

File No. 101134

Committee Item No. 6

Board Item No.

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date September 30, 2010

Board of Supervisors Meeting

Date

#### Cmte Board

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

#### OTHER

(Use back side if additional space is needed)

- Farm 700
- 
- 
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- 

Completed by: Linda Wong

Date September 24, 2010

Completed by:

Date

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

**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: Joyce Lewis Home Address: 48<sup>th</sup> Ave #3  
 City: San Francisco State: CA Zip code: 94122  
 Business Address: 4150 Clement St. Bldg 210 SF State: CA Zip Code: 94121  
 Home Phone: (415) \_\_\_\_\_ Work Phone: (415) 750-2288 Fax #: \_\_\_\_\_  
 Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_@gmail.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: CA BAR License 16334

Please state your business and/or professional experience: Federal attorney 17.5 years for Dept. of Veterans Affairs, real property owner, former tenant, prop. tax pay  
 Occupation: Attorney (see resume) Education: Bachelor, Master's, & Juris Doctorate  
 Civic Activities: Member of Sunset Community Church, PTA, Charlei Houston BAR As  
 Ethnicity (optional): \_\_\_\_\_ Sex (optional):  M  F

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

Would you be able to attend Day Meetings?  Yes  No <sup>take leave from job / X</sup> Night meetings?  Yes  No <sup>preferable</sup>  
 How many days a week would you be available for hearings? \_\_\_\_\_  
 Have you attended an Assessment Appeals Board meeting?  Yes  No

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

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

Date: 8/2/2010 Applicant's Signature: Joyce Lewis

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

***Resume of Qualifications***  
***JOYCE LEWIS-BARRETT***

— ~ 48 th Ave. No. 3  
San Francisco, CA 94122  
415. — Residence 415.750.2288 ext. 4662 Business  
joyce.lewisbarrett@mail.va.gov

=====

**EDUCATION**

Juris Doctor, 1992, Santa Clara University, School of Law, Santa Clara, CA  
Master of Public Administration, 1985, California State University, Hayward, Hayward, CA  
Bachelor of Nursing Science, 1979, University of San Francisco, San Francisco, CA

**LICENSURE AND CERTIFICATION**

CA State Bar, 12/8/1992, #163342  
CA Registered Nurse, 1979, #Z302441  
CA Public Health Nurse, 1979  
Mediator For Workplace Disputes, 8/2/2001, Justice Center of Atlanta  
U.S. Supreme Court Admission, 2010  
CA Supreme Court Admission 1992

**SPECIAL SKILLS/AWARDS/TRAINING**

Proficient in MS Word, MS Outlook, GC Laws, Share Point, and PowerPoint; negotiation, mediation, and settlement skills; excellent research, analytical, written, and verbal skills; Annual VA Special Contribution and VA Performance Awards 1994-2009 (15 awards); 1993-2010 highly successful and excellent performance ratings; VA Certificate of Appreciation 2007 and 2008; McFetridge American Inn of Courts Best Program Award 2004-2005; VA Service Award 2002 and 2007; 2010 Law Student Moot Court Judge; trainings received-EEO, MSPB Charges and Penalties, FLRA, DOD Tort Claims, DOJ Ethics, DOJ Environmental Law, VA Cross-Training, VA Diversity and Leadership, Cyber Security, Privacy and Confidential, Sexual Harassment, No Fear Act, FOIA, Privacy Act and HIPAA, E-Discovery, West Law, Share Point, DOJ Veterans For Common Sense, and Institutional Disclosure; trainings developed and given: Stress Management, Learn About Lawyers, Sexual Harassment Prevention and Diversity, Key Supreme Court Decisions/Civil Rights, VA Tort Claims, Survival Tort Claims, Cross-Examination of Martha Stewart, How OGC Can Improve Process for Disability Determinations

**PROFESSIONAL EXPERIENCE**

**Senior Attorney and Staff Attorney**, Department of Veterans Affairs, GS-14, 1993-present  
Department of Veterans Affairs, Office of Regional Counsel, 4150 Clement St., Bldg. 210, San Francisco, CA 94121

The Department of Veterans Affairs is a federal agency within the Executive branch of the United States Government. The mission of the agency is to execute veterans' benefits programs as authorized under Title 38 of the United States Code, e.g., compensation, pension, health care, cemetery, and loan guaranty.

