

File No. 110958

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 10/11/11

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input 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 type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

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

Completed by: Linda Wong

Date 10/7/11

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: Diane Robinson Home Address: — 11th Avenue

City: San Francisco State: CA Zip code: 94122

Business Address: 1834 11th Avenue City: San Francisco State: CA Zip Code: 94122

Home Phone 415- — Work Phone: same Fax #: —

Pager #: — E-Mail Address: diane@adl.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: I am a commercial real estate appraiser accredited by the Appraisal Institute (MAI)

Please state your business and/or professional experience: I am an independent commercial real estate appraiser specializing in the appraisal of hotels.

Occupation: Real estate appraiser Education: MBA Cornell University

Civic Activities: Member, Assessment Appeals Board

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: 8/1/11

Applicant's Signature: Diane Robinson

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

Please type or print in ink.

2011 APR -1 PM 3:03

2011 APR -1 AM 10:36

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

1. Office, Agency, or Court

Agency Name BOARD OF SUPERVISORS
Assessment Appeals Board Your Position Member
Division, Board, Department, District, if applicable
Assessment Appeals Board Member

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

Agency: _____ Position: _____

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

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☒ County of San Francisco
☒ City of San Francisco ☐ Other _____

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

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____, through December 31, 2010.
☐ Assuming Office: Date _____
☐ Leaving Office: Date Left _____ (Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
☒ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule.

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
City Hall Room 405, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) 554-6778

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

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

Date Signed 3/19/11 Signature Diane Robinson 3/19/11
(month, day, year) (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

Diane Robinson

NAME OF BUSINESS ENTITY
Agilent

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
technology

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

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

IF APPLICABLE, LIST DATE:
____/____/10
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Lam Research

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
chip manufacturing

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

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

IF APPLICABLE, LIST DATE:
____/____/10
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Boeing

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Aircraft

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

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

IF APPLICABLE, LIST DATE:
____/____/10
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
bank

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

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

IF APPLICABLE, LIST DATE:
____/____/10
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 Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Costco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
warehouse store

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

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

IF APPLICABLE, LIST DATE:
____/____/10
ACQUIRED DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Diane Robinson</u> |
|--|

| |
|--|
| NAME OF BUSINESS ENTITY <u>Cummins</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>manufacturing</u> 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 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 10 _____ / _____ / 10 ACQUIRED DISPOSED |
|--|

| |
|---|
| NAME OF BUSINESS ENTITY <u>Cisco Systems</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>computer chips</u> 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 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 10 _____ / _____ / 10 ACQUIRED DISPOSED |
|---|

| |
|---|
| NAME OF BUSINESS ENTITY <u>Microsoft</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>software</u> 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 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 10 _____ / _____ / 10 ACQUIRED DISPOSED |
|---|

| |
|---|
| NAME OF BUSINESS ENTITY <u>General Electric</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>manufacturing</u> 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 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 10 _____ / _____ / 10 ACQUIRED DISPOSED |
|---|

| |
|--|
| NAME OF BUSINESS ENTITY <u>Caterpillar</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>manufacturing</u> 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 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 10 _____ / _____ / 10 ACQUIRED DISPOSED |
|--|

| |
|---|
| NAME OF BUSINESS ENTITY <u>Home Depot</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>building supply</u> 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 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 10 _____ / _____ / 10 ACQUIRED DISPOSED |
|---|

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Diene Robinson

NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
computer chips

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Oracle

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
technology

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
MIPS Technologies

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
technology

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Super Energy

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
oil

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
VCA Antech

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Veterinary

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments:

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Diene Robinson

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Del Monte Corp.

ADDRESS (Business Address Acceptable)

205 N. Wiget Lane, Walnut Creek, CA 94598

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Food processing

YOUR BUSINESS POSITION

Plant pathologist

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Partnership

☐ Sale of

(Property, car, boat, etc.)

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Partnership

☐ Sale of

(Property, car, boat, etc.)

