

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

Complete and return	this original Application	on to the Assessi	ment Appeals Board	
Application for Appointment to: (Please circle one)	Boar Boar Boar	rd 2 or	Board 1 Alternate Board 2 Alternate Board 3 Alternate	
Enter your name, mailing address and days available for public review, you may list you address or other personal contact informations.	ur business/office address, t	ne spaces provided. elephone number a	Because this form is a doc nd e-mail address in lieu of	ument your home
Do you authorize release of your priva	te/personal information?	☐ yes ☐	no	C= C =
Name: Louist M	FN DOLA Home Ad	dress: 980	MINNESSOFF	SV Seeing
City: SAN FRANCISCO Business Address: 980 Mini	Sta	te: CA	_ Zip code:	07
Business Address: 980 MINI	VETONA ST City:	SAN FRAN	State: CA Zip Coo	de: 94107
Home Phone:	Work Phone: 415	8243514	_ Fax#:_ 415 8	243618
Pager #:		,		
Are you a United States citizen, or a re	sident alien who is eligib	le for and has app	olied for citizenship?	Ýes 🗌 No
Have you ever been convicted of a felce be a felony? Yes Yo (If yes, please attach a statem the date of the conviction(s), a	ony in this state, or convi- ent describing the offens	cted of any offens e(s) for which you	e which, if committed in t	
Pursuant to Ordinance No. 393-98 th				
A person shall not be eligible to she has a minimum of five years' profest accountant or public accountant; (2) lice nationally recognized professional organiser or by the State Board of Equapplication form. This requirement does same seats. Please state your qualifications:	essional experience in thicensed real estate broker anization, or property appualization. Documentation es not apply to incumber	is state as one of it; (3) attorney; or (or aiser certified by on of qualifying expenses to board members	the following: (1) certified 4) property appraiser act to either the Office of Real perience must be submitted for appointments.	r public credited by a I Estate ted with this ent to their
MORTGALE BROKE	10000			
Please state your business and/or prof	lessional experience:	OVER 15	- YEARE.	
Occupation: REAL ESPATE	BROKER E	ducation: BS	. DINANCE, VOR	4900AL STUB
Civic Activities: Servia	ound TABLE.	EMPOWERIN	a Women GRO	up.
Ethnicity (optional):		ptional):		
Other Personal Information (optional)				
Would you be able to attend Day Meet	tings? Yes N	e Eveni	ng meetings?	☐ No
How many days a week would you be	available for hearings?_	_ How m	any evenings a week?	
Have you attended an Assessment Appearance before the RULE	S COMMITTEE is a rec			be made.
Please	Note: Your application	will be retained to	r one year.	
Date: 9/2/224	Applicant's Signature		7.	
For Office Use Only: Appointed to Bo			Term Expires:	Revised July 2019



