

File No. 120732

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 7/11/12

Board of Supervisors Meeting

Date _____

Cmte Board

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

OTHER

(Use back side if additional space is needed)

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

Completed by: Linda Wong

Date 7/6/12

Completed by: _____

Date _____

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

1 [Reappointment, Planning Commission – Michael Antonini]

2

3 **Motion approving/rejecting the Mayor’s nomination of Michael Antonini to the Planning**
4 **Commission term ending July 1, 2016.**

5

6 WHEREAS, Pursuant to Charter Section 4.105, the Mayor has submitted a
7 communication notifying the Board of Supervisors of the nomination of Michael Antonini to the
8 Planning Commission, received by the Clerk of the Board on July 2, 2012; and

9 WHEREAS, The Board of Supervisors, by Motion 02-80 established a process to
10 review the Mayor’s nomination to the Planning Commission; now, therefore, be it

11 MOVED, That the Board of Supervisors hereby approves/rejects the Mayor’s
12 nomination of Michael Antonini to the Planning Commission term ending July 1, 2016.

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OFFICE OF THE MAYOR
SAN FRANCISCO



Orig: JOY BOS-11
COB, Leg Deputy
Efile, cpage, atty
EDWIN M. LEE
MAYOR

Notice of Appointment

July 2, 2012

San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUL -2 PM 3:39
LLA

Honorable Board of Supervisors:

Pursuant to Chart Section 4.105, I hereby make the following nominations to the San Francisco Planning Commission:

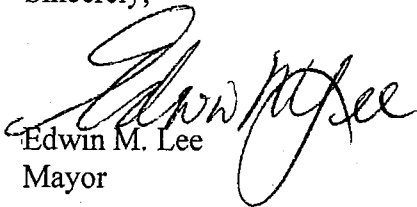
Michael Antonini, for a term ending June 30, 2016,

Richard Hillis, assuming the seat held by Ron Miguel, for a term ending June 30, 2016.

I am confident that Mr. Antonini and Mr. Hillis, both CCSF electors, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of these appointments.

Sincerely,


Edwin M. Lee
Mayor

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

July 2, 2012

Angela Calvillo
Clerk of the Board, Board of Supervisors
San Francisco City Hall
1 Carlton B. Goodlett Place
San Francisco, CA 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUL -2 PM 3:39
PBA

Dear Ms. Calvillo,

Pursuant to Chart Section 4.105, I hereby make the following nominations to the San Francisco Planning Commission:

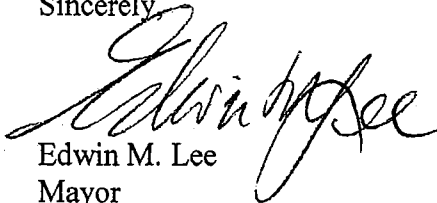
Michael Antonini, for a term ending June 30, 2016,

Richard Hillis, assuming the seat held by Ron Miguel, for a term ending June 30, 2016.

I am confident that Mr. Antonini and Mr. Hillis, both CCSF electors, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of these appointments.

Sincerely


Edwin M. Lee
Mayor

Michael J. Antonini, D.D.S.

Franklin Street

San Francisco, CA 94123

(415) _____ Fax (415) 776-5504 C (415) _____

.l@aol.com

Personal

- Born Livermore, California, 1946
- Married – Linda Madigan 1973
- Children – John, 1978; Peter, 1981-2002; Gina, 1984
- Residence – 110 Broadmoor Drive, San Francisco, CA 94132

Education

- University of Santa Clara, Santa Clara, 1968 – B.A., Major: History Minor: Biology
- University of the Pacific School of Dentistry, San Francisco, CA 1972, D.D.S.

Memberships

- American Dental Association 1972 – present
- California Dental Association 1972 – present
- San Francisco Dental Society, President 1986-87, Editor 1982-84, Trustee Finance Committee 2000 – present
- California State Board of Dental Examiners, Examining Committee 1982-96
- St. Brendan Men's Club, President 1992-93
- St. Brendan Parish Advisory Board, President 1997-98
- St. Ignatius College Preparatory, Fathers Club
- Olympic Club
- Lakeside Property Owners Association
- San Francisco Italian Athletic Club
- San Francisco History Association
- DSE Running Club
- Mechanics Institute
- American Institute of Architects (A.I.A.)

