

#### Assessment Appeals Board

City & County of San Francisco 1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405 San Francisco, California 94102

Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BO	OARD MEMBER APPLICATION
Complete and return this application	to the Assessment Appeals Board
Application for Appointment to: (Please check one)	■ Board 1 or □ Board 1 Alternate ■ Board 2 or □ Board 2 Alternate ■ Board 3 or □ Board 3 Alternate
Full Name: Franco Cirelli	
	Zip Code:94131
	Occupation:Finance Consultant
Work Phone: 4158304182	Employer:Franco Cirelli, CPA, CRP®
Business Address: 18 Fairmount Street	Zip Code: 94131
Business Email: francocirelli@gmail.com	Home E
Form 700 is required to accompany your application. Have yo	ou attached the Form 700? ■ Yes □ No
A person shall not be eligible for nomination for members a minimum of five years' professional experience in this sor public accountant; (2) licensed real estate broker; (3) attorn recognized professional organization, or property appraiser of the State Board of Equalization. Documentation of qualifying This requirement does not apply to incumbent board members.	ney; or (4) property appraiser accredited by a nationally ertified by either the Office of Real Estate Appraiser or by experience must be submitted with this application form.
Please state your qualifications (including occupation and ed	ucation if applicable):
As an independent finance professional with a CFP6 School of Management at Northwestern University, a Berkeley and a CPA license upon completion of the Earlier in my professional career, I held positions at the National Basketball Association. I worked as an College of San Francisco where I taught real estate, and developed new curriculum. Finally, I am a licen	a BS from the Haas School of Business at UC required experience with Deloitte & Touche. noteworthy organizations including Microsoft and adjunct faculty member for fifteen years at City entrepreneurship and other business courses

Please state relevant business and/	or professional exper	ience:			
With extensive professional exp multiple professional credential their resources in pursuit of the matters of fianncial planning, in Gabriella, we cofoudned Prime oversee the business side of th vision of providing the highest of environment that focuses unwa	s, I help ensure thir goals. I serve a vestment manage ros Pasos® Spanie operations where	at my adviso s a trusted, li ement and re ish immersio reas Gabriell mersion edu	ry clients are able to censed consultant to ated disciplines. Alc n daycare and presc a applies her extensi	optimize of my clients ong with months of the whole for white experience of the contract of th	use of s on y wife, nich I help
Please state civic activities:					
As a life-long San Franciscan, I committed to helping all of us the roles and am active in a number Citizen Police Advisory Born Francisco Italian Athlem ITAL Foundation Board - Italian Caucus of Californi Archbishop Riordan High Order of Malta (Global Hu	nrive in a safe, we er of organizations pard – SFPD's Ing etic Club Foundat Treasurer a - Treasurer School Board of T	Icoming and , guiding the leside Precin ion Board - T	vibrant urban setting m in their pursuit of s ct reasurer	j. I hold le service to d	adership others:
Would you be able to attend Day M	eetings? ■ Yes	□ No	Evening Meetings?	■ Yes	□ No
How many days a week would you		ngs? 1	How many evenings	a week?	1
Have you attended an Assessment			s 🗆 No		
An appearance before the Rules Co Supervisors considering the recommendate scheduled public hearing.  Date: 09/25/25  PLEASE NOTE: This application will be retained.	mended appointment. . Applicant's Signatur	Applications sl	frames (10)  frame	o) days prior  h  nplete name): name, you a signature)	to the
FOR OFFICE USE ONLY:					
Appointed to Seat #:	Term Expires:		Date Vacated: _		