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

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:
(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: COLIN V. GALLAGHER Home Address: Buxton St #217

City: San Francisco State: CA Zip code: 94107

Business Address: 225 Bush St #1600 City: San Francisco State: CA Zip Code: 94104

Home Phone: (415) Work Phone: (415) 439-8365 Fax #: (415) 439-8371

Pager #: E-Mail Address: @easy.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: LICENSED ATTORNEY IN THE STATE OF CALIFORNIA
(C.S.B. MEMBER NO. 209543)

Please state your business and/or professional experience: SEE ATTACHED RESUME

Occupation: ATTORNEY Education: J. D. U.C. + MASSACHUSETTS 2000

Civic Activities: B.A. (cum laude) HARVARD COLLEGE

Ethnicity (optional): CAUCASIAN 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: 9/2/09

Applicant's Signature: COLIN V. GALLAGHER

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

Colin Gallagher
7, Bluxome Street #217
San Francisco, CA 94107
(415) —
Email: —@easy.com
Cal. State Bar Member # 209543

EDUCATION:

University of California, Hastings College of the Law. J.D. (received May, 2000).
Harvard University. B.A. *cum laude* in History and Literature.

PROFESSIONAL EXPERIENCE:

MANAGING ATTORNEY December 2007 to present
LOUIE & STETTLER
225 Bush Street, Ste 1600, San Francisco, CA 94104

ASSOCIATE ATTORNEY April 2004 to October, 2007
ADELSON TESTAN BRUNDO & POPALARDO
180 Montgomery Street, Ste 1000, San Francisco, CA 94104

ASSOCIATE ATTORNEY May 2003 to April 2004
STOCKWELL HARRIS WIDOM & WOOLVERTON LLP
222 Kearney Street, 9th Floor, San Francisco, CA 94108

ASSOCIATE ATTORNEY November 2002 to May 2003
GRANCELL LEBOVITZ STANDER BARNES & REUBENS LLP
7250 Redwood Blvd, Suite 370, Novato, CA 94945

ASSOCIATE ATTORNEY May 2002 to October 2002
PULLEY & COHEN LLP
1333 Broadway, Suite 1700, Oakland, CA 94612

STAFF COUNSEL July 2001 to May 2002
STATE COMPENSATION INSURANCE FUND
1275 Market Street, San Francisco, CA 94103

ASSOCIATE ATTORNEY January 2001 to July 2001
HARBINSON, TUNE, MANGOLD & KASSELIK
100 Bush Street, Suite 1200, San Francisco, CA 94104

PROFESSIONAL MEMBERSHIPS:

Member of the Workers' Compensation section of the California State Bar. Admitted to the U.S. District Court, Northern District of California.

ATTORNEY SEARCH

Colin Gallagher - #209543

Current Status: Active

This member is active and may practice law in California.

See below for more details.

Profile Information

| | | | |
|------------|---|----------------------|-----------------------------------|
| Bar Number | 209543 | Phone Number | (415) — |
| Address | Louie Stettler & Liebherr — Bush St #1600 San Francisco, CA 94104 | Fax Number | (415) 439-8371 |
| | | e-mail | cgallagher@louielaw.net |
| District | District 4 | Undergraduate School | Harvard Univ, Cambridge MA |
| County | San Francisco | Law School | UC Hastings COL; San Francisco CA |
| Sections | Trusts & Estates Worker's Compensation | | |

Status History

| Effective Date | Status Change |
|----------------|---|
| Present | Active |
| 12/4/2000 | Admitted to The State Bar of California |

Explanation of member status

Actions Affecting Eligibility to Practice Law

Disciplinary and Related Actions

This member has no public record of discipline.

Administrative Actions

This member has no public record of administrative actions.

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2011 SEP -2 PM 4:07

Please type or print in ink.

NAME OF FILER (LAST) GALLAGHER (FIRST) COLIN (MIDDLE) V

1. Office, Agency, or Court

Agency Name

ASSESSMENT APPEALS BOARD

Division, Board, Department, District, if applicable

Your Position

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

Agency: _____

Position: _____

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

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of San Francisco

☐ Other _____

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

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____ (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☒ Candidate: Election Year 2011

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: _____

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

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

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

BLUMHARDT STREET #217 SAN FRANCISCO CA 94107

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) _____

@easy.com

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

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

Date Signed

SEPT 2, 2011
(month, day, year)

Signature

Colin V. Gallagher
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>COLIN GALLAGHER</u> |
|---|

STREET ADDRESS OR PRECISE LOCATION
BLUXOME STOPS #217

CITY
SAN FRANCISCO, CA

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

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 10 DISPOSED / / 10

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:
 ACQUIRED / / 10 DISPOSED / / 10

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

COLIN GALLAGHER

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

BRADY VORWERCK RYDER & CASINO

ADDRESS (Business Address Acceptable)