Positions – Elected or Appointed

- San Francisco Dental Political Action Committee, President 2001 – present
- San Francisco City and County Planning Commission, Member 2002 – present, Vice-President 2002-04
- San Francisco Republican County Central Committee, Member, 12th Assembly District 2003 – present

Awards

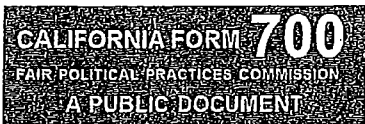
- Certificate of Merit – City and County of San Francisco 1994
- Best Editorial Newsletter – California Dental Association 1983, 1984
- Tau Kappa Omega – Dental Honor Society, 1972
- Annual Honoree Coalition of San Francisco Neighbors, 2004

Hobbies

- Running, creative writing, gardening

Community Service

- San Francisco District 7 Advisory Council, Vice-President 2001-present
- West of Twin Peaks, Neighborhood leader – graffiti removal
- Sisters of The Missionaries of Charity – pro bono dentistry



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE FILED

MAR 26 2012

Please type or print in Ink.

12 MAR 28 PM 1:38

CITY & COUNTY OF S.F.

NAME OF FILER (LAST) (FIRST) ANTONINI MICHAEL JOSEPH

1. Office, Agency, or Court

Agency Name BY CITY and County of PLANNING COMMISSION - SAN FRANCISCO Your Position COMMISSIONER

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

Agency: Position:

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

- State, Multi-County, City of SAN FRANCISCO, Judge or Court Commissioner, County of SAN FRANCISCO, Other

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

- Annual: The period covered is January 1, 2011, through December 31, 2011. Leaving Office: Date Left, The period covered is January 1, 2011, through the date of leaving office. Assuming Office: Date assumed, The period covered is the date of leaving office. Candidate: Election Year, Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 19 nineteen

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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

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

Date Signed MARCH 25, 2012 Signature

**SCHEDULE A-1
Investments**

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael J. Antonini</u>

NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

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

IF APPLICABLE, LIST DATE:
 ACQUIRED: 1/11 DISPOSED: 1/11

NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

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

IF APPLICABLE, LIST DATE:
 ACQUIRED: 1/11 DISPOSED: 1/11

NAME OF BUSINESS ENTITY: profit sharing plan
Michael J. Antonini, DDS, Inc
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

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 3225-3227 20th Street San Francisco CA
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ACQUIRED: 1/11 DISPOSED: 1/11

NAME OF BUSINESS ENTITY: profit sharing plan
Michael J. Antonini, DDS, Inc
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000 *at beginning of 2011*
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other 400-410 Euc St S.F. Robert MacPhee
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ACQUIRED: 1/11 DISPOSED: 7/27/11 *final payment of fully amortized second deed of trust*

NAME OF BUSINESS ENTITY: profit sharing plan
Michael J. Antonini, DDS, Inc
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000 *at beginning of 2011*
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other 2604-2608 Third St S.F. Robert MacPhee
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ACQUIRED: 1/11 DISPOSED: 7/30/11 *final payment of fully amortized second deed of trust*

NAME OF BUSINESS ENTITY: _____
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

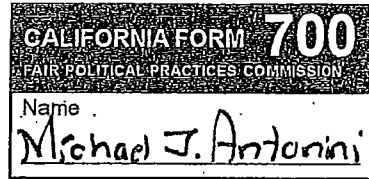
NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ACQUIRED: 1/11 DISPOSED: 1/11

Comments: _____

**SCHEDULE A-1
Investments**

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



NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

IF APPLICABLE, LIST DATE:
5/31/11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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 Diamond Foods, Inc.
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
5/25/11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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 Immunogen, Inc.
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY
ANTONINI FAMILY 1997 Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Michael J. Antonini subtrust
as separate property

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

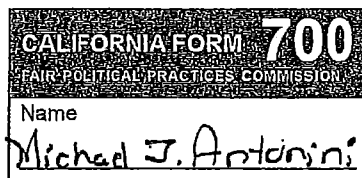
NATURE OF INVESTMENT
 Stock Other Amgen
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

Comments: _____

**SCHEDULE A-1
Investments**

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



NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Linda Antonini Trust - Mary Pezzola trustees

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 GAP, Inc.
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TRUST - Linda Antonini, Mary Pezzola - trustees

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

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini, Mary Pezzola - trustees