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or p	ини ит инк.					
AME OF FILER	Ciralli	(LAST)	Ero	(FIRST)		(MIDDLE)
	Cirelli		FIA	HCU		
. Office, Ag	ency, or Cour	t				
	e (Do not use acro			_		
	ment Appeal				ard Member	
Division, Boa	rd, Department, Dis	trict, if applicable		Your Position		
► If filing fo	r multiple positions,	list below or on an attachmen	nt. (Do not use	acronyms)		
Agency:				Position:		
. Jurisdict	ion of Office (	Check at least one box)				
State				Judge, Retire (Statewide Ju	-	ge, or Court Commissioner
Multi-Cou	inty			County of		
City of	San Francisco			Other		
		ck at least one box)		_		
		d is January 1, 2024, through	1	Leaving Of	fice: Date Left	ircle below.)
-or-	The period covere December 31, 202	ed is	, through	leaving		1, 2024, through the date of
Assumi	ng Office: Date as	sumedJ			od covered is/_ of leaving office.	, through
Candida	te: Date of Electio	nand o	ffice sought, if	different than Part 1:		
. Schedule	Summary (re	equired) > To	otal number	of pages includi	ng this cover pag	e:
Schedul	es attached					
Sche	edule A-1 - Investm	ents – schedule attached	T	Schedule C - Incor	ne, Loans, & Business	Positions - schedule attached
Sche	edule A-2 - Investm	ents - schedule attached		Schedule D - Incor	ne – Gifts – schedule a	attached
Sche	edule B - Real Prop	perty - schedule attached		Schedule E - Incor	ne – Gifts – Travel Pay	ments - schedule attached
-or-						
☐ No	<b>ne -</b> No reporta	ble interests on any sch	edule			
. Verification	on					
MAILING ADDR		EET	CITY		STATE	ZIP CODE
,	pency Address Recommer mount Street		San F	rancisco	CA	94131
	PHONE NUMBER		Odiii	E-MAIL ADDRESS		
(415)	269-1692			francocirelli@	gmail.com	
I have used herein and in	all reasonable dilige n any attached sche	nce in preparing this statemer edules is true and complete.	nt. I have review I acknowledge	wed this statement and this is a public docum	d to the best of my kno- ent.	wledge the information contained
I certify und	der penalty of perju	ury under the laws of the Si	tate of Californ	ia that the foregoing	is true and correct.	
	. 09/25/25		•	of a	medicall'	
Date Signed		nlh. dav. year)	Si	ignature J 1740 (File	the originally signed paper states	ment with your filing official.)

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Investments must be itemized. Do not attach brokerage or financial statements. ▶ NAME OF BUSINESS ENTITY ▶ NAME OF BUSINESS ENTITY Apple GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Multinational Technology Company FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 \$2,000 - \$10,000 \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Other \_\_ Stock Other \_ (Describe) (Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: \_/\_24\_\_ \_\_\_\_ / 24 DISPOSED ACQUIRED ACQUIRED NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY Qunice Therapeutics GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Biotech FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 Over \$1,000,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Other \_\_\_ Stock Other \_\_ (Describe) (Describe) Partnership Income Received of \$0 - \$499 Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED ACQUIRED Filer's Verification NAME OF BUSINESS ENTITY Print Name Franco Cirelli GENERAL DESCRIPTION OF THIS BUSINESS Office, Agency
Assessment Appeals Board or Court \_\_ FAIR MARKET VALUE \$10,001 - \$100,000 Statement Type 2024/2025 Annual Assuming Leaving \$2,000 - \$10,000 \_\_\_\_\_Annual Candidate Over \$1,000,000 \$100,001 - \$1,000,000 I have used all reasonable diligence in preparing this statement. I have NATURE OF INVESTMENT reviewed this statement and to the best of my knowledge the information Stock Other contained herein and in any attached schedules is true and complete. Partnership Income Received of \$0 - \$499 I certify under penalty of perjury under the laws of the State of Income Received of \$500 or More (Report on Schedule C) California that the foregoing is true and correct. IF APPLICABLE, LIST DATE: 09/25/25 Date Signed J24 JISPOSED (month, day, year) ACQUIRED

Comments: \_

Filer's Signature

#### **SCHEDULE A-2**

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

of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Primeros Pasos® LLC	Check one box:
Name	☐ INVESTMENT ■ REAL PROPERTY
18 Fairmount Street, San Francisco CA 94131	Orsi d'Oro LLC
Address (Business Address Acceptable)	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Check one	
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	901 Bayshore Blvd. #101 San Francisco CA 94
GENERAL DESCRIPTION OF THIS BUSINESS  Education	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   ACQUIRED   DISPOSED   \$100,001 - \$1,000,000   Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INVESTMENT Partnership Sole Proprietorship Other  YOUR BUSINESS POSITION	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	Leasehold Other
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Check box if additional schedules reporting investments or real property are attached
\$0 - \$499 \$10,001 - \$100,000	
\$500 - \$1,000 WI OVER \$100,000	
\$1,001 - \$10,000	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
None or Names listed below	
TBD	Comments:
	=======================================
Filer's Verification	
Print Name Franco Cirelli	
Office, Agency or Court Assessment Appeals Board	
Statement Type 2024/2025 Annual Annual As	suming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have rev contained herein and in any attached schedules is true and complete.	iewed this statement and to the best of my knowledge the information
I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
	@ P. 00.
Date Signed 09/25/25 Filer's S	Signature Francolirelli
(month, day, year)	•

