

File No. 140994

Committee Item No. 6

Board Item No. \_\_\_\_\_

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 2, 2014

Board of Supervisors Meeting

Date \_\_\_\_\_

### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Vacancy Notice
- Information Sheet
- Form 700
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Alisa Somera Date September 26, 2014

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

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



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

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate  
 (Please circle one) Board 2 or Board 2 Alternate  
 Board 3 or Board 3 Alternate

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

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

Name: Diane Robinson Home Address: 11th Avenue

City: San Francisco State: CA Zip code: 94122

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

Home Phone: 415- [redacted] Work Phone: 415-269-7434 Fax #: \_\_\_\_\_

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

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

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

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

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

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

Please state your qualifications: I am a <sup>commercial</sup> real estate appraiser with an MAI designation

Please state your business and/or professional experience: As a commercial real estate appraiser, I am familiar with valuation of all commercial properties

Occupation: real estate appraiser Education: MBA Cornell University

Civic Activities: member, Balboa Gate Heights neighborhood association

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

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

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

How many days a week would you be available for hearings? 5 How many evenings a week? occasionally

Have you attended an Assessment Appeals Board meeting?  Yes  No if necessary

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

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

Date: 8/14/14

Applicant's Signature: Diane Robinson

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



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received 03/13/2014 16:36:10

E-Filed 03/13/2014 16:36:10 Filing ID: 150302671

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Robinson, Diane

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Assessment Appeals Board Member

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

Agency: Position:

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

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

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

- Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013. Assuming Office: Date assumed. Leaving Office: Date Left. The period covered is January 1, 2013, through the date of leaving office. The period covered is through the date of leaving office. Candidate: Election Year and office sought, if different than Part 1.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 4. 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 (Business or Agency Address Recommended - Public Document) San Francisco CA 94122 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 03/13/2014 (month, day, year)

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

## SCHEDULE A-1 Investments

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

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Robinson, Diane</u>

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS  
banking

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Caterpillar

GENERAL DESCRIPTION OF THIS BUSINESS  
heavy equipment manufacturer

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Costco

GENERAL DESCRIPTION OF THIS BUSINESS  
warehouse stores

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Cummins

GENERAL DESCRIPTION OF THIS BUSINESS  
engine manufacturer

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Ford

GENERAL DESCRIPTION OF THIS BUSINESS  
automobile manufacturer

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS  
diversified manufacturer

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

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

# SCHEDULE 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 \_\_\_\_\_

Robinson, Diane

▶ NAME OF BUSINESS ENTITY  
Home Depot

GENERAL DESCRIPTION OF THIS BUSINESS  
Warehouse hardware store

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Intel Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer chip maker

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Oracle Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
software manufacturer

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Synovus Financial

GENERAL DESCRIPTION OF THIS BUSINESS  
Regional bank

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:  
11 / 19 / 13      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Robinson, Diane

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
George Weingart  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94122  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 15 / 13</u>	<u>\$ 100.00</u>	<u>tea kettle</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

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

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



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

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate *Seat #17*  
 (Please circle one) Board 2 or Board 2 Alternate *Incumbent*  
 Board 3 or Board 3 Alternate

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

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

Name: Richard Lee Home Address: POB

City: San Francisco State: CA Zip code: 94134

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

Home Phone: 415 \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_ E-Mail Address: richlee.2@ \_\_\_\_\_

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

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

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

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

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

Please state your qualifications: Licensed Real Estate Broker - State of CA

Please state your business and/or professional experience: member, Assessment Appeals Board  
real estate manager, leasing

Occupation: Property manager Education: B.S. - Business

Civic Activities: \_\_\_\_\_

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

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

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

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

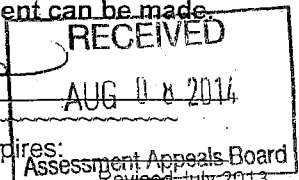
Have you attended an Assessment Appeals Board meeting?  Yes  No