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 Williams Sonoma, Inc
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini, Mary Pezzola - trustees

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

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini, Mary Pezzola - trustees

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 Hewlett Packard Co.
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY
Michael J. Antonini, profit sharing plan
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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 Securities US Govt Trust B
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

Comments: _____

SCHEDULE A-1
Investments

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Michael J. Antonini

▶ NAME OF BUSINESS ENTITY
John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini trustees
Mary Pezzola

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

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

▶ NAME OF BUSINESS ENTITY
John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini trustees
Mary Pezzola

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

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

▶ NAME OF BUSINESS ENTITY
John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini trustees
Mary Pezzola - trustees

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

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

▶ NAME OF BUSINESS ENTITY
John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini trustees
Mary Pezzola - trustees

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 Charles Schwab Corp.
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini trustees
Mary Pezzola - trustees

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 Wells Fargo & Co.
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
John M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini trustees
Mary Pezzola - trustees

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

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

Comments: _____

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael J. Antonini</u>

NAME OF BUSINESS ENTITY profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

NATURE OF INVESTMENT
 Stock
 Other Bank of America mortgage securities
(Describe)

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

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

NAME OF BUSINESS ENTITY profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

NATURE OF INVESTMENT
 Stock
 Other Countrywide Asset Ivans trust backed
(Describe)

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

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

NAME OF BUSINESS ENTITY profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock
 Other California State taxable munibonds
(Describe)

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

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

NAME OF BUSINESS ENTITY profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock
 Other GNMA Govt backed GMO Securities
(Describe)

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

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

NAME OF BUSINESS ENTITY profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock
 Other GSR MTG securities mortgage backed
(Describe)

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

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

NAME OF BUSINESS ENTITY profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock
 Other Class A US Govt fund securities
(Describe)

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

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

Comments: _____

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

BUSINESS ENTITY OR TRUST
Antonini Family Properties, LLC
 Name [Redacted]
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY rental ownership, administration properties
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: 1/11 / 1/11
 ACQUIRED DISPOSED
 NATURE OF INVESTMENT
 Sole Proprietorship Partnership Company Other
 YOUR BUSINESS POSITION member, administrator

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO-RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
 \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000
my pro-rata share was about 69,500

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

INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
 Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
all properties held by this entity are outside the boundaries of the city and County of San Francisco
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: 1/11 / 1/11
 ACQUIRED DISPOSED
 NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other limited liability company
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached
 Comments: Family Properties is 50% owned by my sister Cardyn Cardinalli

BUSINESS ENTITY OR TRUST
A-3, Inc. Michael Antonini
 Name [Redacted]
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY ranching, farm property rental
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: 1/11 / 1/11
 ACQUIRED DISPOSED
 NATURE OF INVESTMENT
 Sole Proprietorship Partnership "S" Corporation Other
 YOUR BUSINESS POSITION President, shareholder

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO-RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
 \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000
my pro-rata share of gross income was 3,500

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
Mr and Mrs Mike Mc Cafferty
 6531 Mines Rd
 Livermore CA 94550

INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
 Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
all properties held by this entity are located outside the city and County of San Francisco
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: 1/11 / 1/11
 ACQUIRED DISPOSED
 NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other "S" Corporation
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached
 Comments: I own 100 shares of corporate stock jointly with my sister (FPPC Form 700 (2011/2012) Sch. A-2)
Cardyn Cardinalli, a total of 300 shares of A-3, Inc stock exist

FORM 700 - MICHAEL J,
ANTONINI

SCHEDULE A-2

INVESTMENTS, INCOME ASSETS OF BUSINESS
ENTITIES/ TRUSTS

ANTONINI FAMILY PROPERTIES, LLC

ITEM 3 - names of each reportable source
of income of \$10,000 or more in
2011 to ANTONINI FAMILY PROPERTIES
LLC

