Initial Filing Received  
*Filing Official Use Only*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Goldman Nicholas

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

Agency Name (Do not use acronyms)  
San Francisco Board of Supervisors  
Division, Board, Department, District, if applicable  
Assessment Appeals Board  
Your Position  
Commissioner

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

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

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

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

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

Annual: The period covered is January 1, 2023, through December 31, 2023.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2023.  
 Assuming Office: Date assumed 00 / 00 / 2024  
 Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2023, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► 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>				
2261 Market Street, #14		San Francisco	California	94114
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(415 ) 350-8740	nicholas@nicholasgoldmanlaw.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 September 10, 2024  
*(month, day, year)*

Signature   
*(File the originally signed paper 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:**  
 (Please circle one)

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

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

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

Name: Michelle (MIKA) Domingo Home Address: 3570 TORINO WAY, CONCORD, CA 94518

City: CONCORD State: CA Zip code: 94518

Business Address: 1501 7th Broadway Suite 260 City: Walnut Creek State: CA Zip Code: 94596

Home Phone: \_\_\_\_\_ Work Phone: (925) 891-5006 Fax #: (925) 941-9658

Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

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

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

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

Please state your qualifications: Licensed Attorney BAR# 289462

Please state your business and/or professional experience: M.P. Domingo Law Group, P.C.

Occupation: Founder / Managing Attorney Education: J.D. (2012)

Civic Activities: President (California Airports Assoc); Director (Filipino Bar Assn of Northern CA)

Ethnicity (optional): Filipino 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? 1/week How many evenings a week? 2/week

Have you attended an Assessment Appeals Board meeting?  Yes  No

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

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

Date: June 24 2024

Applicant's Signature: Michelle Domingo

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

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DOMINGO MICHELLE (MIKA)

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

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

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

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

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of \_\_\_\_\_

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

Leaving Office: Date Left \_\_\_\_\_  
(Check one circle.)

-or-  
The period covered is \_\_\_\_\_, through December 31, 2021.

The period covered is January 1, 2021, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_\_

-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- Schedule A-1 - Investments – schedule attached
- Schedule 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

(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(925) 891-5006

mika@msdomingo-lawgroup.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

June 24, 2024  
(month, day, year)

Signature

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

Print

Clear

# SCHEDULE A-1 Investments

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Investments must be itemized.*  
*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
DOMINGO, MICHELLE

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock     Other \_\_\_\_\_  
(Describe)

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

IF APPLICABLE, LIST DATE:

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

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock     Other \_\_\_\_\_  
(Describe)

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

IF APPLICABLE, LIST DATE:

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

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock     Other \_\_\_\_\_  
(Describe)

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

IF APPLICABLE, LIST DATE:

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

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock     Other \_\_\_\_\_  
(Describe)

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

IF APPLICABLE, LIST DATE:

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

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock     Other \_\_\_\_\_  
(Describe)

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

IF APPLICABLE, LIST DATE:

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

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock     Other \_\_\_\_\_  
(Describe)

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

IF APPLICABLE, LIST DATE:

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

Comments: N/A No Reportable interest

**Print**      **Clear**

# 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  
DOMINGO, MICHELLE

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

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

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:			
<input type="checkbox"/> \$0 - \$1,999		___/___/21	___/___/21	
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED	
<input type="checkbox"/> \$10,001 - \$100,000				
<input type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

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

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

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

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:			
<input type="checkbox"/> \$0 - \$1,999		___/___/21	___/___/21	
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED	
<input type="checkbox"/> \$10,001 - \$100,000				
<input type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

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

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

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None    or     Names listed below

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

None    or     Names listed below

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:			
<input type="checkbox"/> \$2,000 - \$10,000		___/___/21	___/___/21	
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED	
<input type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:			
<input type="checkbox"/> \$2,000 - \$10,000		___/___/21	___/___/21	
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED	
<input type="checkbox"/> \$100,001 - \$1,000,000				
<input type="checkbox"/> Over \$1,000,000				

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

Comments: N/A

**Print**    **Clear**





**SCHEDULE D  
Income - Gifts**

Name

*DONINATO, MICHAEL*

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

*N/A*

Print

Clear

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

Name  
DOHINBU, MICHELLE

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

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

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

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

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

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

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

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

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

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

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

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

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

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

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

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

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

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: N/A



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



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

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:  
 (Please circle one)

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

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

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

Name: Joyce Lewis Home Address: \_\_\_\_\_

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

Business Address: 1343 Sloat Blvd City: SF State: CA Zip Code: 94132

Home Phone: 320221 Work Phone: 415 939-0463 Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

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

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

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

Please state your qualifications: Licensed CA attorney former Assessment Appeals Board 2, Real Estate license pending CA. Passed Sales test 6/20/2024

Please state your business and/or professional experience: Former AAB 2011-2019.