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

Information About the Assessment Appeals Boards

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:	
-------	--

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received

E-Filed 03/30/2024 14:25:15

Filing ID: 211269435

Mondadada Louisiae Mondadada Mondadadada Mondadada Mondadada Mondadada Mondadada Mondadada	Please type or print in ink.				211269435
1. Office, Agency, or Court Agency Name (Do not use acronyms) City and Country of San Francisco Division, Board, Depárdment, Disfrict, if applicable Assessment Appeals Board Agency: If iffing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statiswide Jurisdiction) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statiswide Jurisdiction) City of	NAME OF FILER	(LAST)	(F	IRST)	(MIDDLE)
Agency Name (Do not use acronyms) City and Country of San Francisco Division, Board, Department, District, if applicable Assessment Appeals Board Finding 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 3. Type of Statement (Check at least one box) City of 3. Type of Statement (Check at least one box) AnnualThe period covered is January 1, 2023 through December 31, 2023. The period covered is January 1, 2023 through December 31, 2023. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1: A Schedule Summary (required) Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B- Real Property - schedule attached Schedule Schedule Schedule Schedule Schedule attached Schedule Schedul	Mendoza, Louisa				
City and Councy of San Francisco Division, Board, Department, District, if applicable Nember Nembe	1. Office, Agency, or Co	ourt			
Nour Position Nour Positio	Agency Name (Do not use a	acronyms)			
Names Section Sectio	City and County of S	an Francisco			
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Division, Board, Department,	District, if applicable	Yo	our Position	
Position: Position:	Assessment Appeals B	oard	M	ember	
State	► If filing for multiple position	ns, list below or on an attachment. (C	Do not use acronyms)	
State	Agency:		P	osition:	
State Multi-County County of San Francisco Other	2. Jurisdiction of Offic	e (Check at least one box)		La Decitation Des Terre	ludge or Court Commissioner
City of Other	State			(Statewide Jurisdiction)	Juage, or Court Commissioner
City of Other	☐ Multi-County		X	County of San Francisco	
Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023 through December 31, 2023.				Other	
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, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. Assuming Office: Date assumed, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (required) Schedule Summary (required) Schedule A1 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule Summary (required) Schedule C - Income - Gifts - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Or- None - No reportable interests on any schedule Summary (required) San Francisco Ca 94102 DAYTIME TELEPHONE NUMBER () 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 03/39/2024 Signature Louis as Mendoza					PT-10-10-10-10-10-10-10-10-10-10-10-10-10-
Check one circle	3. Type of Statement (Check at least one box)	_		
The period covered is					
Assuming Office: Date assumed	-or-	vered is / / throug	ah		ary 1, 2023 through the date
Candidate:Date of Election			3''		
4. Schedule Summary (required) Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached OIT- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) San Francisco CA 94102 DAYTIME TELEPHONE NUMBER () 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. Signature Louisa Mendoza	Assuming Office: Date	e assumed			/, through the date
4. Schedule Summary (required) Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached OIT- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) San Francisco CA 94102 DAYTIME TELEPHONE NUMBER () 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. Signature Louisa Mendoza	Candidate:Date of Election	ion and office s	sought, if different tha	n Part 1:	
MAILING ADDRESS STREET (CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) San Francisco CA 94102 DAYTIME TELEPHONE NUMBER () 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 Signature Louisa Mendoza	Schedules attached Schedule A-1 - Inv. Schedule A-2 - Inv. Schedule B - Real	estments – schedule attached estments – schedule attached Property – schedule attached		dule C - Income, Loans, & Bus dule D - Income – Gifts – sche	iness Positions – schedule attached dule attached
MAILING ADDRESS (Business or Agency Address Recommended - Public Document) San Francisco CA 94102 DAYTIME TELEPHONE NUMBER () 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 Signature Louisa Mendoza	5. Verification				
DAYTIME TELEPHONE NUMBER () 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	MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER () 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	(Business of Agency Address Recor	утепова - Радік Басатепу	San Francisc	O CA	94102
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	DAYTIME TELEPHONE NUMBER				
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	()				· · · · · · · · · · · · · · · · · · ·
Date Signed _03/30/2024 Signature _Louisa Mendoza	I have used all reasonable di herein and in any attached s	ligence in preparing this statement. I schedules is true and complete. I ack	have reviewed this s knowledge this is a	statement and to the best of my bublic document.	knowledge the information contained
	•				ect.
mount that Again	Date Signed03/30/2024	1 (month day year)	Signature	Louisa Mendoza (File the originally signed pap	er stalement 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	► NAME OF BUSINESS ENTITY
Fidelity Mutual Funds	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investments	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
X \$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
S	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SAID MADUET MANUE	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	\$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	SAID MADVET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Stool,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Parlnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

THE RESIDENCE OF THE PARTY OF T	RNIA FORM 700 CAL PRACTICES COMMISSION
Name	
Mendoza,	Louisa

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
88 Orsi Circle	139 Valmar St.
CITY	CITY
San Francisco	San Francisco
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	X Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$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.	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
	III
business on terms available to members of the public	c without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	cial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE When the personal loans and services are services and services are services and services ar
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* NAME OF LENDER* NAME OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* NAME OF LENDER* NAME OF LENDER

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mendoza, Louisa

NAME OF SOURCE OF INCOME B F Financial Services	1. INCOME RECEIVED	► 1. INCOME RECEIVED
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE Financial Management YOUR BUSINESS POSITION BECKET GROSS INCOME RECEIVED	NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
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 \$1,0001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,000 - \$1,000	M & M Financial Services	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Financial Management YOUR BUSINESS POSITION Broker GROSS INCOME RECEIVED	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Financial Management YOUR BUSINESS POSITION Broker GROSS INCOME RECEIVED	San Francisco, Ca 94107	
Pinancial Management YOUR BUSINESS POSITION		BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Broker GROSS INCOME RECEIVED	Financial Management	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$500 - \$1,000 \$1,001 - \$10,00		YOUR BUSINESS POSITION
\$500 - \$1,000 \$1,001 - \$10,000 \$500 - \$1,000 \$500 - \$1,000 \$1,001 - \$10,000 \$	Broker	
\$500 - \$1,000 \$1,001 - \$10,000 \$500 - \$1,000 \$500 - \$1,000 \$1,001 - \$10,000 \$		
Single S	The meeting Basiness / Californ Chily	II —
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Sale of Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Sale of Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Sale of Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Sale of Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Sale of Salary Spouse's or registered domestic partner's income (For self-amployed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Great property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more		
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 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of Partnership (Less than 10% ownership. For 10% or greater use Sale use (Partnership (Less than 10% ownership. For 10% or greater use Sale use (Partnership (Less than 10% ownership. For 10	CVER #100,000	OVER \$100,000
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of	Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Schedule A-2.) Sale of	Partnership (Less than 10% ownership. For 10% or greater use	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or Commission or Rental Income, list each source of \$10,000 or Commission or Rental Income, list each source of \$1	Schedule A-2.)	Schedule A-2.)
Loan repayment Commission or		
(Describe) (Descr	Loan repayment	
(Describe) (Descr	V Commission on D Bantal Jacobs #4	
Other	Contimission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	(Parasita)	
Z. 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* INTEREST RATE TERM (Months/Years) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER Mone Personal residence Real Property Street address City \$10,001 - \$10,000 OVER \$100,000		
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* INTEREST RATE TERM (Months/Years) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000 OVER \$100,000 OVER \$100,000	Other (Describe)	Other(Describe)
* 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* INTEREST RATE TERM (Months/Years) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER None Real Property Street address City \$10,001 - \$10,000 Guarantor Other	▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
## ADDRESS (Business Address Acceptable) ## SECURITY FOR LOAN None	a retail installment or credit card transaction, made in the members of the public without regard to your official state.	he lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER Real Property Street address Gity S10,001 - \$10,000 OVER \$100,000	NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER Real Property Street address Real Property Street address City \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000		% None
None	ADDRESS (Business Address Acceptable)	70 140110
Real Property Street address \$500 - \$1,000 City \$1,001 - \$10,000 Guarantor OVER \$100,000 Other		SECURITY FOR LOAN
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 Guarantor OVER \$100,000	BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 Guarantor OVER \$100,000	2	(6)
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	HIGHEST DALANCE DUDING DEDORTING DEDICO	
\$1,001 - \$10,000 Guarantor Other		0
Guarantor		Gily
S10,001 - \$100,000 OVER \$100,000 Other	<u>\$1,001 - \$10,000</u>	Guarantor
Other	\$10,001 - \$100,000	
	OVER \$100,000	□ Other