RON ANDRE - STATE FARM INSURANCE
[REDACTED] - \$ 16,134⁰⁰
LIVERMORE, CA 94550

CATHY PASOT-GRAHAM - STATE FARM INSURANCE
[REDACTED] - \$ 16,169⁰⁰
LIVERMORE, CA 94550

JOHNSON/LOGAN
FAMILY - [REDACTED] - \$ 13,200⁰⁰
PLEASANTON, CA -
94566

SHERYL LOCKWOOD - [REDACTED] - \$ 10,800⁰⁰
PLEASANTON CA -
94566

CHRISTINE CARDULLO - [REDACTED] - \$ 10,800⁰⁰
PLEASANTON, CA -
94566

CAMPIOTTI FAMILY - [REDACTED] - \$ 16,800⁰⁰
PLEASANTON CA -
94566

ROB. PALASSOU - [REDACTED] - \$ 12,000⁰⁰
PLEASANTON CA 94566

STEVE WOLESKI [REDACTED] - \$ 12,000⁰⁰
PLEASANTON CA 94566

Stave, Jeana KOPPEL - [REDACTED] - \$ 15,600⁰⁰
PLEASANTON, CA -
94566

additional properties held by Antonini Family
Properties, LLC from which less than \$10,000⁰⁰
from a single source was received in 2011

[REDACTED] } PLEASANTON, CA 94566

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
Michael J Antonini

1. BUSINESS ENTITY OR TRUST

Name Michael J. Antonini, DDS, Inc
Address (Business Address Acceptable) [Redacted]
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
dental practice

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / /11 / / /11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership corporation
 Other

YOUR BUSINESS POSITION chairman

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

my share of gross income was my salary \$5,500

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

Ann Donnelly, DDS

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / /11 / / /11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached
corporation is owned jointly with my wife, Linda, as part of the Antonini 1997 Family Trust

1. BUSINESS ENTITY OR TRUST

Name Antonini Family 1997 Trust
Address (Business Address Acceptable) [Redacted]
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / /11 / / /11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

I receive none of this income

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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / /11 / / /11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other cash
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached
reportable holdings are listed in schedule A-1

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

BUSINESS ENTITY OR TRUST
Anconini Family 1997 Trust
Name _____
Address (Business Address Acceptable) _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
IF APPLICABLE, LIST DATE: _____ / _____ / 11
ACQUIRED DISPOSED
NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
 \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000
I receive none of this income

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:
 INVESTMENT REAL PROPERTY
Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property
trust terminated in 2004, some trust holdings remain returned in trust
Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
IF APPLICABLE, LIST DATE: _____ / _____ / 11
ACQUIRED DISPOSED
NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____
 Check box if additional schedules reporting investments or real property are attached
Comments: *holdings reported in schedule A-1*

BUSINESS ENTITY OR TRUST
Name _____
Address (Business Address Acceptable) _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
IF APPLICABLE, LIST DATE: _____ / _____ / 11
ACQUIRED DISPOSED
NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
 \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:
 INVESTMENT REAL PROPERTY
Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property _____
Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
IF APPLICABLE, LIST DATE: _____ / _____ / 11
ACQUIRED DISPOSED
NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____
 Check box if additional schedules reporting investments or real property are attached

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

Name
Michael J. Antonini

BUSINESS ENTITY OR TRUST

Antonini Family 1997 Trust
 Name _____
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/11 _____/_____/11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other _____

YOUR BUSINESS POSITION _____

BUSINESS ENTITY OR TRUST

Antonini Family 1997 Trust
 Name _____
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/11 _____/_____/11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other _____

YOUR BUSINESS POSITION _____

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

Trust's pro rata share of rent is about \$75,000 gross

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

Trust's pro rata share of rent is about 10,000

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

Michael J. Antonini, DDS, Inc.
Kevin C. Grouney, DDS, Inc.

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

Sumit Kapur
John Kristensen

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/11 _____/_____/11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/11 _____/_____/11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

Comments: See attached

SCHEDULE A-2

FORM 700

MICHAEL ANTONINI

INVESTMENTS, INCOME and
ASSETS of

BUSINESS ENTITIES / TRUSTS

ANTONINI FAMILY 1997
TRUST

DENTAL BUILDING-



OWNERSHIP IS AS FOLLOWS:

75%

ANTONINI FAMILY 1997
TRUST

LINDA and MICHAEL
ANTONINI, TRUSTEES

25%
Jointly

GINA MARIE M. ANTONINI
a single woman

and
JOHN MICHAEL ANTONINI
a married man as separate
property



ownership is AS FOLLOWS:

75%

JOHN MICHAEL ANTONINI
a married man

25%

ANTONINI FAMILY 1997
TRUST

Linda and Michael Antonini
trustees

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

1. INCOME RECEIVED:

NAME OF SOURCE OF INCOME
Kevin C. Grouner, DDS, PC

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry

YOUR BUSINESS POSITION
Administrative Assistant

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's Income
 Loan repayment Partnership Linda Antonini wife
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