- **Litigation:** Litigate federal appeals, complaints, and claims before the U.S. Merit Systems Protection Board, U.S. Equal Employment Opportunity Commission, and U.S. Federal Labor Relations Board, and U.S. District Court e.g., alleged wrongful termination/discipline, employment discrimination, unfair labor charges, administrative grievances; work directly with United States Attorney's Office in preparing answers, affidavits, settlement statements, depositions, and trial.

Legal research, analysis, and writing: file motions, Agency responses, Prehearing Statements, witness lists, and answers; conduct discovery (interrogatories, depositions, requests for admissions, and production of documents); investigate complaints, conduct witness interviews, document searches, and reviews; participate in settlement conferences and negotiations; draft and write final settlement agreements and releases; defense representation at administrative hearings including witness preparation, oral arguments, opening and closing statements, direct and cross examinations, authentication of documents, objections, and closing briefs.

Tort Claims: Review medical patient records, interview and consult with health care practitioners, and obtain medical expert opinions; write litigation reports with exhibits; provide recommendations for resolution of tort claims; draft and write denial letters; negotiate settlements.

- **Advisor/Liaison:** Advise executive and senior management officials on federal administrative matters, including agency compliance with applicable federal statutes, regulations, and policies, and state codes; Labor/Management Partnership Committee; Director's Staff liaison; telephone consultations; provide written and verbal opinions; develop and conduct trainings; draft and write provisions for agreements between VA and non-Government entities; provide telephone and walk-in advice for clients.
- **Case Manager:** Successfully manage and balance a complex general legal caseload including employment, labor, discrimination, tort claims, ethics, federal contracts, state law, medical research, professional standards and licensing of health care professionals, probate, taxes, and release of information and patient confidentiality pursuant to FOIA, HIPPA, Privacy Act and state laws.
- **Mentor:** Train, counsel, and mentor junior attorneys; directly supervise and mentor legal extern from University of San Francisco.

### **Senior Public Health Nurse/Public Health Nurse, City of Berkeley, 1980-1993**

The mission of the health department is to promote health care, prevention, and education within the Berkeley community.

- **Team Leader:** Team leader over high-risk South Berkeley district; developed agenda for weekly team meetings; facilitated team meetings; monitored and tracked incoming nursing referrals; assigned equitable workload to team; resource person for team; telephone advisor; Aging Coordinator; Preterm Labor Coordinator; instructor and field trip coordinator for High School pregnant teens.

- Education: Developed educational curriculums and instructed families about healthy lifestyle: exercise, dental care, hygiene, early childhood development, hypertension, stress management, diet and nutrition; and served as representative for City at state, county, and community meetings; and community service provider
- In-Home Services: Developed excellent communication and interpersonal skills with diverse families in the Berkeley community; provided in-home nursing physical examinations, education and teaching, health care referrals and follow-up. Performed in excess of 4,000+ clinic and home visits to patients and clients.
- Clinical Staff Nurse: Clinic nurse for primary Hypertension Program; worked on a multi-disciplinary team with physician, health educator, social worker and community health worker to provide care and treatment to hypertensive patients; performed diagnostic laboratory tests, dispensed medication, weight checks, blood pressure monitoring, teaching and education, follow-up, and compliance.

**Recruitment and Retention Coordinator**, Los Medanos Community College, 1986

Los Medanos is a community college located in Pittsburg, CA. The mission of the college is to provide a well-rounded and affordable education to members of the community.