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

Revised July 2019

Complete and return th	is original Application to the	Assessment Appeal	s Board
Application for Appointment to: (Please circle one)	Board 1 Board 2 Board 3	or Board 1 / or Board 2 / or Board 3 /	Alternate Alternate
Enter your name, mailing address and daytime available for public review, you may list your baddress or other personal contact information.	ousiness/office address, telephone ·	number and e-mail addr	form is a document ess in lieu of your home
Do you authorize release of your private/	personal information?	yes 🗌 no	
Name: NICHOUS GOLDA	MN Home Address:	1876 184	ST # 104
City: SAN FRANCISCE	State:	Zip code:	
Business Address: 2261 MAUK	ET 87. 14 city: S	F State: C	Zip Code: 941
	Phone:SAM	£ Fax #:	
Pager #:	E-Mail Address:		
Are you a United States citizen, or a resid	lent alien who is eligible for an	d has applied for citize	nship? 🔀 Yes 🗌 No
Have you ever been convicted of a felony be a felony? Yes No (If yes, please attach a statement the date of the conviction(s), and	in this state, or convicted of a	ny offense which, if co which you have been c	mmitted in this state, would
Pursuant to Ordinance No. 393-98 the	following qualifications are r	equired:	W 190 /W .
A person shall not be eligible for she has a minimum of five years' profess accountant or public accountant; (2) licen nationally recognized professional organi. Appraiser or by the State Board of Equali application form. This requirement does same seats.	ional experience in this state a sed real estate broker; (3) atto zation, or property appraiser co zation. Documentation of qual not apply to incumbent board r	s one of the following: rney; or (4) property a ertified by either the Oi ifying experience mus nembers nominated fo	(1) certified public opraiser accredited by a ffice of Real Estate t be submitted with this or appointment to their
Please state your qualifications: TA NSAL ESTATE LAW T IN SAN FRANCISCO Please state your business and/or profes PEFESA FOR BO	sional experience: FONL	IST MALL	en and Lead
Occupation: ATTONEY	Education	Jo, LL	
Civic Activities: Farus M2			-
Ethnicity (optional):	Sex (optional):	□ M □ F	
Other Personal Information (optional)			
Would you be able to attend Day Meeting How many days a week would you be av Have you attended an Assessment Appe	allable for hearings?als Board meeting?Yes	Evening meetings? How many evenings No	a week?
Appearance before the RULES Please No	COMMITTEE is a requirement of the contract of	t before any appoint ained for one year	ment can be made.
For Office Use Only: Appointed to Board	d #: Seat #:	Term E	xpires:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

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 Supe		
Division, Board, Department, District, it		Your Position
Assessment Appeals Board		Commissioner
▶ If filing for multiple positions, list be	low or on an attachment (Do no	of use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check	c at least one box)	
State	. 	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		Con Francisco
City of		Other
3. Type of Statement (Check at	least one box)	
Annual: The period covered is J December 31, 2023.	lanuary 1, 2023, through	Leaving Office: Date Left
December 31, 2023.	, throu	gh The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assume	d 00 , 00 , 2024	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office so	ught, if different than Part 1:
4. Schedule Summary (requir Schedules attached	euj > Iotal num	ber of pages including this cover page:
Scriedules attached		Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-1 - Investments -		Schedule D - Income - Gifts - schedule attached
Schedule A-2 - Investments -		Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property -	schedule attached	
-or- None - No reportable i	nterests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CIT	Y STATE ZIP CODE
(Business or Agency Address Recommended - 2261 Market Street, #14		n Francisco California 94114
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(415) 350-8740		nicholas@nicholasgoldmanlaw.com
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained
		alifornia that the foregoing is true and correct
Date Signed September 10, 20	024	Signature Much Man
(month, day.		(File the originally signed paper statement with your filing official.)