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

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

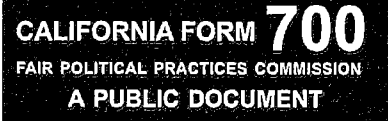
Date: 8/8/14

Applicant's Signature: \_\_\_\_\_



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

Assessment Appeals Board  
 Revised July 2013



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received 03/14/2014

Filed 03/14/2014 12:02:40 Filing ID: 150319039

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Lee, Richard

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Assessment Appeals Board Member

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

Agency: Position:

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

State Multi-County City of Judge or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013 Leaving Office: Date Left (Check one) The period covered is January 1, 2013, through the date of leaving office. The period covered is through the date of leaving office. Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 1 Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) San Francisco CA 94102 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 03/14/2014 (month, day, year)

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



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



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

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

Application for Appointment to: Board 1 or Board 1 Alternate  
 (Please circle one) Board 2 or Board 2 Alternate  
 Board 3 or Board 3 Alternate

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

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

Name: Yosef Tahbazof Home Address: \_\_\_\_\_

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

Business Address: 1256 Howard Street City: San Francisco State: CA Zip Code: 94103

Home Phone: \_\_\_\_\_ Work Phone: 415.922.0200 x 111 Fax #: 415.922.0203

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

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

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

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

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

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

Please state your qualifications: Attorney practicing law in San Francisco; Commissioner on Assessment Appeals Board #3.

Please state your business and/or professional experience: Real estate attorney with accounting and property management experience.

Occupation: Attorney Education: B.S. in Commerce; J.D.

Civic Activities: Campaign volunteer.

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

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

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

How many days a week would you be available for hearings? As needed How many evenings a week? As needed

Have you attended an Assessment Appeals Board meeting?  Yes  No

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

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

Date: 8/18/14 Applicant's Signature: \_\_\_\_\_

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

**EDUCATION**

**University of California, Hastings College of the Law, San Francisco, CA**  
Juris Doctor, 2011

**Santa Clara University, Santa Clara, CA**  
Bachelor of Science in Commerce / Accounting, 2008

**EXPERIENCE**

**Tahbazof Law Firm, San Francisco, CA** *August 2011 - Present*  
*Partner*

- San Francisco-based law firm specializing in real estate law, with experience in real property purchase agreements, LLC operating agreements, stipulations, settlement agreements, prime contracts, subcontractor agreements, lease agreements and employment contracts.
- Representing clients in real estate disputes and cases concerning mechanics' liens, construction defects, unlawful detainers and breach of contractual obligations.
- Proven track record of successfully negotiating settlements resulting in fair compromises and the avoidance of cumbersome litigation.

**SST Investments, San Francisco, CA** *August 2011 - Present*  
*Director*

- Management and maintenance of the company's portfolio that includes several hundred residential rental units as well as commercial buildings.
- Mediation of conflicts with tenants and neighbors; management of tenant complaints and repair requests from start to finish, including the coordination of independent contractors; implementation of a custom work order tracking system.
- Lead counsel ensuring legal compliance of the company operations.
- Creation and management of project-specific construction accounting programs.
- Secured over \$10 million in financing for construction projects, and successfully led refinancing efforts for dozens of apartment buildings.
- Actively engaged in construction management, including negotiation of supply and service contracts; management of employees and contractors; utility service coordination; general oversight of quality of work.

**Ross Madden Law, San Francisco, CA** *May 2010 - August 2010*  
*Paralegal*

- Drafted forms of pleadings and motions.
- Data acquisition and forensic analysis used to uncover latent causes of action.
- Assisted in informal negotiations and discussions with opposing parties.

**Price Waterhouse Coopers, San Francisco, CA** *May 2007 - September 2007*  
*Transfer Pricing and Corporate Accounting*

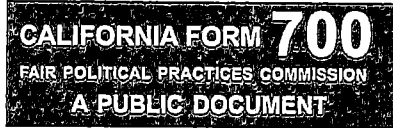
- Implemented corporate guidelines and GAAP to prepare unified documents for the financial reporting of publicly traded corporations.
- Translated complex financial information into user-friendly formats for clientele.
- Researched Transfer Pricing Division guarantee agreements, capital infusion agreements and capital support agreements.