- Recruiter: First-ever Recruitment and Retention Coordinator hired by the School of Nursing; created, planned, developed, and administered a minority recruitment and retention program for the LVN to RN transition program; organized and conducted outreach presentations at hospitals and nursing homes in Contra Costa County; successfully increased minority enrollment and retention.
- Mentor/Tutorial: Provided counseling, mentoring, and tutorial services to nursing students enrolled in the transition program.

**Registered Nurse/Medical Advice Nurse**, Kaiser Permanente and Children's Hospital, Oakland, CA, 1979-1984

- Registered Nurse/Telephone Advice Nurse: Nursing Triage services: provided screening and health care advice for urgent matters, scheduled appointments, and patient education. Acute nursing care for Intensive Care Unit, Adolescent and Toddler units; Kaiser Gynecology and General Surgery units.

**AFFILIATIONS (PAST AND PRESENT)**

American Inns of Court, Literacy Volunteers of America, Charles Houston Bar Association Red Cross of America, National Bar Association, Parent Teachers Association, Local 535, Steward, A.A. Federal Executive Assn., Bar Association of Alameda County San Francisco School Site Council Representative, Sunset Community Church

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST) <u>Lewis</u>	(FIRST) <u>Joyce</u>	(MIDDLE)	DAYTIME TELEPHONE NUMBER <u>(415) 750-2288 x 4662</u>
MAILING ADDRESS (Business Address Acceptable) <u>48<sup>th</sup> Ave # 3 SF CA</u>	STREET	CITY	STATE
			ZIP CODE <u>94122</u>
OPTIONAL: E-MAIL ADDRESS			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
Assessment Appeals Bd

Division, Board, District, if applicable:  
Regular Board Member

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 San Francisco

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

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

Assuming Office/Initial Date: 09/01/2010

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: 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 Aug 2, 2010  
(month, day, year)

Signature Joyce Lewis  
(File the originally signed statement with your filing official.)

**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: MERVIN I. CONLAN Home Address: 16<sup>th</sup> AVE

City: SAN FRANCISCO State: CA Zip code: 94118

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

Home Phone \_\_\_\_\_ Work Phone: 415-751-6132 Fax #: \_\_\_\_\_

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

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

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

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

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

*A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: 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: CALIF STATE Real Estate Appraiser General License; CA state broker Lic.

Please state your business and/or professional experience: 25+ yrs Real Estate broker & Appraiser

Occupation: Real Estate Appraiser Education: BA - Economics

Civic Activities: Voter

Ethnicity (optional): Irish 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? 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: 7/7/10 Applicant's Signature: Mervin I. Conlan

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



RECEIVED STATEMENT OF ECONOMIC INTERESTS BOARD OF SUPERVISORS SAN FRANCISCO

Date Received Official Use Only

FILED

COVER PAGE

2010 APR -1 PM 4:13

A Public Document

2010 APR -1 PM 3:57

SAN FRANCISCO CALIFORNIA

Please type or print in ink.

NAME (LAST) <b>CONLAN</b>	BY (FIRST) <b>MERVIN</b>	(MIDDLE) <b>IGNATIUS</b>	DAYTIME TELEPHONE NUMBER <b>(415) _____</b>
MAILING ADDRESS (Business Address Acceptable) <b>_____ 16th AVE SF</b>	STREET	CITY	STATE <b>CA</b>
			ZIP CODE <b>94118</b>
			OPTIONAL: E-MAIL ADDRESS <b>^</b>

**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**

► If filling 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 **San Francisco**

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: \_\_\_\_\_

► 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 **3/31/09**  
(month, day, year)

Signature **[Handwritten Signature]**  
(File the originally signed statement with your filing official.)







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

Name  
*MICHAEL CONLAN*

STREET ADDRESS OR PRECISE LOCATION

---

CITY

---

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                      DISPOSED

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.