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

Revised July 2019

Complete and return to	his 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 daytim available for public review, you may list your laddress or other personal contact information	ne telephone number in the spaces provided. Because this form is a document business/office address, telephone number and e-mail address in lieu of your home n.
Do you authorize release of your private/	/personal information? 🗹 yes 🗌 no
Name: Michelle (MIKH) D	Domingo Home Address: 3570 TORINO WAY, CANCORD 94 74.
City: CONCORD	Omingo Home Address: 3570 TORINO WAY, CANCORD 94 74. State: CA Zip code: 94518
Business Address: 1501 71 Banalowa	y Cof 260 City: Italy of Cent State: 9 Zip Code: 94596
Home Phone:	Work Phone: (925) 871-5006 Fax #: (925) 941-9658
Pager #:	
	dent alien who is eligible for and has applied for citizenship? Yes \ \ \ \ No
be a felony? Yes No	y in this state, or convicted of any offense which, if committed in this state, would at describing the offense(s) for which you have been convicted, d the court(s) that convicted you.)
Pursuant to Ordinance No. 393-98 the	
she has a minimum of five years' profess accountant or public accountant; (2) licer nationally recognized professional organ Appraiser or by the State Board of Equal application form. This requirement does	nomination for membership on an assessment appeals board unless he or sional experience in this state as one of the following: (1) certified public insed real estate broker; (3) attorney; or (4) property appraiser accredited by a sization, or property appraiser certified by either the Office of Real Estate lization. Documentation of qualifying experience must be submitted with this not apply to incumbent board members nominated for appointment to their increase. CENSEL HERRY BART 289162
Please state your business and/or profes	ssional experience: M.S. Domingo Law Group, P.C.
Occupation: Towner Navaging Civic Activities: Presilet (Alifera	Atheren Education: J. D. (2012) Air Penfo Bry Associeta) Dicator (Folipi for A)
Ethnicity (optional):	Sex (optional): M F
Other Personal Information (optional)	
Have you attended an Assessment Appe	railable for hearings? / / month How many evenings a week? 2 / month was Board meeting?
Please No	COMMITTEE is a requirement before any appointment can be made. ote: Your application will be retained for one year Applicant's Signature: Hill Corrigh
For Office Use Only: Appointed to Board	d #: Seat #: Term Expires:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
DOMINGO MICHELL	E (MIKA)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
	Your Position
Division, Board, Department, District, if applicable	TOUI FUSION
▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	Judge, Retired Judge, Pro Tern Judge, or Court Commissioner
State	(Statewide Jurisdiction)
Multi-County	County of
☐ City of	Other
3. Type of Statement (Check at least one box)	Leaving Office: Date Left
Annual: The period covered is January 1, 2021, through December 31, 2021.	(Check one circle.)
-or- The period covered is/, throu	ugh
December 31, 2021.	-or- The period covered is/, through
Assuming Office: Date assumed	the date of leaving office.
☐ Candidate: Date of Election and office so	ought, if different than Part 1:
 Schedule Summary (must complete) ► Total num Schedules attached 	nber of pages including this cover page:
	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
General 2 - Nour Frogery Conduction Emission	
-or- None - No reportable interests on any schedule	
5. Verification 1901 M Broadulan Sui	1-260 Habrat lad CA 94591
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	ry state zip code
(accompany) reason resulting	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(925) 891-5000	e reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknow	ledge this is a public document.
I certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and correct.
0	Streeture M: /// Da
Date Signed Street 24 34 29 (month, day, year)	(File the originally signed paper statement with your filing official.)
	EDPC Form 700 - Cover Page (2021/20)

SCHEDULE A-1 Investments

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

Investments must be itemized.

FAIR POLITICAL PRACTICES COMMISSION Name DOMINGO, MICHELLE

CALIFORNIA FORM

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000 \$100,000 \$100,001 - \$1,000,000 \$0ver \$1,000,000	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)	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	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)	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments: N/A N/s Reper	table interest

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA	FORM	700
FAIR POLITICAL PE		
Name		8
DOMINER	MICH	FILE

▶ 1, BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED ACQUIRED DISPOSED
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RAT SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None 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	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check and box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of 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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	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 Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: U/A	FPPC Form 700 - Schedule A-2 (2021/20

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION DOMINGO, HICHELLE

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Easement Leasehold Trust Easement Leasehold 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
business on terms available to members of the p	public without regard to your official status. Personal loans and
business on terms available to members of the p loans received not in a lender's regular course of	public without regard to your official status. Personal loans and
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER*	bublic without regard to your official status. Personal loans and fousiness must be disclosed as follows:
business on terms available to members of the ploans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	f business must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the ploans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	public without regard to your official status. Personal loans and fouriness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Personal loans and fouriers must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Dublic without regard to your official status. Personal loans and fouriness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the ploans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	Dublic without regard to your official status. Personal loans and follows: 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
business on terms available to members of the ploans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	Dublic without regard to your official status. Personal loans and fouriness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the ploans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————

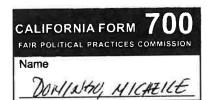
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
DOHINGO, MICHELLE

1. INCOME RECEIVED	▶ 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available
to members of the public without regard to your official regular course of business must be disclosed as follow	al status. Personal loans and loans received not in a lender' ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
<u>\$500 - \$1,000</u>	City
S1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
s	\$
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
s	
s	\$
Comments: U/A	
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DOHINGU, YICHELLE

- 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.