Occupation: CA Attorney #163342 Education: Graduate Santa Clara

Civic Activities: Ingliside Pub. Church Law 1992

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

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

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

How many days a week would you be available for hearings? 1 or 2x/week How many evenings a week? Often 3x

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: 8/25/2024 Applicant's Signature: Joyce Lewis

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

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

Date Initial Filing Received  
*(Do not use initials)*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lewis Joyce -

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

Agency Name (Do not use acronyms)  
Board of Supervisors  
Division, Board, Department, District, if applicable Your Position  
Assessment Appeals Board  
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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

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

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

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

Annual: The period covered is January 1, 2021, through December 31, 2021  
-or- The period covered is \_\_\_\_\_ through December 31, 2021.  
Assuming Office: Date assumed \_\_\_\_\_  
Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)  
The period covered is January 1, 2021, through the date of leaving office.  
-or- The period covered is \_\_\_\_\_ through the date of leaving office.  
Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

Schedule A-1 - Investments - schedule attached  
Schedule 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  
1543 Sloat Blvd. S.F. 94132  
(Business or Agency Address Recommended - Public Document)  
P.O. Box 320221  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
415 939-0463 joyce@joycelewislaw.org

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 8/25/2024 (month, day year) Signature Joyce Lewis  
*(Do not signally signed page statement with your filing with us.)*

**Print Clear**

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



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

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

**Application for Appointment to:**  
 (Please circle one)

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

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

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

Name: Claire Ervin Lee Home Address: 1433 Grand Ave

City: Pacific State: CA Zip code: 94044

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



Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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 appointment 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: Attorney California State Bar # 172344

Please state your business and/or professional experience: Attorney, Work place investigator

Occupation: Retired Attorney + Work place Investigator Education: Santa Clara University JD, West Oahu College BA, Kapiolani CC

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: 9/9/2024 Applicant's Signature: Claire Ervin Lee

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

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

Please type or print in ink.

NAME OF FILER (LAST) ERVIN LEE (FIRST) CLAIRE (MIDDLE) \_\_\_\_\_

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

Agency Name (Do not use acronyms):

Assessment Appeals Board Commissioner  
Division, Board, Department, District, if applicable: \_\_\_\_\_ Position: \_\_\_\_\_

▶ 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, Peace Judge, Probation Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County: \_\_\_\_\_ County of: \_\_\_\_\_

City of San Francisco  Other: \_\_\_\_\_

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

-or- The period covered is 01/01/2024 through 09/09/2024  
~~December 31, 2021~~

Assuming Office: Date assumed: \_\_\_\_\_

Candidate: Date of Election: \_\_\_\_\_ and office sought different than Part 1: \_\_\_\_\_

Leaving Office: Date Left: \_\_\_\_\_  
(Check one circle.)

The period covered is January 1, 2021, through the date of leaving office.

-or- The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

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** 1433 Grand Ave. Pacifica CA 94044

MAILING ADDRESS: \_\_\_\_\_ STREET: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
(Business or Agency Name or Postmastered - Public Document)

WORKING TELEPHONE NUMBER: (415) 310-5809 EMAIL ADDRESS: cc@evanerone@yahoo.com

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

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

Date Signed: 09/09/2024

Signature: Claire E. Lee

Print

Clear



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

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
2355 44th Ave  
 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

NATURE OF INTEREST  
 Ownership, Deed of Trust  
 Leasehold

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  
Greg Kirk  
Hyesook Lee Kirk

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 CITY

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

NATURE OF INTEREST  
 Ownership, Deed of Trust  
 Leasehold

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

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

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER \_\_\_\_\_

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

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

INTEREST RATE \_\_\_\_\_ % 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) \_\_\_\_\_

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

Guarantor, if applicable \_\_\_\_\_

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

Print Clear

Name \_\_\_\_\_

Schedule B  
Interests in Real Property  
Reporting Period: 1/1/2021 - 12/31/2021

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
280 Geilert Avenue

CITY  
SAN FRANCISCO

FAR MARKET VALUE      APPLICABLE LIST DATE  
 \$25,001 - \$100,000      21  
 \$100,001 - \$150,000      21  
 \$150,001 - \$1,000,000      21  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership, Deed of Trust      Leasehold

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499      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 \$1,000 or more.  
 Name  
Scott Blood  
Juliee Huntington

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
722 21st Ave

CITY  
San Francisco

FAR MARKET VALUE      APPLICABLE LIST DATE  
 \$25,001 - \$100,000      21  
 \$100,001 - \$150,000      21  
 \$150,001 - \$1,000,000      21  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership, Deed of Trust      Leasehold

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499      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 \$1,000 or more.  
 Name  
John Hulwrick  
Emilie Lyle Hulwrick

\* You are not required to report payments in a commercial lending institution made in the lender's regular course of business or terms available to the general public, with respect 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 ADDRESS, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_

HIGHEST \$1,000 MONTHLY PAYMENT PERIOD \_\_\_\_\_

\_\_\_\_\_

NAME OF LENDER \_\_\_\_\_

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

BUSINESS ADDRESS, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_

HIGHEST \$1,000 MONTHLY PAYMENT PERIOD \_\_\_\_\_

\_\_\_\_\_

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

Print Clear