

File No. 101133

Committee Item No. 5
Board Item No. 11

COMMITTEE/BOARD OF SUPERVISORS AGENDA PACKET CONTENTS LIST

Committee: Rules

Date September 30, 2010

Board of Supervisors Meeting

Date October 19, 2010

Cmte Board

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

OTHER

(Use back side if additional space is needed)

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

Completed by: Linda Wong

Date September 24, 2010

Completed by: L.W.

Date October 6, 2010

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

1 [Appointments – Assessment Appeals Board No. 1]
2

3 **Motion appointing Jeffrey Morris and Gregory Blaine, terms ending September 2, 2013,**
4 **to Assessment Appeals Board No. 1.**
5

6 MOVED, That the Board of Supervisors of the City and County of San Francisco does
7 hereby appoint the hereinafter designated persons to serve as members of Assessment
8 Appeals Board No. 1, pursuant to the provisions of the Revenue and Taxation Code, Section
9 1623, and the San Francisco Administrative Code, Sections 2B.1 through 2B.11, for the terms
10 specified:

11 Jeffrey Morris, seat 1, succeeding himself, term expired, must meet the eligibility
12 criteria set forth in Section 1624.05 of the California Revenue and Taxation Code as follows:
13 Must have a minimum of five years professional experience in the State of California as one of
14 the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real
15 Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized
16 professional organization, or Property Appraiser certified by the Office of Real Estate
17 Appraisers; or he or she is a current member of an assessment appeals board. *Pursuant to
18 Section 1623 the three year term will end on the first Monday in September, for a three-year
19 term ending September 2, 2013.

20 Gregory Blaine, seat 4, succeeding himself, term expired, must meet the eligibility
21 criteria set forth in Section 1624.05 of the California Revenue and Taxation Code as follows:
22 Must have a minimum of five years professional experience in the State of California as one of
23 the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real
24 Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized
25 professional organization, or Property Appraiser certified by the Office of Real Estate

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Appraisers; or he or she is a current member of an assessment appeals board. *Pursuant to Section 1623 the three year term will end on the first Monday in September, for a three-year term ending September 2, 2013.

Assessment Appeals Board
 City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: **Board 1** or Board 1 alternate
 (Please circle one) Board 2 or Board 2 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: JEFFREY J. MORRIS Home Address: JEFFERSON STREET
 City: SAN FRANCISCO State: CA Zip code: 94123
 Business Address: (SAME) City: _____ State: _____ Zip Code: _____
 Home Phone: 415 _____, Work Phone: 415 606-9580 Fax #: 415 929-9511
 Pager #: _____ E-Mail Address: @SBCGLOBAL.NET

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: certified public accountant or public accountant, licensed real estate broker, attorney, or 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: CURRENT MEMBER AAB BOARD ONE SINCE 9-7-07. MEMBER APPRAISAL INSTITUTE (MAI). CRE. REAL ESTATE BROKER
 Please state your business and/or professional experience: 27 YEARS AS INVESTMENT REAL ESTATE EXECUTIVE, ADVISOR, APPRAISER, BROKER AND PROPERTY MANAGER
 Occupation: INVESTOR - REAL ESTATE CONSULTING Education: BA STANFORD UNIVERSITY
 Civic Activities: MEMBER - SUPPORTER S.F. ZOO SOCIETY; COMMONWEALTH CLUB; ACT. OLYMPIC CLUB ET. AL
 Ethnicity (optional): CAUCASIAN Sex (optional): M F
 Other Personal Information (optional) SEE ATTACHED RESUME AND COVER LETTER

Would you be able to attend Day Meetings? Yes No Night meetings? Yes No
 How many days a week would you be available for hearings? 3
 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: _____ Applicant's Signature: [Signature]

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

JJM ASSOCIATES

Jul 15, 2010

Rules Committee of the Board of Supervisors
C/O Assessment Appeals Board Administrator
City Hall, Room 405
San Francisco CA 94102

Attention: Supervisors Campos, Alioto-Pier and Mar

RE: Reappointment to the Assessment Appeals Board

Dear Supervisors

I have served on Board 1 of the Assessment Appeals Board since September 6, 2007. I seek your reappointment recommendation for a new three year term to the full Board of Supervisors. I am well qualified to continue in this position for the following reasons.