**Effective Solutions, San Mateo, CA** *June 2006 - September 2006*  
*Assistant Property Manager*

- Responded to and satisfied tenant requests for property repairs.
- Mediated conflicts between landlords, tenants and neighbors.
- Managed and coordinated schedules of multiple contractors and merchants

**ACTIVITIES**

*Civic Activities:* Commissioner, Assessment Appeals Board #3; Campaign Volunteer for San Francisco Mayor Newsom & Supervisor Alioto-Pier.  
*Non-Profit Volunteer:* Shelter Network, Home Away from Homelessness  
*Other:* Setar (Persian classical instrument), Accounting Tutor, Law School Tutor



## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Received

01/15/2014

E-Filed  
01/15/2014  
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149129770

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Tahbazof, Yosef

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Assessment Appeals Board

Member

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

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

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

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

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

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

 Annual: The period covered is January 1, 2013, through December 31, 2013 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013

 The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed 12 / 17 / 2013 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office. Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 7 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

 None - No reportable interests on any schedule

## 5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)

San Francisco

CA

94103

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 01/15/2014  
(month, day, year)Signature Yosef Tahbazof  
(File the originally signed statement with your filing official.)

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tahbazof, Yosef</u>

**▶ 1. BUSINESS ENTITY OR TRUST**

SYTS Investments, LLC  
Name

San Francisco, CA 94103  
Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

Real Estate Development & Management

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC                      Other

YOUR BUSINESS POSITION Member; Attorney

**▶ 1. BUSINESS ENTITY OR TRUST**

Tahbazof Law Firm, LLP  
Name

San Francisco, CA 94103  
Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

Legal services

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLP                      Other

YOUR BUSINESS POSITION Partner

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

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

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

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

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

None

\_\_\_\_\_

\_\_\_\_\_

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

None

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> 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

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Tahbazof, Yosef

1. BUSINESS ENTITY OR TRUST	
SYTS Investments, LLC (CONTINUATION)	
Name _____	
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____    ____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION _____	

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____    ____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION _____	

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

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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None	
_____	
_____	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None	
_____	
_____	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
San Francisco	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____    ____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____    ____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Tahbazof, Yosef

**1. BUSINESS ENTITY OR TRUST**

SYTS Investments, LLC (CONTINUATION)  
Name

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

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

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

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

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

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

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

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

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

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

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

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

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

None

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

None

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

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

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                                      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 OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

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

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      / / /                      / / /  
 \$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: \_\_\_\_\_

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
<b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name _____
Tahbazof, Yosef _____

**1. BUSINESS ENTITY OR TRUST**

SYTS Investments, LLC (CONTINUATION)  
Name \_\_\_\_\_

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

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

GENERAL DESCRIPTION OF THIS BUSINESS

---

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

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

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

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

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

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

GENERAL DESCRIPTION OF THIS BUSINESS

---

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

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

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

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

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

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

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

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

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                   REAL PROPERTY

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

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

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

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

Check one box:  
 INVESTMENT                   REAL PROPERTY

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

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

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

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

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
<b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name _____
Tahbazof, Yosef _____

**1. BUSINESS ENTITY OR TRUST**

SYTS Investments, LLC (CONTINUATION)

Name \_\_\_\_\_

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

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

---

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

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

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

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

None

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

San Francisco

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

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

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

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

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

---

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

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

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

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

None

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

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



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

Name \_\_\_\_\_

Tahbazof, Yosef

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
SST Investments, LLC

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Property Management & Development

YOUR BUSINESS POSITION  
Property Manager, Legal Compliance Officer

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)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME \_\_\_\_\_