#### SCHEDULE C Income, Loans, & Business Positions



(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Franco Cirelli, CPA, CFP®	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18 Fairmount Street San Francisco, CA 94	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Planning & Investment Managen	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Licensed Finance Consultant	
	GROSS INCOME RECEIVED No Income - Business Position Only
GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
0	
Comments:	ERIOR
	on, or any indebtedness created as part of a retail installment or credit
card transaction, made in the lender's regular course of business on to	erms available to members of the public without regard to your official
status. Personal loans and loans received not in a lender's regular co	urse of business must be disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
WOULEST BALANCE DUDING DESCRIPTING REPUGD	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
	City
<u> </u>	City
\$1,001 - \$10,000	City  Guarantor
	Guarantor
\$1,001 - \$10,000	
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000  Filer's Verification  Print Name Franco Cirelli Statement Type 2024/2025 Annual Assur	Guarantor
\$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Filer's Verification  Print Name Franco Cirelli  Statement Type 2024/2025 Annual Annual Assurting Annual Assurting this statement. I have recontained herein and in any attached schedules is true and complete.	Guarantor  Other  (Describe)  gency or Court Assessment Appeals Board  Iming Leaving Candidate  reviewed this statement and to the best of my knowledge the information
\$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Filer's Verification  Print Name Franco Cirelli  Statement Type 2024/2025 Annual Annual Assultance in preparing this statement. I have recontained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Cal	Guarantor  Other  (Describe)  gency or Court Assessment Appeals Board  Iming Leaving Candidate  reviewed this statement and to the best of my knowledge the information  ifornia that the foregoing is true and correct.
\$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Filer's Verification  Print Name Franco Cirelli  Statement Type 2024/2025 Annual Annual Assurting this statement. I have recontained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of Call	Guarantor  Other  (Describe)  gency or Court Assessment Appeals Board  Iming Leaving Candidate  reviewed this statement and to the best of my knowledge the information

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
16 - 18 Fairmount Street	
CITY	CITY
San Francisco	
Call I Talleloco	A.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Marship/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
110	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
interest, list the name of each tenant that is a single source of income of \$10,000 or more.	income of \$10,000 or more.
None	None
Taylor Cummings 16 Fairmount Street	
Taylor Cummings - 16 Fairmount Street	
laylor Cummings - 16 Fairmount Street	
l aylor Cummings - 16 Fairmount Street	
laylor Cummings - 16 Fairmount Street	
You are not required to report loans from a commerce business on terms available to members of the public	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commercial	c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	c without regard to your official status. Personal loans and siness must be disclosed as follows:  Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER*  ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification   Print Name Franco Cirelli   Office, Agency or Court Assessment Appeals Board
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER*  ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Acceptable    ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OVER \$100,000	c without regard to your official status. Personal loans and siness must be disclosed as follows:    Filer's Verification



### Assessment Appeals Board

City & County of San Francisco 1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405 San Francisco, California 94102

Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

Complete and return this appl	S BOARD MEMBER APPLICATION  lication to the Assessment Appeals Board
Application for Appointment (Please check one)	t to: Board 1 or Board 1 Alternate Board 2 or Board 2 Alternate Board 3 or Board 3 Alternate
Full Name: Jeffrey Jonathan Morris	= Dodie o Alternate
San Fran	ncisco Ca Zip Code: 94123
	Occupation: Investor/Retired
Work Phone: 415 606-9580	
Business Address: Same	Employer:
	Zip Code:
Business Email: JJMAssociates@sbcglobal.ne	Tione Linaii.
Form 700 is required to accompany	
of pooling accountability inconcord root and and a	ifications are required: membership on an assessment appeals board unless he or this state as one of the following: (1) certified public assess
A person shall not be eligible for nomination for has a minimum of five years' professional experience in or public accountant, (2) licensed real estate broker, (3) recognized professional organization, or property apprais the State Board of Equalization. Documentation of qualitation requirement does not apply to incumbent board mer	ifications are required:  membership on an assessment appeals board unless he or this state as one of the following: (1) certified public account attorney; or (4) property appraiser accredited by a nationally ser certified by either the Office of Real Estate Appraiser or t fying experience must be submitted with this application form mbers nominated for appointments to their same seats.
A person shall not be eligible for nomination for has a minimum of five years' professional experience in or public accountant, (2) licensed real estate broker, (3) recognized professional organization, or property apprais the State Board of Equalization. Documentation of qualitation requirement does not apply to incumbent board mer	ifications are required:  membership on an assessment appeals board unless he or this state as one of the following: (1) certified public account attorney; or (4) property appraiser accredited by a nationally ser certified by either the Office of Real Estate Appraiser or t fying experience must be submitted with this application form mbers nominated for appointments to their same seats.
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A person shall not be eligible for nomination for has a minimum of five years' professional experience in or public accountant; (2) licensed real estate broker; (3) recognized professional organization, or property apprais the State Board of Equalization. Documentation of qualification requirement does not apply to incumbent board mer.  Please state your qualifications (including occupation and California State Real Estate Broker License No.	ifications are required:  membership on an assessment appeals board unless he or this state as one of the following: (1) certified public account attorney; or (4) property appraiser accredited by a nationally ser certified by either the Office of Real Estate Appraiser or t fying experience must be submitted with this application form mbers nominated for appointments to their same seats.  In deducation if applicable):
A person shall not be eligible for nomination for has a minimum of five years' professional experience in or public accountant; (2) licensed real estate broker; (3) recognized professional organization, or property appraise the State Board of Equalization. Documentation of qualifications requirement does not apply to incumbent board mer.  Please state your qualifications (including occupation and California State Real Estate Broker License No. Member Appraisal Institute [MAI] (No. 149594) [Professional Experience: 35 year career in paties.	ifications are required:  membership on an assessment appeals board unless he or this state as one of the following: (1) certified public account attorney; or (4) property appraiser accredited by a nationally ser certified by either the Office of Real Estate Appraiser or t fying experience must be submitted with this application form mbers nominated for appointments to their same seats.  Id education if applicable):  00397435 [Retired]  Retired]
A person shall not be eligible for nomination for has a minimum of five years' professional experience in or public accountant; (2) licensed real estate broker; (3) recognized professional organization, or property apprais the State Board of Equalization. Documentation of qualifications requirement does not apply to incumbent board menual please state your qualifications (including occupation and California State Real Estate Broker License No. Member Appraisal Institute [MAI] (No. 149594) [Professional Experience: 35 year career in nation property management, transaction, financing and	ifications are required:  membership on an assessment appeals board unless he or this state as one of the following: (1) certified public account attorney; or (4) property appraiser accredited by a nationally ser certified by either the Office of Real Estate Appraiser or to fying experience must be submitted with this application form mbers nominated for appointments to their same seats.  Indeed education if applicable):  O0397435 [Retired]  Retired]  Retired]  nal investment real estate advisory, portfolio- d valuation.
A person shall not be eligible for nomination for has a minimum of five years' professional experience in or public accountant; (2) licensed real estate broker; (3) recognized professional organization, or property apprais the State Board of Equalization. Documentation of qualitation requirement does not apply to incumbent board men	ifications are required:  membership on an assessment appeals board unless he or this state as one of the following: (1) certified public account attorney; or (4) property appraiser accredited by a nationally ser certified by either the Office of Real Estate Appraiser or to fying experience must be submitted with this application form mbers nominated for appointments to their same seats.  Indeed education if applicable):  O0397435 [Retired]  Retired]  Retired]  nal investment real estate advisory, portfolio- d valuation.