1. INCOME RECEIVED:

NAME OF SOURCE OF INCOME
City and County of ^{San} Francisco

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commissioner

YOUR BUSINESS POSITION
City and County Planning Commission

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's Income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD:

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

NAME OF LENDER*
Michael J. Antonini, DDS, INC ^{pension plan}

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF LENDER
retirement plan administration

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

INTEREST RATE
5 % None

TERM (Months/Years)
60 months

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other vested account balance of borrower in profit sharing plan
(Describe)

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Michael J. Antonini, DDS, Inc.

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dentistry

YOUR BUSINESS POSITION
Chairman/employee dentist

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Michael J. Antonini, DDS, Inc.

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dentistry

YOUR BUSINESS POSITION
Administrative Assistant

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

Linda Antonini wife

LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*
Lawrence S. Witter ^{Jean} Witter

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF LENDER
retired

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

INTEREST RATE
6.0 % None

TERM (Months/Years)
7 years (5 remain as of 1-1-2012)

SECURITY FOR LOAN
 None Personal residence
 Real Property [REDACTED]

 City _____
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J Antonini

NAME OF SOURCE: Strada
Michael Cohen, Jessie Blout Investments
ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
real estate investment & development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/12/11</u>	<u>\$50⁰⁰</u>	<u>lunch Dnc Market</u>
<u>1/1/11</u>	<u>\$</u>	<u></u>
<u>1/1/11</u>	<u>\$</u>	<u></u>

NAME OF SOURCE: SKS
Dan Kingsley - Investments
ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
real estate development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/18/11</u>	<u>\$65⁰⁰</u>	<u>dinner Palto Di Asti</u>
<u>1/1/11</u>	<u>\$</u>	<u></u>
<u>1/1/11</u>	<u>\$</u>	<u></u>

NAME OF SOURCE: Saint Ignatius College Preparatory
ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
Secondary education - preparatory

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/28/11</u>	<u>\$60⁰⁰</u>	<u>scholarship dinner</u>
<u>10/15/11</u>	<u>\$140⁰⁰</u>	<u>President's cabinet dinner</u>
<u>1/1/11</u>	<u>\$</u>	<u></u>

NAME OF SOURCE: Joseph Grenn, DMD
ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
dentistry - endodontics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/5/11</u>	<u>\$50⁰⁰</u>	<u>dinner The Brixton</u>
<u>1/1/11</u>	<u>\$</u>	<u></u>
<u>1/1/11</u>	<u>\$</u>	<u></u>

NAME OF SOURCE: Loeven and Assoc, LLC
Lewis W. Loeven
ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
land use consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/11/11</u>	<u>\$100</u>	<u>dinner for two Empress of China Chinese American Voters</u>
<u>1/1/11</u>	<u>\$</u>	<u></u>
<u>1/1/11</u>	<u>\$</u>	<u></u>

NAME OF SOURCE: Lee
William Lee - Family
ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
Director - Asian tourism - personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/13/11</u>	<u>\$60⁰⁰</u>	<u>dinner Lee family dinner</u>
<u>1/1/11</u>	<u>\$</u>	<u></u>
<u>1/1/11</u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

▶ NAME OF SOURCE
Frank Dal Santo, DDS, MD

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, oral surgery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/22/11</u>	<u>\$ 50⁰⁰</u>	<u>lunch Scalas</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Heller, Manus
Jeffrey Heller Architects

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
architectures, design

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/16/11</u>	<u>\$ 60⁰⁰</u>	<u>dinner prospect</u>
<u>8/25/11</u>	<u>\$ 24⁰⁰</u>	<u>Giants-Cubs baseball game</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
San Francisco
Jim Mercurio Forty Niners

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
security personal
Vice President Stadium Operations, friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/21/11</u>	<u>\$ 60⁰⁰</u>	<u>dinner Hayes St Grill</u>
<u>9/3/11</u>	<u>\$ 50⁰⁰</u>	<u>football ticket Cal vs Fresno State</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Mission Merchants
Phil Lesser Association

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mission
Promotion, consultant District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/12/11</u>	<u>\$ 50⁰⁰</u>	<u>dinner Specchio</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Doug Freeman JETSETS