---

STREET ADDRESS OR PRECISE LOCATION

---

CITY

---

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                      DISPOSED

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: *Personal Residence in SF. Rental properties are outside San Francisco*



**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: ALFREDO C. PEREZ Home Address: FLORENTINE ST.

City: SAN FRANCISCO State: CA Zip code: 94112

Business Address: 97 FLORENTINE City: S.F. State: CA Zip Code: 94112

Home Phone: (415) \_\_\_\_\_ Work Phone: (415) 452-8450 Fax #: (415) 452-4059

Pager #: NONE E-Mail Address: \_\_\_\_\_ @ YAHOO.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: \_\_\_\_\_

Please state your business and/or professional experience: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

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

Ethnicity (optional): \_\_\_\_\_ 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? \_\_\_\_\_

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: 7/14/10 Applicant's Signature: Alfredo C. Perez

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

COVER PAGE

2010 APR -1 PM 4:13

2010 APR -1 PM 3:55

A Public Document

Please type or print in ink.

NAME (LAST) <b>PETREZ</b>	BY (FIRST) <b>ALFREDO</b>	(MIDDLE) <b>C</b>	DAYTIME TELEPHONE NUMBER <b>(415) _____</b>
MAILING ADDRESS (Business Address Acceptable) <b>97 FLORENTINE ST, SF, CA</b>	STREET	CITY	STATE
			ZIP CODE <b>94112</b>
			OPTIONAL E-MAIL ADDRESS <b>alfredo.com</b>

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: N/A

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: 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  
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*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 3/26/10  
(month, day, year)

Signature Alfredo C. Perez  
(File the originally signed statement with your filing official.)

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



City Hall, Room 244  
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San Francisco, CA 94102-4697

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

Application for Appointment to:  
(Please circle one)

Board 1 or  
Board 2

Board 1 alternate  
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: Margaret N. Ruxton Home Address: Greenwich Street

City: San Francisco State: CA Zip code: 94123

Business Address: 1737 Union Street City: San Francisco State: CA Zip Code: 94123

Home Phone: \_\_\_\_\_ Work Phone: 415.577.3416 Fax #: 415.771.9351

Pager #: \_\_\_\_\_ E-Mail Address: @cityliving.sf.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: Active Member of the State Bar of California, Admitted 1996; Licensed California Real Estate Broker, License # 00500000 2005

Please state your business and/or professional experience: Real Estate Broker (5 years); Business/Real Estate Broker (10 years)

Occupation: Real Estate Broker / Attorney Education: UCVA BA. 1983; Duke Law J.D. 1988

Civic Activities: Advisory Board Member - Cow Hollow Association

Ethnicity (optional): \_\_\_\_\_ 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? 5

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: 9/7/10 Applicant's Signature: Margaret N. Ruxton

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

Fee Type: F

Date Deposited: 8/31/2010

Receipt No.: 14886

Check No.: 1144

Check Amount: \$180.00

Date Received: 7/14/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0237	\$60.00	BANER, TAMMY	0496 015C
2010-0238	\$60.00	BANER, TAMMY	0496 015C
2010-0239	\$60.00	BANER, TAMMY	0496 015C

Receipt No.: 14887

Check No.: 1010

Check Amount: \$60.00

Date Received: 7/16/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0240	\$60.00	CHEEK, EMIKO	8704 110

Receipt No.: 14888

Check No.: 537

Check Amount: \$60.00

Date Received: 7/19/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0241	\$60.00	SCHOR, DAMON	0436F040

Receipt No.: 14889

Check No.: 5001

Check Amount: \$60.00

Date Received: 7/16/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0242	\$60.00	LU, RONNIE	1561 048

Receipt No.: 14891

Check No.: 1213

Check Amount: \$60.00

Date Received: 7/16/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0244	\$60.00	JARVIS, TED	0479 013

Receipt No.: 14892

Check No.: 207

Check Amount: \$60.00

Date Received: 7/16/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0245	\$60.00	FORD, DAVID	6730 046