March 2007	vant business and/or professional experience:
Director-Pon Managing Di office, ind Vice Preside 1971—1980	—Present JJM Associates, San Francisco: Investor uary 2007 BlackRock Realty [and predecessor firms], San Francisco tfolio Manger —\$1.0 billion Institutional client investment funds. irector, Metric Property Management: \$2.5 billion national portfolio of multi family, lustrial and retail properties. nt/Senior Vice President of Portfolio Management coldwell Banker Management Corporation, San Francisco ent, Appraisal—Consutation Services
Please state civic a	activities:
2007—Present 1989—2001 Current	Board 1 Member—Assessment Appeals Board, City and County of San Francisco Board of Directors, Golden Gate Park Stables [Concession with Recreation and Park Department]  Recent member of Marina Community Association Board of Directors; San Francisco Zoological Society; Presidio Branch San Francisco Y; California Academy of Sciences; American Conservatory Theatre [ACT]; Olympic Club Foundation
low many days a w	o attend Day Meetings?  Yes No Evening Meetings? Yes No eek would you be available for hearings?  How many evenings a week?  No an Assessment Appeals Board meeting?
in appearance before upervisors consider	re the Rules Committee may be required at a scheduled public hearing, prior to the Board of ring the recommended appointment. Applications should be received ten (10) days prior to the ring.
cheduled public hea	
ate: Septembe	Applicant's Signature:  (Vigually sign or type your complete name).  NOTE: by typing your complete name, you are hereby consenting to use of electronic signature.
September Septem	(Westually sign or type your complete name).  NOVE: by typing your complete name, you are hereby consenting to use of electronic signature)  cation will be retained for one year. Once completed, this form, including all attachments, becomes public record.
September  September  ALEASE NOTE: This appli	(Wightually sign or type your complete name).  NOVE: by typing your complete name, you are hereby consenting to use of electronic signature)  cation will be retained for one year. Once completed, this form, including all attachments, becomes public record.

060600029-NFH-0029

Please type or print in ink.

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date	Initial Filing Re	ceived
	E-Filed 03/25/2025 13:17:00	
	Filing tD;	

NAME OF FILER (LA	ST) (FI	RST)		(MIDDLE)	213865581	
_Morris, Jeffr	·	.,		(MIDDLE)		
1. Office, Age						
	(Do not use acronyms)					
	unty of San Francisco					
	Department, District, if applicable		Your Position			
			rour rositori			
	Appeals Board		Member			
- I lilling for the	ultiple positions, list below or on an atta	ichment. (Do not u	se acronyms)			
Agency:			Position:			
	of Office (Check at least one bo					
	Of Office (Check at least one bo	x)				
State			Judge, Retired Judge (Statewide Jurisdiction	, Pro Tem Judge, or 1)	Court Commissioner	
Multi-County			X County of San Fra	ncisco		
City of			Other			
	tement (Check at least one box)					
	e period covered is January 1, 2024, ti	rough	Lauring Officer Det			
De -or-	cember 31, 2024.	ilougii	Leaving Office: Dat	te Left/ Theck one circle belo		
The	e period covered is///	, through			24, through the date of	f
Assuming O	Office: Date assumed/		•.	ed is/	through	1
Candidate:	Date of Election	and office sought,				
						_
Schedules a		→ Iotal number	of pages including this	cover page:	8	
X Schedule	A-1 - Investments - schedule attached		Schedule C - Income, Loans,	& Business Position	ns – schedule attached	<sub>d</sub>
_	A-2 - Investments - schedule attached		Schedule D - Income - Gifts			1
Schedule	B - Real Property - schedule attached		Schedule E - Income - Gifts	<ul> <li>Travel Payments -</li> </ul>	- schedule attached	- 1
or- 🗌 None -	No reportable interests on any	schedule				
. Verification						
MAILING ADDRESS (Business or Agency Ad	STREET ddress Recommended - Public Document)	CITY	S	TATE	ZIP CODE	-
DAYTIME TELEPHONE	NUMBER	San Fra		CA	94102	
( )	- Nomber		EMAIL ADDRESS			
I have used all reacherein and in any	sonable diligence in preparing this state attached schedules is true and comple	ment. I have review	red this statement and to the bearings is a public document	st of my knowledge	the information contain	ned
	nalty of perjury under the laws of th			nd correct		
				2011006.		
Date Signed	03/25/2025	Sig	nature _Jeffrey Morris			
	(monin, day, year)		(File the originally sig	gned paper statement with yo	our filing official.)	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Morris, Jeffrey

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Union Pacific Corp.	
GENERAL DESCRIPTION OF THIS BUSINESS	Oracle Inc.  GENERAL DESCRIPTION OF THIS BUSINESS
	SEREIGHE DESCRIPTION OF THIS BUSINESS
Transportation	Tech
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other
Partnership Income Received of \$0 - \$499	(Describe)  Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IE ADDI ICADI E LICT DATE.	, and the state of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Comcast Corp.	Qualcomm Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communication	
	Tech
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other
Partnership income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24//24	/_ /24 / /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Google Inc.	FedEx Corp.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
m	
Tech	Delivery
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT
(Describe)	X Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /24 / /24	
ACQUIRED DISPOSED	//24
	ACQUIRED DISPOSED
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Morris, Jeff	rey