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

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

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

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 Loan repayment       Partnership  
 Sale of \_\_\_\_\_  
(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\* \_\_\_\_\_

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

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

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

INTEREST RATE \_\_\_\_\_%       None

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

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

BOARD of SUPERVISORS



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

## VACANCY NOTICE

### ASSESSMENT APPEALS BOARD NO. 1

**Replaces All Previous Notices**

NOTICE IS HEREBY GIVEN of the following vacancies:

Vacant seat 3, succeeding Diane Robinson, term expiring on September 1, 2014, must meet the eligibility criteria set forth in California Revenue and Taxation Code, Section 1624.05. Must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 4, 2017.

Vacant seat 7 (Alternate Member), succeeding Richard Lee, term expiring on September 1, 2014, must meet the eligibility criteria set forth in California Revenue and Taxation Code, Section 1624.05. Must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 4, 2017.

Vacant seat 8 (Alternate Member), succeeding Dona Crowder, resigned, must meet the eligibility criteria set forth in California Revenue and Taxation Code, Section 1624.05. Must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for the unexpired portion of a three-year term ending September 7, 2015.

Report: None.

Sunset Date: None.

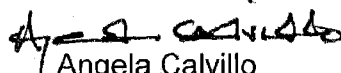
Additional information relating to the Assessment Appeals Board No. 1 may be obtained by reviewing Administrative Code, Chapter 2B, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Assessment Appeals Board's website at <http://www.sfbos.org/aab>.

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

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

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

*Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if the vacancies for this Board are still available or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.*

  
Angela Calvillo  
Clerk of the Board

DATED/POSTED: August 26, 2014

San Francisco  
BOARD OF SUPERVISORS

Date Printed: September 26, 2014

Date Established: December 24, 1998

Active

**ASSESSMENT APPEALS BOARD NO. 1**

**Contact and Address:**

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

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

**Authority:**

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

**Board Qualifications:**

The Assessment Appeals Board No. 1 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. The regular members of Assessment Appeals Board No. 1 shall serve ex-officio as the regular members of Assessment Appeals Board No. 3 concurrent with their service on Assessment Appeals Board No. 1. No person may concurrently hold a seat on more than one of the three Assessment Appeals Boards.

The Board members' term of office is three years, beginning on the first Monday in September. In the event of a vacancy, the newly appointed member shall serve for the remainder of the unexpired term.

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

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing

San Francisco  
BOARD OF SUPERVISORS

officers. The Clerk shall designate members to act as hearing officers for particular applications using a rotating system designed to assure that all members with the same priority level have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing officers in the following priority order: (1) the regular member of Assessment Appeals Board No. 3; (2) the alternate members of Assessment Appeals Board No. 3; (3) the alternate members of Assessment Appeals Board No. 2; (4) the alternate members of Assessment Appeals Board No. 1; (5) the regular members of Assessment Appeals Board No. 2; and (6) the regular members of Assessment Appeals Board No. 1. In their capacity as assessment hearing officers, the officers shall serve at the pleasure of and by contract with the Board of Supervisors.

It shall be the duty of each Assessment Appeals Board to equalize the valuation of the taxable property within the City and County for the purposes of taxation in the manner and subject to the limitations contained in Article XIII of the California State Constitution. Assessment Appeals Board No. 1 shall have jurisdiction to hear applications for reduction affecting any property on the secured or unsecured rolls without limitation. In addition, the Clerk shall exclusively assign to Assessment Appeals Board No. 1 any application for reduction that involves real property located all or in part within Assessor's Block Nos. 1-876 or 3701-3899, not including residential property consisting of four units or less; a possessory interest; or property on the secured or unsecured roll assessed at \$50,000,000 or more.

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

Report: Pursuant to California Revenue and Taxation Code, Section 1639, the hearing officer shall prepare a summary report of the proceedings together with a recommendation on the application and shall transmit this report and recommendation to the Clerk of the Board of Supervisors.

Sunset Clause: None.