- I have read, assimilated and follow all relevant guidelines and laws from the State Board of Equalization, Revenue and Taxation Code Sections and Assessment Appeals Manual.
- Applied my over 35 years of institutional investment real estate management experience to determine equitable valuation for assessment purposes.
- Worked very professionally in a Board 1 leadership role with the AAB Administrator Dawn Duran and her staff, Board City Attorney Marie Blitz, Assessor Phil Ting's office, and commercial property owners and their legal and appraisal representatives.
- Have the support of Administrator Duran and fellow Board 1 members to be reappointed. (My District Supervisor Michela Alioto-Pier supported my appointment three years ago.)
- Have more than the requisite qualifications to serve, as outlined on the attached Application and Resume, including: licensed real estate broker, member of the Appraisal Institute (MAI) and the above mentioned 35 years of sophisticated investment real estate advisory, valuation, financing and acquisition experience.

Therefore, I would very much appreciate your support in my reappointment to Board 1 of the Assessment Appeals Board. I will be present and available for any questions at your upcoming meeting of the Rules Committee. Thank you for your consideration.

Sincerely yours,


Jeffrey Morris

— Jefferson Street San Francisco, CA 94123 T: (415) — F: (415)
929-9511 W: — @sbcglobal.net

Resume of Jeffrey J. Morris

Qualifications

California State Real Estate Broker License (No. 00397435)

Member Appraisal Institute [MAI] (No. 149594)

Professional Experience: 35 year career in national investment real estate advisory, portfolio-property management, transaction, financing and valuation

Business/Professional Experience

March, 2007-- *JJM Associates*, San Francisco

Independent real estate consulting and investment

1981-Feb. 2007 *BlackRock Realty*, San Francisco (and predecessor firms)

Director-Portfolio Manager of Apartment Value Funds: over \$900 million in U.S. apartment investments.

1991-1999 Managing Director, Metric Property Management: \$2.5 billion national portfolio of multi family, office, industrial and retail properties.

1981-1990 Vice President/Senior Vice President of Portfolio Management.

1971-1980 *Coldwell Banker Management Corporation*, San Francisco
Vice President, Appraisal- Consultation Service

Education BA Political Science Stanford University, 1967

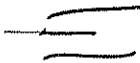
Civic-Charitable Activities:

2007— **Member, Assessment Appeals Board, City and County of San Francisco [three year term]**

1989-2001 Board of Directors, *Golden Gate Park Stables, Inc.*
[Concession with the San Francisco City Recreation and Park Department]

Current Marina Community Association; San Francisco Zoological Society; California Academy of Sciences; American Conservatory Theatre (ACT); Olympic Club Foundation

— Jefferson Street, San Francisco CA 94123

V 415  @sbcglobal.net
F 415 929-9511

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

STATEMENT OF ECONOMIC INTERESTS
2010 APR -1 PM 4:14
COVER PAGE

FILED Date Received
Official Use Only
2010 APR -1 PM 3:56



SAN FRANCISCO
ETHICS COMMISSION

Please type or print in ink.

BY A Public Document

NAME (LAST) <u>MORRIS</u>	(FIRST) <u>JEFFREY</u>	(MIDDLE) <u>JONATHAN</u>	DAYTIME TELEPHONE NUMBER <u>(415) _____</u>		
MAILING ADDRESS (Business Address Acceptable) <u>JEFFERSON ST. SAN FRANCISCO CA</u>	STREET	CITY	STATE <u>CA</u>	ZIP CODE <u>94123</u>	OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Board of Supervisors

Division, Board, District, if applicable:
Assessment Appeals Board

Your Position:
Board Member / Alternate Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of San Francisco

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 8

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed MARCH 16, 2010
(month, day, year)

Signature [Handwritten Signature]
(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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
JEFFREY MORRIS

▶ NAME OF BUSINESS ENTITY
PARANSONIC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ELECTRONICS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
UBS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIALS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SONY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ELECTRONICS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
UNITED TECH.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INDUSTRIALS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
TIME WARNER CABLE / INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSUMER DIS.