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Starbucks	
GENERAL DESCRIPTION OF THIS BUSINESS	McDonalds Inc.
TENEDUCE SECOND FION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food	Food
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	X \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF THE PROPERTY.
X Stock Other	NATURE OF INVESTMENT  X Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
Indicated of \$550 of More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//24
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Proctor & Gamble	Merck & Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Products	
	Pharmaceutical
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)  Partnership  Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
Internal Newsons of World In World (Nepon on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
	IF APPLICABLE, LIST DATE:
//24//24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BURNISH AND ADDRESS OF THE PROPERTY OF
	► NAME OF BUSINESS ENTITY
Nestle	Dick's Sporting Goods Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	x \$10,000 - \$10,000 x \$100,000
S 100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE LIGT DATE:	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//24/ /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1	
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Morris, Jeffrey	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Nike Inc.	Walt Disney Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000   X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF ANYSOTATIVE
X Stock Other	NATURE OF INVESTMENT  X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24//24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Home Depot Inc.	Charrie
GENERAL DESCRIPTION OF THIS BUSINESS	Chevron GENERAL DESCRIPTION OF THIS BUSINESS
CENTIAL DESCRIPTION OF THIS BUSINESS	SENERAL DESCRIPTION OF THIS BUSINESS
Home Improvement	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE;	IE ADDI ICADI E LICT DATE.
	IF APPLICABLE, LIST DATE:
	// <u>24</u> // <u>24</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Costco Corp.	Credit Suisse
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SELECTION OF THE SOURCES	SENERAL DESCRIPTION OF THIS BUSINESS
Retail	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
Partnership Income Received of \$0 - \$499	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IE ADDI ICADI E LIST DATE:	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Morris, Jeffrey	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Intel Corp.	Pensico
GENERAL DESCRIPTION OF THIS BUSINESS	Pepsico GENERAL DESCRIPTION OF THIS BUSINESS
Tech	This beginess
	Food
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Pepsico	
GENERAL DESCRIPTION OF THIS BUSINESS	Amazon Inc.
SELECTE SECOND FIGURE BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food	Tech/Retail
FAIR MARKET VALUE	
\$2,000 - \$10,000 X \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
E modifie (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
	IF APPLICABLE, LIST DATE:
	//24 / 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
WINE OF BOSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wells Fargo Inc.	Visa Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
II	The sound of the s
Financial	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>×</u> \$2,000 - \$10,000 <u>×</u> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	
X Stock Other	NATURE OF INVESTMENT  X Stock Other
Partnership Income Received of \$0 - \$499	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Į į	ACQUIRED DISPOSED
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Morris, Jeffrey	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
T Rowe Price Group Inc.	PNC Financial Services
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000  X  \$10,001 - \$100,000   S100,001 - \$1,000,000   Over \$1,000,000
NATURE OF INVESTMENT	
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT
(Describe)	X Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
EBay Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	JP Morgan Chase & Co. GENERAL DESCRIPTION OF THIS BUSINESS
The bounded	SERENCE DESCRIPTION OF THIS BUSINESS
Tech/Retail	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
32,000 - \$10,000 X \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	X   \$2,000 - \$10,000
NATURE OF INVESTMENT	
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT
(Describe)	X Stock (Describe)
Partnership Income Received of \$0 - \$499	☐ Partnership ☐ Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	SIGI GOLD
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Accenture PLC	BlackRock Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	The bosiness
Financial	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	S2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IE APRI ICADI E LICT DATE	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//24/ /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1	
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Morris,	Jeffrey

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Sales Force Com	General Electric Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Tech	Industrial
FAIR MARKET VALUE	
\$2,000 - \$10,000 X \$10,001 - \$100,000	FAIR MARKET VALUE
	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other
	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24//24	/ /24/ /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Visa Inc.	US Bancorp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF ADDITION IS LIGHT DATE.
	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Vorigon Communications	
Verizon Communications	Apple, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communications	Tech
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	
X Stock Other	NATURE OF INVESTMENT  X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /24 / /24	. 04
ACQUIRED DISPOSED	
SIGN GOLD	ACQUIRED DISPOSED
Comments	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Morris,	Jeffrey