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
patient, personal friend
Set design, personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/25/11</u>	<u>\$ 50⁰⁰</u>	<u>lunch Perry's</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Trinity
Angelo, Jim
Sangiaccaro Properties

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real property ownership development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/13/11</u>	<u>\$ 50⁰⁰</u>	<u>lunch Euni Cafe</u>
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Michael J. Antonini

▶ NAME OF SOURCE **University of the Pacific School of Dentistry**
Patrick Ferrillo - Dugoni Dentistry
ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dean of the dental school

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/27/11	\$ 65 ⁰⁰	dinner Olympic Club
8/17/11	\$ 70 ⁰⁰	dinner Elite Cafe
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE **E. Dennis Normandy**
ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE **member patient, personal friend, civil service commission**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/12/11	\$ 120 ⁰⁰	dinner for two City Hall Phillipine Nat'l Day
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE **Good/Sears Orthodontics**
ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, orthodontics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/24/11	\$ 55 ⁰⁰	office cocktail reception
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE **Adsr Carlo Devita Restaurants**
ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
restaurant ownership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/3/11	\$ 30 ⁰⁰	lunch Perry's
11/28/11	\$ 55 ⁰⁰	dinner Perry's
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE **Kevin Grouner, DDS**
ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry - general

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/28/11	\$ 160 ⁰⁰	dinner for two Park Tavern
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE **Blattels David Blattels Realty**
ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE **commercial real property - flat rental**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/25/11	\$ 60 ⁰⁰	lunch St Francis Yacht Club
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

▶ NAME OF SOURCE
Alfonso Favstrino

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/12/11</u>	<u>\$ 65⁰⁰</u>	<u>dinner Perbacco</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Antonio Cucalon, DDS, MS

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, orthodontics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/30/11</u>	<u>\$ 280⁰⁰</u>	<u>4 tickets Giants vs. Cubs</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Dean Duncan, DDS

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry oral surgery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/20/11</u>	<u>\$ 256⁰⁰</u>	<u>2 tickets 49ers vs Cardinals</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Keith Hall - State Farm Insurance

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
insurance agent

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/20/11</u>	<u>\$ 55</u>	<u>lunch Perry's</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
H. M. S. Marcia Smolens Associates

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
land use consultant

see above

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/30/11</u>	<u>\$ 50⁰⁰</u>	<u>lunch Absinthe</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Sam Singer and Asso.

ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
public affairs & communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/9/11</u>	<u>\$ 50⁰⁰</u>	<u>MOOSE lunch Hilton Hotel</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

▶ NAME OF SOURCE
Len A. Tdstunov, DMD
ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, oral surgeon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 2, 11</u>	<u>\$ 55⁰⁰</u>	<u>cocktail reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Jason O Malley
ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
patient, personal friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 8, 11</u>	<u>\$ 65⁰⁰</u>	<u>baseball ticket Giants Pirates</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Academy of Art
Lisa Stephens University
ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
educational institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 21, 11</u>	<u>\$ 50⁰⁰</u>	<u>cocktail reception classic autos moscane</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: July 6, 2012

Date Established: July 1, 2002

Active

PLANNING COMMISSION

Contact and Address:

Linda Avery
Planning Department
1660 Mission Street
San Francisco, CA 94103

Phone: (415) 558-6415

Fax: (415) 558-6409

Email: linda.avery@sfgov.org

Authority:

Charter Section 4.105- per Prop D. Election March 5, 2002

Board Qualifications:

The Planning Commission consists of seven voting members.

The President of the Board of Supervisors shall nominate three members to the commission.

The Mayor shall nominate four members to the commission.

Each nomination of the President of the Board of Supervisors and the Mayor is subject to the approval of the Board of Supervisors, and shall be the subject of a public hearing and vote within 60 days. If the Board fails to act on the nomination within 60 days of the date the nomination is transmitted to the Clerk of the Board of Supervisor the nominee shall be deemed approved.

The mission of the City Planning Department is to guide the orderly and prudent use of land, in both the natural and built environment, with the purpose of improving the quality of life and embracing the diverse perspectives of those who live in, work in, and visit San Francisco. The Commission shall periodically recommend to the Board of Supervisors for approval or rejection proposed amendments to the General Plan.

Report: The Commission shall periodically recommend to the Board of Supervisors for approval or rejection proposed amendments to the General Plan.

Sunset Date: None