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 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 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>JEFFREY MORRIS</u>

▶ NAME OF BUSINESS ENTITY
HONEYWELL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INDUSTRIALS

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MITSUBISHI

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIALS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIALS

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
NOMURA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIALS

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MACYS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETAILING

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ORACLE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INFO TECH

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>JEFFREY MORRIS</u>

▶ NAME OF BUSINESS ENTITY
CISCO SYSTEMS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INFO TECH

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INDUSTRIALS

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CREDIT SUISSE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIALS

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FORTUNE BRANDS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSUMER DISCRETIONARY

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ELECTRONIC ARTS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INFO TECH

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

IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
HONDA MOTOR CAR

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSUMER DIS.

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

**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
JEFFREY MORRIS

<p>▶ NAME OF BUSINESS ENTITY ROYAL DUTCH SHELL</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY ENERGY</p> <p>FAIR MARKET VALUE <input checked="" 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</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY WALGREENS</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY DRUG</p> <p>FAIR MARKET VALUE <input checked="" 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</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY UNITED TECHNOLOGIES</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY INDUSTRIALS</p> <p>FAIR MARKET VALUE <input checked="" 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</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY AOL INC</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY INFO TECH</p> <p>FAIR MARKET VALUE <input checked="" 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</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY WALMART</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY RETAIL</p> <p>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</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY APPLIED MATERIALS</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY INFO TECH</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED</p>

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
JEFFREY MORRIS

NAME OF BUSINESS ENTITY
INTEC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECH

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
NIKE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SPORTS GEAR

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
MICROSOFT

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SOFTWARE

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PEPSICO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DRINKS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
NESTLE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PROCTOR & GAMBLE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 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	
AIR POLITICAL PRACTICES COMMISSION	
Name	<u>JEFFREY MORRIS</u>

▶ NAME OF BUSINESS ENTITY
AMGEN

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMA

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
COSTCO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETAIL

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CHEVRON

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENERGY

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FEDEX

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TRANSPORTATION

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CISCO SYSTEMS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECH

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
HEWLETT PACKARD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTERS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 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
FPPC POLITICAL PRACTICES COMMISSION

Name
JEFFREY MORRIS

NAME OF BUSINESS ENTITY
BLACK ROCK

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL SERVICES

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTERS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
DECC INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTERS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
TARGET

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETAILING

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
HEWLETT PACKARD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTERS

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
WELLS FARGO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

Comments:

Assessment Appeals Board
City and County of San Francisco
(415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: Board 1 or Board 1 alternate
(Please circle one) Board 2 or Board 2 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: Gregory H. Blaine Home Address: — Scott St.
City: San Francisco State: CA Zip code: 94123
Business Address: 4370 Alpine Rd. #201 City: Portola Valley State: CA Zip Code: 94028
Home Phone 415 Work Phone: 650 851-8006 Fax #: 650 851-8021
~~Pager #~~ cell # 415 E-Mail Address: — @CAPROP.COM

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: certified public accountant or public accountant, licensed real estate broker, attorney, or 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: Lawyer since '91 CA bar #154484; Landlord in SF and other cities
Real estate professional for 30+ years.

Please state your business and/or professional experience: 2 yrs on Bd 1 of Assessment Appeals Bd;
Property Management and investment for 30+ years

Occupation: Real Estate Investor Education: BA Stanford 1981 JD USF 1991

Civic Activities: Chairman - Presidio Performing Arts Fdn.; Bd of Governors USF School of Law

Ethnicity (optional): White Sex (optional): M F

Other Personal Information (optional) _____

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

How many days a week would you be available for hearings? 1-2

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: 7/8/10

Applicant's Signature: [Signature]

For Office Use Only: Appointed to Board #: _____ 92 Seat #: _____ Term Expires: _____

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
STATEMENT OF ECONOMIC INTERESTS
2010 APR - 1 PM 4:13
COVER PAGE

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Date Received
Official Use Only

2010 APR - 1 PM 3:56

Please type or print in ink.