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
MUST CHECK ONE: Gift -or- Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOUR
DATE(S):/ AMT: \$	DATE(S):/
MUST CHECK ONE: Gift -or- Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination



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

Complete and return this origin	nal Application to the Assess	sment Appeals Board
Application for Appointment to: (Please circle one)	Board 2 or Board 3 or	Board 1 Alternate Board 2 Alternate Board 3 Alternate
Enter your name, mailing address and daylime telephoravailable for public review, you may list your business/oraddress or other personal contact Information.	ne number in the spaces provided ffice address, telephone number :	l. Because this form is a document and e-mail address in lieu of your home
Do you authorize release of your private/personal	information?] no
Name: Joyce Lewis		
City:	State:	_ Zip code:
Business Address: 1343 Sluat & Home Phone: 320221 Work Pl	31Vd.city: SF hone: U15939-04	State: CA Zip Code: 9413 J
		O PAX II.
Pager #: E-Mail A Are you a United States citizen, or a resident alien		blied for citizenshin? W Yes NO
Have you ever been convicted of a felony in this stope a felony? Yes No (If yes, please attach a statement describing the date of the conviction(s), and the cour	ng the offense(s) for which yout(s) that convicted you.)	have been convicted,
Pursuant to Ordinance No. 393-98 the following	qualifications are required:	t de destacata au
A person shall not be eligible for nomination she has a minimum of five years' professional expensional expensional or public accountant; (2) licensed real enationally recognized professional organization, or Appraiser or by the State Board of Equalization. Disapplication form. This requirement does not apply	erience in this state as one of t estate broker; (3) attorney; or (property appraiser certified by ocumentation of qualifying exc	he following: (1) certified public 4) property appraiser accredited by a either the Office of Real Estate perience must be submitted with this
same seats.	ed CA attor	Dell Gimen
Please state your qualifications: LICENS ASSESSMENT ADDICALS Please state your business and/or professional ex	Goard 2, Re	al Estate licensepend-
For Mer AAD 2012 - 201	9.	
		du ate Santa Clara
	Sex (optional): M	ΠF
Ethnicity (optional):	Sex (optionar).	
Other Personal Information (optional)	. D. OCCASSI	mal .
Would you be able to attend Day Meetings? Show many days a week would you be available for Have you attended an Assessment Appeals Board	hearings? 10 AW H	g meelings?
Appearance before the RULES COMMITT	TEE is a requirement before a	any appointment can be made.
-1 -1	application will be retained for 's Signature'	lewis
	0 0	T
For Office Use Only: Appointed to Board #:	Seat #:	Term Expires

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date initial Filing Received

A THE PARTY OF THE

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) Division, Board, Department, District, if applicable	Your Position
Assess ment Apple If filling for multiple positions, list below or on an attachment. (Do not use	peals Board
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	Younty of Sun Francisco
San Francisco	Other
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through December 31, 2021 The period covered is	Leaving Office: Date Left
Candidate: Date of Election and office sought,	, if different than Part 1:
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 / 5 4 3 5 0 9 5 MAILING ADDRESS Address Proceedings (19)	BIV d. SIF. 94132
DAYTIME TELEPHONE NUMBER (415 93 9 - 0 4 6 3 I have used all reasonable diligence in preparing this statement. I have revio	ewed this statement and to the best of my knowledge the information contained. This is a public document.
I certify under penalty of perjury under the laws of the State of California	Signaturo (rise you required to some statement with your hing some st
Print Clear	IPPC form 700 Cover Page (2021/2022 advice@fppc.ce.gov = 866-275 3772 = www.hppc.ce.gov Page =