Receipt No.: 14893

Check No.: 105837

Check Amount: \$30.00

Date Received: 7/19/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0246	\$30.00	W2007 HWD REALTY, LLC	3738 011

Receipt No.: 14894

Check No.: 106155

Check Amount: \$30.00

Date Received: 7/19/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0246	\$30.00	W2007 HWD REALTY, LLC	3738 011

Receipt No.: 14895

Check No.: 105838

Check Amount: \$30.00

Date Received: 7/19/2010

Application No.	Fee Amount	Applicant Name	APN
2010-0247	\$30.00	W2007 HWD REALTY, LLC	3718 012



Date Received  
 Official Use Only

2010 APR -1 PM 4:13

COVER PAGE

A Public Document

2010 APR -1 PM 3:56

Please type or print in ink.

NAME (LAST) <b>Ruxton</b>	BY (FIRST) <b>Margaret</b>	(MIDDLE) <b>Nielsen</b>	DAYTIME TELEPHONE NUMBER <b>(415) _____</b>
MAILING ADDRESS (Business Address Acceptable) <b>Greenwich St.</b>	STREET	CITY <b>SF CA</b>	STATE
		ZIP CODE <b>94123</b>	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

► 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 3/29/10  
 (month, day, year)

Signature Margaret Nielsen  
 (File the originally signed statement with your filing official.)

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Margaret N. Rustz

**1. BUSINESS ENTITY OR TRUST**  
Name City Living SF  
Address (Business Address Acceptable) 1737 Union St, SF  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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

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

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other  
YOUR BUSINESS POSITION Broker

**1. BUSINESS ENTITY OR TRUST**  
Name Baywater Capital, LLC  
Address (Business Address Acceptable) 2717 Greenwich St, SF  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Investment/Consulting Co

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

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

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other  
YOUR BUSINESS POSITION Husband, chairman

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Central Garden & Pet

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT  REAL PROPERTY

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

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

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

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

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

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

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

Check one box:  
 INVESTMENT  REAL PROPERTY

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

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

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

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

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

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

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

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

Name  
*Margaret N. Ruxton*

▶ STREET ADDRESS OR PRECISE LOCATION  
1370 Washington Street  
CITY  
San Francisco

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.  
*Trish Feenan, Jordan Reese, Tim & Anna Bradley, Jennifer Borreson, Robin Ireland, Madhu Punjabi, Matt O'Hara, Erin Crabb, Karen La Torre*

▶ STREET ADDRESS OR PRECISE LOCATION  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

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 \_\_\_\_\_ DISPOSED \_\_\_\_\_

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: \_\_\_\_\_



San Francisco  
BOARD OF SUPERVISORS

Date Printed: September 8, 2010

Date Established: December 24, 1998

Active

**ASSESSMENT APPEALS BOARD NO. 2**

**Contact and Address:**

Dawn Duran  
Assessment Appeals Board  
City Hall, Room 405

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

**Authority:**

Administrative Code Chapter 2B et seq.; Added by Ordinance 37-67, approved 1/31/67; amended by Ordinance No. 393-98, approved 12/24/1998; amended by Ordinance No. 273-99, approved 10/27/99.

**Board Qualifications:**

The Assessment Appeals Board No. 2 consists of eight members, five regular members, and three alternate members all of whom are appointed by the Board of Supervisors.

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 Appraiser; or he or she is a current member of an assessment appeals board.

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

San Francisco  
BOARD OF SUPERVISORS

officers. The Clerk shall designate members to act as hearing officers for particular applications using a rotating system designed to assure that all members with the same priority level, 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. Assessment Appeals Board No. 2 shall have jurisdiction to only hear applications for reduction for property on the secured or unsecured rolls assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Blocks 1 - 876, inclusive, or Assessor's Blocks 3701-3899 inclusive. Except not including residential real property on the secured roll consisting of four units or less that is located all or in part within those blocks.

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