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Coach Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
retail	
FAIR MARKET VALUE	END MADVET WALLE
W	FAIR MARKET VALUE
	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
- Installe News and an end of Miste (Reput on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BURINESS SATITY
The second control of	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other:
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
income Received of \$500 of More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 24 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	NOGUNES
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
EAID MARKET VALUE	
FAIR MARKET VALUE \$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE
=	\$2,000 - \$10,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IS A DOLLOAD IS A CONTRACT	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24/ /24	/ /24 / /24
ACQUIRED DISPOSED	
,	NOGOTICE DISPOSED
Comments	
Comments:	



### Assessment Appeals Board

City & County of San Francisco 1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405 San Francisco, California 94102

Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

and rotain and a	pplication to the A	sses	smen	Арреа	ls Board
Application for Appointm (Please check on	nent to: 🔎 Box	ard 1 ard 2	or or	□ Boa	ard 1 Alternate ard 2 Alternate ard 3 Alternate
Full Name: Nicholas Goldman					
					Zip Code: 94114
	Оссир	pation:	Esta	te Plar	nning Attorney
Work Phone: 415-483-2099	Emplo	yer: S	elf-e	mploye	ed
Business Address: 2261 Market Street, #14,	San Francisco,	CA			Zip Code: 94114
Business Email: nicholas@nicholasgoldman	law.com Home	Email			
Form 700 is required to accompany your application	n. Have you attache	ed the	Form	700?	■ Yes □ No
A person shall not be eligible for nomination has a minimum of five years' professional experience or public accountant: (2) licensed real estate broken	for membership or e in this state as or	n an as ne of th	ssessi ne follo	owing: (	<ol> <li>certified public accounta</li> </ol>
A person shall not be eligible for nomination has a minimum of five years' professional experience or public accountant; (2) licensed real estate broker; ecognized professional organization, or property applied the State Board of Equalization, Documentation of the State Board of Equalization.	for membership or e in this state as on (3) attorney; or (4) praiser certified by	n an as ne of th prope either	ssessi ne follo rty ap the Oi	owing: ( praiser a flice of F	1) certified public accounta accredited by a nationally Real Estate Appraiser or by
A person shall not be eligible for nomination as a minimum of five years' professional experience probable accountant; (2) licensed real estate broker; ecognized professional organization, or property applies State Board of Equalization. Documentation of a first requirement does not apply to incumbent board. Please state your qualifications (including occupation)	of or membership or the in this state as on (3) attorney; or (4) praiser certified by qualifying experience members nominate	n an as ne of th prope either se mus ed for	ssessi ne follo rty ap the Oi t be s appoir	owing: ( praiser a flice of F	1) certified public accounta accredited by a nationally Real Estate Appraiser or by

Please state relevant business and/or professional experience:
Prior to attending law school I was a Realtor and loan originator for three years. I worked on selling, buying and financing residential and commercial properties. By working in that field I became familia with the basics of property evaluation.  Upon graduating law school I practiced real estate law in San Francisco, with an emphasis on landlord/tenant law. I represented both landlords and tenants.  When I practiced real estate law I was involved with settlements and trials, which familiarized me with the trial process.  I served on the Sunshine Ordinance Task Force from 2006 to 2010. The SOTF is a semi-adjudicative body, so I am familiar with commission hearings.
Please state civic activities:
I served on the Sunshine Ordinance Task Force from 2006 to 2010. The SOTF is a semi-adjudicative body, so I am familiar with commission hearings.  I am a volunteer attorney with the Aids Legal Referral Panel helping people with estate planning issues.  I also work on the low-fee panel at the San Francisco Bar Association, helping people of limited means with their estate plans.  I am a member of the Castro Merchants Association and the Peninsula Chapter of the Asian Real Estate Association of America.
Would you be able to attend Day Meetings? ■ Yes □ No Evening Meetings? ■ Yes □ No
How many days a week would you be available for hearings?5 How many evenings a week?5
Have you attended an Assessment Appeals Board meeting? ■ Yes □ No
An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.  Date: 8/29/2025
FOR OFFICE USE ONLY:
Appointed to Seat #: Term Expires: Date Vacated:

Please type or print in ink.