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

Complete and return	n this original regulation 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 day available for public review, you may list you address or other personal contact informate	
Do you authorize release of your priva	
vame: Claire Ervin Lee	Home Address: 1483 Grand Ave
Dity. Parcifica	State: CA Zip code: 94044
Rusiness Address:	City: State: Zip Code:
	Work Phone Fax #
Pager#:	E-Mail Address:
	estoent allon who is eligible for and has applied for citizenship? X Yes No
e a felony?	lony in this state, or convicted of any offense which, if committed in this state, wor ment is most him y the ortense(s) for which you have been convicted, and the occurs such convicted you.)
	the following qualifications are required:
nccountant or public accountant; (2) linationally recognized professional organized professional organized by the State Board of Equipolication form. This requirement do	fessional experience in this state as one of the following: (1) confified public licensed real estate broker; (3) atturney; or (4) property appraiser accredited by a ganization, or property appraiser certified by either the Office of Real Estate publication. Decomportation of qualifying expenience must be submitted with this sees not apply to incumbent beard members nominated for appointment to their
Please state your qualifications:A	Horney College State Par # 122344
Please state your business and/or pro	ofessional experience: Attorney, Work place invitigator
Occupation: Retred Attory	ney+ Workplans Education Santa Clara Unionsity ID West Dahu College BA, Kapistansee
Ethnicity (optional):	Sex (optional): II M KF
Other Personal Information (optional)	
Vould you be able to attend Day Mee	The State of the S
Ammananan hatara the DIII	ES COMMITTEE is a requirement before any appointment can be made.
Date: 9/9/2024	Applicant's Signature:
For Office Use Only: Appointed to B	Board #: Seat #: Term Expires:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Plea	se type or point in mil.				
	GEFILER (LAST) LEVIA) LEE	CLAIRE		(MIDDLE)	A Fill Startegy
1. C	Office, Agency, or Court	1, do do m 1991			1
A	Igency Name (Do not use acronyms)				
	Access mont Anno	. L. Panyd	PM IS	15000	
	ASSESS MO. A A CONTROL District, if applicable)	Vounitiesnon		
3	▶ If filling for multiple positions, ist below or on	an attachment Discussion	(LC-SH)		
į	Agency:		Parker		
2. ,	Jurisdiction of Office (Check at least of	rod enc			
	Stere		Statemaa Jurisdist		ge ur Court Commissioner
	Multi-County		County of		
	Xcily of San Francisco	<u>) </u>	Oper		
3.	Type of Statement (Check at least one	box,		THE VALUE OF THE	
	Annual: The period covered is January 1. December 31, 2021.	2021 (Fig. 4)	Leaving Office:	Date Left (Cherx ore o	
	The period covered is DI Common St. 2023 Sign (12224	-0f+		1, 2021, through the date of
	Assuming Office: Date assumed		Tie period co the period cert		, through
	Candidate: Date of Election	कार्य ठाँगेत २ प्र य ा	if jë ler (han Part 1		
	Schedule Summary (must complete Schedules attached	te) » Total number	of pages includ ing th	is cover pag	g:
	Schedule A-1 - Investments - signe rule	stept st			Positions – schedule attached
	Schedule A-2 - investments - sonadule	atacred	Sanedule D - imacme - G		
	Schedule B - Real Process; so equila	្រីដូ ម៉ានក្	Schedule E - Iricains - G	ilits = Trace Payr	ments - schedule attached
-01	- None - No reportable interess	on any service			
5. V	Verification 1433 Gra	end Ave.	Pacifica-	CA	94544
	NAL IS ADBRESS. Bleeness or Agent than the Production - Public Lot and			ota E	ZIF CODE
	CATANE TELEPHONE NUMBER		1790 (F ⁻¹) (R		en and
4	415 310-5809				E gansar Crm
	have used all reasonable diligence in orn, living nerein and in any attached schedules is a continuous.	in sociation of the second of	 I'ms stoment and to m I is document 	le best of my know	wledge the information contains:
	certify under penalty of perjury under the la			ue and correct.	120
	Date Signed 09/09/202		signatura Olai	24	· Lu
Months	A CONTRACTOR OF THE PARTY OF TH			ALTERNATION OF THE PARTY OF THE	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests Name (Ownership Interest in Less Than 10%)

h 10347 - 1 . 9 Genoved

Do not altion to less a contrar ser statements.

DOM:	Committee of the Commit
CAL	IFORNIA FORM 700
DESCRIPTION OF	POLITICAL PRACTICES COMMISSION
Nieny	NO.

NAME OF BUSINESS ENTITY	> .We of Business Intyf
ERASCA Inc.	
GENERAL LEURIPION OF THIS BUSINESS Clinical Stage pro	CONTRACTOR OF THIS BUSINESS
FAIR MARKET VALUE	ENELVARKET VALUE
	\$4,900 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 € \$1,00	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT NESS Other
Partnership Income Received of \$0.0459 Income Received of \$50.00 Mur.	Think Other (Describe) Finite structure Received of \$0, \$499 Showing Received of \$500 or More (Report on Scredul Thi
IF APPLICABLE, LIST DATE,	III VENI CANI LIBI DATE
ADQUIRED DISPOSED	21 21 Migureb dishuseb
NAME OF BUSINESS EARLY	➤ SAVE OF SUSINESS ENTITY
CENERAL DESCRIPTION OF THIS BUSINESS	CENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	BAC WARRE VALUE
\$2,000 \$10,000 \$10,55 \$10,500	\$3, 0.9 \$10,000 \$10,001 - \$100,000
\$190,000 - \$1,000 (30)	\$500,000 St. 000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	Shirk Offer
Stock Of Idi	Doscribe)
Partnership income Received of \$0 - \$499 Income Received of \$50 to Maximum Partnership	Income Recovered \$50 - \$499 Income Recovered \$500 or More (Report on Screeding 2)
IF APPLICABLE LIST DA E:	SE AGRICABLE LIST DATE.
	ACCUPED DISPOSED
NAME OF BUSINESS ENTITY	A NAME OF BUSINESS FATITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SAIR MARKE SVALJE	LAIN MARKET VALUE
\$2,000 - \$ 0,000 \$10,001 - 8100 100	€ 570 000 010 001 • \$100 000
\$100,001 - \$1,000 () Cros 3 (40), 3	31 5,0 5 - \$1,000 PM Gvel \$1,000 PM
NATURE OF INVESTMENT	NATURE CHINVESTMENT
Stock Citier	Other (Describe)
Partnership income Received of \$1.1.139 Income Received of \$1.0 or Manufacture.	from Reports of \$0 - \$499 from Received of \$500 or Mont (Report of standing or
F APPLICABLE, LIST DATE:	IF ALCOUNDED LIST DATE:
/ /21 / /21	21 /21
ACQUIRED DISPOSED	ADQUIRED DIS-OSED
	Jul 1