BY _____ A Public Document

SAN FRANCISCO
ETHNICS COMMISSION

NAME (LAST) Blaine	(FIRST) Gregory	(MIDDLE) H	BY _____	DAYTIME TELEPHONE NUMBER (415) _____
MAILING ADDRESS STREET (Business Address Acceptable) Scott St. San Francisco		CITY San Francisco	STATE CA	ZIP CODE 94123
OPTIONAL: E-MAIL ADDRESS _____, _____, _____ COM				

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Board of Supervisors

Division, Board, District, if applicable:
Assessment Appeals Board

Your Position:
Board Member / Alternate Board Member

> If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of San Francisco

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

> Total number of pages including this cover page: 4

> Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

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

Date Signed March 23, 2010
(month, day, year)

Signature [Signature]
(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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Blaine, Gregory H.</u>
--

NAME OF BUSINESS ENTITY
Safeway, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Grocery 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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Public Storage, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mini-Warehouses

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Solfocus, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Solar Power Generation

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 09 _____ / _____ / 09
 ACQUIRED DISPOSED

Comments:

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

CALIFORNIA FORM 700
 PARTIAL TITLE SERVICES COMMISSION

Name
Blaine, Gregory H.

STREET ADDRESS OR PRECISE LOCATION
Scott St

CITY
San Francisco, CA 94123

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

ACQUIRED 1/09 DISPOSED 1/09

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Gretchen Kano
Brad & Barbara Skan

STREET ADDRESS OR PRECISE LOCATION
290 Alhambra St

CITY
San Francisco, CA 94123

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

ACQUIRED 1/09 DISPOSED 1/09

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 % None

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 % None

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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
Blaine, Gregory H.

INCOME RECEIVED

NAME OF SOURCE OF INCOME
California Property Services

ADDRESS (Business Address Acceptable)
4370 Alpine Rd, #201 Portola Valley, CA 94028

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Property Management

YOUR BUSINESS POSITION
CEO

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
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Calif. Pacific Med. Ctr.

ADDRESS (Business Address Acceptable)
P.O. Box 799 SF CA 94028
Webster Street Campus

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Radiological Technologist Hospital

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
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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: _____

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 Clerk of the Board of Supervisors

Application for Appointment to: Board 1 or Board 1 alternate
(Please circle one) Board 2 or Board 2 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? x yes no

Name: Mark Watts Home Address: Linares Avenue

City: San Francisco State: CA Zip code: 94116

Business Address: 595 Market Street Ste. 2230 City: San Francisco State: CA Zip Code: 94105

Home Phone 415- Work Phone: 415-777-2666 x 107 Fax #: 415-665-4671

Pager #: E-Mail Address: mwatts@cbpappraisal.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? x 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 x 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: certified public accountant or public accountant, licensed real estate broker, attorney, or 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 licensed commercial real estate appraiser with more than 20 years experience. I have also purchased many residential and commercial properties over the years. See attached qualifications.

Please state your business and/or professional experience: Commercial Real Estate Appraiser

Occupation: Real Estate Appraiser Education: BA - UC Davis

Civic Activities: Stonestown YMCA Board Member

Ethnicity (optional): Caucasian Sex (optional): x M F

Other Personal Information (optional)

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

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

Have you attended an Assessment Appeals Board meeting? x 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: Applicant's Signature: Mark Watts

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

QUALIFICATIONS OF MARK A. WATTS

Mark A. Watts is a Partner with Carneghi-Blum & Partners, Inc.

Following is a brief summary of his background and experience:

EXPERIENCE

Commercial Real Estate Appraisal Experience

Mr. Watts joined Carneghi-Blum & Partners, Inc. in 1987, and has over 20 years experience in the analysis of commercial real estate. He has completed valuation assignments on a variety of projects, including industrial facilities, residential subdivisions, apartments, shopping centers, cemeteries and recreational facilities. He has also performed feasibility studies and assisted owners in making asset management decisions.

Mr. Watts has provided litigation support and served as an expert witness in court. He has also served in arbitrations as an expert witness. He has been qualified as an expert in San Francisco and San Mateo County Superior Courts.

Commercial Real Estate Investment Experience

Simultaneous to his work as a commercial appraiser, Mr. Watts has been an active real estate investor/developer. He is experienced in the acquisition, redevelopment and management of commercial properties. He has witnessed and experienced many real estate cycles and stays abreast of current trends. His personal experience as an investor makes him uniquely qualified to appraise commercial real estate.