1855 GATEWAY BLVD #650

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CONCORD, CA 94520

YOUR BUSINESS POSITION

ASSOCIATE ATTORNEY

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments:

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:
(Please circle one)

Board 1
Board 2

or
or

Board 1 alternate
Board 2 alternate

RECEIVED

DEC 21 2010

Name: EDUARDO CAMPAÑA Home Address: HOFFMAN AVE
City: SAN FRANCISCO State: CA Zip code: 94114
Business Address: 1801 COMBARD City: SAN FRANCISCO State: CA Zip code: 94123
Home Phone: (415) - Work Phone: (415) 447-8704 Fax #: (415) 447-8834
Pager #: N/A E-Mail Address: @SAMPARO.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 California Revenue and Taxation Code Section 1624, 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: YES
20+ YEARS OF RESIDENTIAL & COMMERCIAL REAL ESTATE
EXPERIENCE IN SAN FRANCISCO, BROKER, ADVANCED DEGREES IN RESEARCH & EVALUATION FROM US

Please state your business and/or professional experience: MEMBER OF SF BOARD OF REALTORS, RECKLEY
PROFESSIONAL, ASSESSED PROPERTY VALUES OF OVER A THOUSAND SF PROPERTIES

Occupation: REAL ESTATE BROKER Education: BA, MSW, DSW

Civic Activities: ACTIVE IN LATIN COMMUNITY, POLICE COMMISSIONER UNDER PELOS & JORDAN

Ethnicity (optional): MEXICAN Sex (optional): ☒ M ☐ F

Other Personal Information (optional): I'M BRIGHT, PERSONABLE, SKILLED NEGOTIATOR, HARD WORKER

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? DEPENDS ON MY WORK LOAD

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: 12-10-2010

Applicant's Signature: [Signature]

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

EDWARD CAMPAÑA, C.R.S.
Coldwell Banker Residential Brokerage
1801 Lombard Street
415 447-8704
415 447-8884
www.somapro.com

Objective Expand my experiences in life and work in order to enhance my development into a well rounded citizen.

Skills

- Assessment of real estate values
- Unbiased analysis of data and commentary
- Report writing
- Statistical Analysis
- Calm in the face of adversity
- Communication
- Management
- Leadership
- Forecasting the real estate market place in San Francisco
- Presentations both one on one and group
- Development of marketing strategies
- Teaching research, evaluation, and human behavior
- Sales
- Creativity

Education

San Jose State BA 1966
UC Berkeley MSW 1972
UC Berkley DSW (abd) 1975

Achievements

- President of Social Welfare Student Union UC Berkeley 1973
- Regional Director National Association of Student Social Worker 1974
- San Francisco Police Commissioner 1989-1992
- Certified Residential Specialist 1995-Present

Experience

Associate Professor SFSU Graduate School of Social Welfare
1974 -1980
Director of the Title XX MSW Program DSS San Francisco
Duties included: Managing everyday operation of the graduate on-site program at DSS, Teaching research and evaluation, child development. Supervising Master Theses.

President/CEO MIRA(Millennium Interdisciplinary Research Associates)
1980-1986
MIRA was a research and demonstration evaluation firm overseeing the evaluation of

local and national research projects sponsored by Department of Mental Health, Department of Justice and San Francisco foundation involving Latino mental health models for youth, violent juvenile behavior and grass roots organizational strategies to combat these phenomenon.

Real Estate Broker

1887-present

Engaged in all aspects of residential and commercial real estate including but not limited to assessment of value, marketing strategies, loan qualification, negotiation and education. Obtained Certified Residential Specialist (CRS) designation in 1995. The CRS designation is held by less than 4 percent of all licensed Realtors and must have significant experience and demonstrate volume of real estate transactions or gross sales, as well as complete rigorous educational requirements.

STATE OF CALIFORNIA

Department of Real Estate

Serving Californians Since 1917

Licensee

Edward James Campana

ID Number

00941738

Type

Broker

STATEMENT OF ECONOMIC INTERESTS

Date Received _____
Filing Date Only

COVER PAGE

Please type or print in ink.