Comments:

SCHEDULE B Interests in Real Property

CALIFORNIA FORM 70(Name

ASSESSOR 5 PARCEL NUMBER OR STREET ADDRES	► THE WIRE PARCEL NUMBER 1813 REET ADDRESS
2355 44th Ave	
CTY	多学
San Francisco	
AIR MARKET VALUE	TARRITATE ALUE FAPP CABLE LIST DATE:
\$2,600 - \$10,000 \$10,001 - \$100 000	\$1,00 \$1,000 \$1,000 feb
\$100,001 - \$1.601 000	accured Disposed
<1 ver \$1 100 000	Print \$1 00(180)
A TURE OF INTEREST	NATURE OF INTEREST
Ownersely-Dec-1	y in the of Tast Esement
leasultoid	assumed — — — — — — — — — — — — — — — — — — —
Leasehold	रक सा नगर उपक
RENTAL PROPERTY GROSS INCOME RECEIVED	F RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - 31 000 XII 4 4 10 4 10	\$503 - \$1,000 \$1,001 - \$10,000
212,001 - \$105,000 OVE 5 II 30	5.3 (01 - \$100 000 OVER \$190,000
POURCES OF RENTAL INCOME: If you own a 19 you it lake	SOURCES OF PENTAL NOOME: If you own a 10% or greate
nterest, list the happe of each tohant that is a smulti-	2.00 at list 8% name of Pann tenant that is a single source to a second \$30,000 or more.
ndame of \$19,009 or more	
None	No.
Greg FIFE	
Hyesook Lee hirk	
Greg Firk Hyesook Lee Firk	
Hyesook Lee Nink	
Hyesook nee him	
	leading institution made in the lender's regular course
You are not required to report loans from a commercial	lending institution made in the lender's regular course
You are not required to report loans from a commercial business on terms available to members of the busile w	will out regard to your official status. Personal loans an
You are not required to report loans from a commercial business on terms available to members of the bublic woods received not in a lender's regular nourse of busin	willhout regard to your official status. Personal loans an
You are not required to report loans from a commercial business on terms available to members of the bublic woods received not in a lender's regular nourse of busin	willhout regard to your official status. Personal loans an eas must be disclosed as follows:
You are not required to report loans from a commercial business on terms available to members of the bublic woods received not in a lender's regular nourse of business of LENDER	willhout regard to your official status. Personal loans an eas must be disclosed as follows:
You are not required to report loans from a commercial business on terms available to members of the bublic woods received not in a lender's regular nourse of busing AME OF LENDER	without regard to your official status. Personal loans an eas must be disclosed as follows:
You are not required to report loans from a commercial business on terms available to members of the bublic woans received not in a lender's regular nourse of busing AME OF LENDER	without regard to your official status. Personal loans an essimust he disclosed as follows:
	without regard to your official status. Personal loans an eas must be disclosed as follows: 12 ME OF LENDER* 12 DREAS Business Adureia Acceptable)
You are not required to report loans from a commercial pusiness on terms available to members of the public woans received not in a lender's regular notice of busing AME OF LENDER Advass Acomorbial Susiness Activities (Advass Acomorbial Susiness ACT VITE FANY OF LENDER	without regard to your official status. Personal loans an eas must be disclosed as follows: 12 ME OF LENGER* 7 JUNE 28 * Business Adureus Acceptable*
You are not required to report loans from a commercial business on terms available to members of this bublic woons received not in a lender's regular notice of busing AME OF LENDER ADDRESS (Dusines) Address Accordate BUSINESS ACT VATY OF LENDER	Willout regard to your official status. Personal loans an ass must be disclosed as follows: 19 ME OF LENGER* 2 LURE OS "Business Adureis Acceptable! 3 SINESS AC IVITY IF ANY OF LENDER
You are not required to report loans from a commercial pusiness on terms available to members of the bublic woons received not in a lender's regular nourse of busing AME OF LENDER ADDRESS (Duames) Address According BUSINESS ACT MAY OF LENDER NTEREST RATE None	ALURE OF Business Aduress Acceptable) STANE OF LENDER* FIGURE OF Business Aduress Acceptable) STANE OF RATE TERM (Months/Years)
You are not required to report loans from a commercial pusiness on terms available to members of the bubble of oans received not in a lender's regular notices of busing AME OF LENDER IDDRESS (District), Address Accordable BUSINESS ACT VITY OF ANY OF LENDER NITEREST RATE None HIGHEST BALLANCE DURING REPORTING FER	Will out regard to your official status. Personal loans an ess must be disclosed as follows: MAME OF LENGER* MAME OF LENGER* MAME OF LENGER* Manual of Length
You are not required to report loans from a commercial pusiness on terms available to members of this public woons received not in a lender's regular notice of busing what of LENDER ADDRESS (Dusines) Address Accordate SUSINESS ACT VATALE ANY OF LENDER NITEREST RATE None HIGHEST BALANCE DURING REPORTING FIRE \$500 - \$1,000	Willout regard to your official status. Personal loans an ess must be disclosed as follows: MANT OF LENDER* MANT OF LENDER* MANT OF LENDER* MANT OF LENDER MANT OF LE
You are not required to report loans from a commercial pusiness on terms available to members of the bubble of oans received not in a lender's regular nourse of busin vame of LENDER ADDRESS (District), Address Accordant BUSINESS ACT VITY FANY OF LENDER NTEREST RATE None HIGHEST BALANCE DURING REPORTING FER	WILLOUT regard to your official status. Personal loans an ess must be disclosed as follows: MART OF LENDER* MART OF LENDER* MART OF LENDER* MART OF LENDER* MART OF LENDER MART OF L