Over the last 20 years he has completed more than 30 investment real estate transactions, an average of 1.5 transactions per year. He has negotiated with buyers and sellers directly as a principal. He has completed nearly a dozen 1031 exchanges. Beginning with a small initial capital investment, he has built a large real estate portfolio. Based on his ownership experience, Mr. Watts is keenly aware that the success or failure of an acquisition is closely related to its location. Likewise, he is sensitive to locational differences in the appraisal of real estate.

Mr. Watts has broad experience with the construction, maintenance and repair of real estate. He has demolished and re-built two structures from the ground up. He has completed fire damage repairs and remediated toxic mold. He has remodeled kitchens and baths. He has replaced foundations on structures, made additions, and made other improvements. As the quality and condition of real estate has a strong correlation with its value, his experience enables superior judgement of these attributes in his work as a commercial real estate appraiser.

Health Club Experience

Mr. Watts has served on the Board of Managers of the Stonestown Family YMCA since 2002. This is an approximately 30,000 square foot health club facility. He is active on the Facilities Committee. He served as the Board Chair in 2008. He is a member of the Olympic Club in San Francisco.

EDUCATION

Bachelor of Arts, University of California, Davis

PROFESSIONAL AFFILIATION

MAI Candidate - Appraisal Institute
State of California Certified General Real Estate Appraiser No. AG015362

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Received
Official Use Only

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
WATTS	MARK	A	(415)	—
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
— MARKET STREET STE 2230				94105
			OPTIONAL: E-MAIL ADDRESS	
			MWatts@cbppappreciate.com	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
ASSESSMENT APPEALS BOARD

Division, Board, District, if applicable:

Your Position:

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of SAN FRANCISCO

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ___/___/___

Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

The period covered is ___/___/___, through December 31, 2009.

Leaving Office Date Left: ___/___/___ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-OR-

The period covered is ___/___/___, through the date of leaving office.

Candidate Election Year: 2010

4. Schedule Summary

▶ Total number of pages including this cover page: 1

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes – schedule attached
Real Property

Schedule C Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes – schedule attached
Income – Gifts

Schedule E Yes – schedule attached
Income – Gifts – Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

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

Date Signed 2/12/10
(month, day, year)

Signature Mark Watts
(File the originally signed statement with your filing official.)

Business, Transportation & Housing Agency

OFFICE OF REAL ESTATE APPRAISERS

REAL ESTATE APPRAISER LICENSE



OREA APPRAISER IDENTIFICATION NUMBER

AG015362

MARK A. WATTS

has successfully met the requirements for a license as a general real estate appraiser in the State of California and is, therefore, entitled to use the title "Certified General Real Estate Appraiser".

This license has been issued in accordance with the provisions of the Real Estate Appraisers Licensing and Certification Law.

OFFICE OF REAL ESTATE APPRAISERS

Bob Clark

Date Issued: August 16, 2009

Date Expires: August 15, 2011

Audit No. 119415

San Francisco
BOARD OF SUPERVISORS

Date Printed: September 8, 2010

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.; amended by Ordinance No. hu 393-98, Approved 12/24/1998; amended by Ordinance No. 273-99, Approved 10/27/99.

Board Qualifications:

The Assessment Appeals Board No. 1 consists of eight members, five regular members, and three 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 Assessment Appeals Board No. 1 and a seat on Assessment Appeals Board No. 2.

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 Section 1624.05 of the California Revenue and Taxation Code as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, or Property Appraiser certified by the Office of Real Estate Appraisers; or he or she is a current member of an assessment appeals board.

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing 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, as described in this subsection, have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing officers in the following priority order: (a) the alternate members of Assessment Appeals Board No. 2; (b) the alternate members of Assessment Appeals Board No. 1; (c) the regular members of Assessment Appeals Board No. 2; and (d) 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 and Assessment Appeals Board 1 shall have jurisdiction to hear applications for reduction affecting any property on the secured or unsecured rolls without limitation.

Report: Pursuant to Section 1639 of the Revenue and Taxation Code, 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.

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

Sunset Clause: None