NAME OF FILER

CAMPAÑA
(LAST)

EDWARD
(FIRST)

JAMES
(MIDDLE)

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

SAN FRANCISCO ASSESSMENT APPEALS BOARD

ALTERNATE

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

Agency:

Position:

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

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of SAN FRANCISCO

☐ Other

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

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☒ Candidate: Election Year 2011

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(415)

E-MAIL ADDRESS

@lombaro.com

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

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

Date Signed

MARCH 10, 2011
(month, day, year)

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
E. Campaña

NAME OF BUSINESS ENTITY
RIMM

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

IF APPLICABLE, LIST DATE:
3 / 10 / 10 / / 10
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 Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SUP CAPITAL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTMENT BANKING

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

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

IF APPLICABLE, LIST DATE:
3 / 10 / 10 / / 10
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 Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
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 Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
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 Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
ACQUIRED DISPOSED

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

E. Campaño

► STREET ADDRESS OR PRECISE LOCATION

HOFFMAN AVE

CITY

SAN FRANCISCO

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

10 / 10 / 10
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.

ELIKA GEMAD

► 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:

10 / 10 / 10
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:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

E. Campana

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Colonial Banker

ADDRESS (Business Address Acceptable)

— Lombard St, SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE

REAL ESTATE SALES

YOUR BUSINESS POSITION

REAL ESTATE BROKER

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

LAUSD Permanent

ADDRESS (Business Address Acceptable)

2200 2238 GARDEN BLVD

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MEDICAL ASSISTANT

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other MILITARY WORKS FOR KIDISER
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

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:
(Please circle one)

Board 1 or
Board 2 or

Board 1 alternate
Board 2 alternate

Seat # 7
Incumbent

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

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

Name: Richard Lee Home Address: PO Box

City: San Francisco State: CA Zip code: 94134

Business Address: 210 Post St. #316 City: San Francisco State: CA Zip Code: 94108

Home Phone: (415) Work Phone: (415) 781-8835 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: Licensed real estate broker in California

Please state your business and/or professional experience: Building management, Residential (R) commercial sales & leasing, development

Occupation: Property manager Education: BS - Business - Finance

Civic Activities: Long Term Care - Ombudsman - State of California Certified

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? As needed

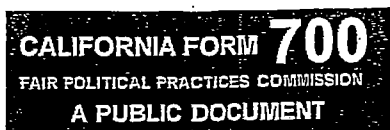
Have you attended an Assessment Appeals Board meeting? ☒ Yes ☐ No

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

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

Date: 8/8/11 Applicant's Signature: [Signature]

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



STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

Please type or print in ink.

2011 APR -1 PM 3:01

2011 APR -1 AM 10:37

NAME OF FILER

(LAST)

Lee

SAN FRANCISCO (FIRST)
ETHNICITY Richard

BY

PN

(MIDDLE)

Y

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Assessment Appeals Board

Your Position

Board member

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

Agency:

Position:

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

☐ State☐ Multi-County☒ City of San Francisco☐ Judge (Statewide Jurisdiction)☒ County of San Francisco☐ Other

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

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

☐ Assuming Office: Date _____☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

☐ Leaving Office: Date Left _____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: 4

☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

(Business or Agency Address Recommended - Public Document)

P.O. Box

CITY

San Francisco

STATE

CA

ZIP CODE

94134

DAYTIME TELEPHONE NUMBER

(415)

E-MAIL ADDRESS

c@gmail.com

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

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

Date Signed

3/20/11

(month, day, year)

Signature

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

Richard Lee
Assessment Appeals Board #1
Alternate, Seat #7

September 4, 2011

Attention: Rules Committee Members
Board of Supervisors
City and County of San Francisco- City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

RE: Re-Appointment to Assessment Appeals Board

Dear Supervisors Kim, Elsbernd and Farrell:

Due to a previously scheduled vacation out of town, I am unable to personally appear before you to introduce myself and express my continued interest in serving on the Assessment Appeals Board. However, I would be delighted to appear at a future meeting.

I began serving on this Board in 2003 until 2007 and was absent for one year and subsequently returned to service in 2009 until present. I believe my experience, familiarity with the process and regulations coupled with interest would be extremely valuable to this cause.

I remain active in the real estate industry representing Financial District and Union Square commercial buildings and my credentials are up to date to serve on this Board.

Thank you for your time and consideration.

Sincerely,



Richard Lee

cc: Dawn Duran, Administrator of Assessment Appeals Board

San Francisco
BOARD OF SUPERVISORS

Date Printed: October 5, 2011

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. 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.

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