Comments:

SonBooks & interests to Real Property



The state of the s	The same of the sa
ASSESSOR 1 PARCEL VUMBER ON STREET ADDIES:	N AREST TO A COLON FER SA STREET ADDRESS
280 Sollert Avenue	722 21st Ave
SAN Francisco	San Francisco
FAIR VARNET VALUE FIARR A JELS USTITUTS	PPL CABLE LIST DATE
\$2,5.70 - \$10.0 \$10.00 - \$100.0	21 21 21 22 3 SPOSED
snop pon = \$n = 11 = 2	1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X
X1:195 St ₹20 000	X c 4: 2, 60: 523
KATURE OF MIEREST	LEED ST CTEREST
X0Vrauer y Cesture Lati	₹ Total Control Total Statement
Sessive ()	The State of the S
IF RENTAL PROPER 1 GROSS NO. 1 REDE 15	R REYNAL PI CHERTAL GROSS INCOME RECEIVED
\$C - \$489 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	55. J - 31,000 \$1,001 - \$10,000
X 60 001 - \$400 000	y = 8 cm = 3 cm tota
SOURCES OF RENTAL NOONER (Fig. 4) If Reverse is a sew interest, fist the name of each turned insgress in growing and approximation of should be a series of the second of should be a series of should	The state of each tenent that is a single source of
\c.e	8"
Scott Blood	John Holwick
Juliet Heart of the	Emplie Lyle Holalick
Juliet Huntington	Emilie Lyle Holarick
	Tanke Lyle Hololick
You are not red lifed to report it airs in a color reduce.	e, en ing institution made in the lender's regular course of
You are not required to recommend to a commental business on tarms evaluated to the commental business on tarms evaluated to the commental business on tarms evaluated to the commental business techniques and the commental business and the commenta	e, ending institution made in the lender's regular course of the property regard to gour official status. Personal loans and need in using clist osed as follows:
You are not required to recommand the major majors business on tarms evaluable. The modern of the office sold is loans received not in a lendwist regular occurse of this NAME OF LENDER	e, ending institution made in the lender's regular course of the viregero to gour official status. Personal loans and need in usine class osed as follows:
You are not required to recommand in a commerce business on terms evaluable. The mode a cities out to loans received not in a lendwiding by an object of this AAVE OF LEVEE! ACCRESS (2008 60) And 660 AND 66	e, en inguins itudion made in the lender's regular course of the strates. Personal loans and nens in usine clish osed as follows:
You are not required to recommand in a commerce business on terms evaluable. The mode of office out to loans received not in a lendwiding by an object of this AAME OF LEVEE! ACCRESS (2.88) etc. This is AAM OF LEITER ATEREST RATE	e. en ing institution made in the lender's regular course of mile vitrager of top our official status. Personal loans and neas must be disposed as follows: all he evines control subsequences Acceptage
You are not required to recommand their alcomments business on terms evaluate in the role of children to learn received not in a landwish legit or course of child NAME OF LENCE? ASDRESS ICUSA 603 AND OF LENT R ANTEREST RATE	e, en ing institution made in the lender's regular course of the strates. Personal loans and near must be disposed as folious: An helipyner Survive Susyessesses Annow Acceptable Survive Susyesses Anno Acceptable Survive Susyesses Anno Acceptable Survive Susyesses Anno Acceptab
You are not required to report transmit in a point stude business on terms evaluated in legit and present to legit	e, ending institution made in the lender's regular course of the viragerous to jour official status. Personal loans and reservisite clasposed as follows:
You are not required to recommand in a commerce business on tarms evaluated a common end of legular occurse of cus loans received not in a lendwichlegular occurse of cus AAME OF LEVEE! ACCRESS (CUS) 6.9 470 655 A700 BUSINESS 40T AT AFAXM OF LEVE 14 ATEREST RATE AGREST 616 ACCLOSHES AFET ARE	e, enting institution made in the lender's regular course of the stratus. Personal loans and ners in the classes as fallows: United Stratus as fallows: United Stratus Acceptable Stratus TX 4 NV, 01 LENDER TERM (Monts Years)

Comments: _