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

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NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Goldman, Nicholas					
1. Office, Agency, or Cou	rt				
Agency Name (Do not use acr					
City and County of San	Francisco				
Division, Board, Department, Di	strict, if applicable		Your Position		
Assessment Appeals Boa	rd		Member		
▶ If filing for multiple positions,	list below or on an attachment.	(Do not use acrony	ms)		
			T GOIGOTI.		
2. Jurisdiction of Office	(Check at least one box)		Judge, Retired Jud	dae. Pro Tem Jud	ge, or Court Commissioner
☐ State		l		ction)	99) 01 00011 001111110101101
		=======================================	X County of San E	Francisco	
X City ofSan Francis	co		Other		<del>_</del>
3. Type of Statement (che	eck at least one box)				
Annual: The period covered December 31, 20	ed is January 1, 2023 through	[	Leaving Office:		one circle)
-or-			O The period co	·	1, 2023 through the date
The period cover December 31, 2	ed is/, thro 023.	ugh	of leaving office	ce.	
X Assuming Office: Date as	ssumed		<ul> <li>The period co of leaving office</li> </ul>		, through the date
Candidate:Date of Election	and office	sought, if different	than Part 1:		
4. Schedule Summary (red	quired) ► Total	number of pag	es including this	cover page:	3
Schedules attached					
Schedule A-1 - Invest	ments - schedule attached	□ so	hedule C - Income,	Loans, & Busines	ss Positions - schedule attached
X Schedule A-2 - Invest	ments - schedule attached	☐ Sc	hedule D - Income -	- Gifts - schedule	e attached
X Schedule B - Real Pro	operty - schedule attached	☐ Sc	hedule E - Income -	- Gifts - Travel P	ayments - schedule attached
-or-					
☐ None - No reportable	interests on any schedule				
5. Verification					
MAILING ADDRESS STI (Business or Agency Address Recomme	REET	CITY		STATE	ZIP CODE
(Business of Agency Address Recomme	nigea - Public Document)	San Franci	800	CA	94102
DAYTIME TELEPHONE NUMBER			ADDRESS	OI1	31100
( )					
I have used all reasonable dilige herein and in any attached sch	ence in preparing this statement. edules is true and complete. I a	I have reviewed that	is statement and to the a public document.	ne best of my kno	wledge the information contained
	ury under the laws of the Stat			ue and correct.	
Date Signed	8	Signatu	re Nicholas Go	ldman	
(mo	nth, day, year)	oigitate	(File the or	riginally signed paper sta	tement with your filing official.)

#### 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				
Goldman,	Nicholas			

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Nicholas Goldman Law	
Name	Name
San Francisco, CA 94114	Name
Address (Business Address Acceptable)	Address (Business Add
Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm	THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE LIST DATE:
\$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000//23/ /23
\$10,001 - \$100,000 ACQUIRED DISPOSED  \$1,000,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	Over \$1,000,000
Partnership X Sole Proprietorship	NATURE OF INVESTMENT
Other	Partnership Sole Proprietorship
OUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
<ol><li>DENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li></ol>	
1000	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
\$500 - \$1,000 X OVER \$100,000	5500 - \$1,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Atlach a separate sheet if necessary.)	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
None or Names listed below	Attach a separate sheet if necessary.)
	None or Names listed below
INVESTMENTS AND INTERFERENCE	
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
heck one box:	THE BUSINESS ENTITY OR TRUST
INVESTMENT REAL PROPERTY	Check one box:
☐ KEYE FROPERIY	☐ INVESTMENT ☐ REAL PROPERTY
ame of Business Entity, if Investment, or	Name of Durk as 5 th
ssessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
	or Sueet Address of Real Property
escription of Business Activity or	Description of Business Activity or
y or Other Precise Location of Real Property	City or Other Precise Location of Real Property
IR MARKET VALUE (F ARRI ICARI E LIGT DATE	
R MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000//23 / /23	\$2,000 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	3100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
TURE OF INTEREST	
Property Ownership/Deed of Tour	NATURE OF INTEREST
Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	
Yrs. remaining	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property
I	are attached are attached
mments:	

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

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Goldman, Nicholas

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	<b> </b>
3876 18th Street, #104	CITY
San Francisco  FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000 \$ \$100,001 - \$1,000,000 Over \$1,000,000    J	\$10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold XI Life Estate Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None
	<u> </u>
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busi NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  None  None	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whighest Balance during reporting period  \$500 - \$1,000 \$1,001 - \$10,000	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

			<u>*</u> 1	
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