

File No. 110272

Committee Item No. 6

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Date March 17, 2011

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 checked="" 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"/> | Form 126 – Ethics Commission |
| <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"/> | Form 700 |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <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: Alisa Somera Date March 14, 2011

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found 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: 1561 48th Ave #3
 City: San Francisco State: CA Zip code: 94122
 Business Address: Clement St. Bldg - SF State: CA Zip Code: 94121
 Home Phone: (415) 564-2222 Work Phone: (415) 750-2288 Fax #: -
 Pager #: - E-Mail Address: joyce.lewis25@

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 payer

Occupation: Attorney (see resume) Education: Bachelor, Master's, Juris Doctorate

Civic Activities: Member of Sunset Community Church, PTA, Charles Houston Bar Assn

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

Other Personal Information (optional) _____

Would you be able to attend Day Meetings? Yes No take leave from job Night meetings? Yes No preferable

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

1561 ~ 48 th Ave. No. 3
San Francisco, CA 94122
415.564 — Residence 415.750.2288 ext. 4662 Business
joyce.lewisbarrett@mail.va.gov

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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

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>1561 48th Ave # 3 SF</u>	STREET	CITY <u>CA</u>	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:
(Please circle one)

Board 1 or
Board 2 or

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: MERVIN I. CONLAN Home Address: 16th 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: _____

2010 APR -1 PM 4:13
A Public Document

2010 APR -1 PM 3:57

Please type or print in ink.

NAME (LAST) CONLAN	BY (FIRST) MERVIN	(MIDDLE) IGNATIUS	DAYTIME TELEPHONE NUMBER (415) 751-6132
MAILING ADDRESS (Business Address Acceptable) 3-16th AVE	STREET SF	CITY CA	STATE 94118
ZIP CODE		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 **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 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>MELVIN COMBLAN</u>

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income of \$0 - \$500

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

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income of \$0 - \$500

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

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Mutual Funds (Describe)

Partnership Income of \$0 - \$500

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

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income of \$0 - \$500

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

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Bonds (Describe)

Partnership Income of \$0 - \$500

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

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000

\$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)

Partnership Income of \$0 - \$500

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

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09

ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Mervin Conlan

1. BUSINESS ENTITY OR TRUST

Name
Conlan Appraisers

Address (Business Address Acceptable)
16th AVE SF, CA 94118

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Appraisal

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 / / 09 DISPOSED / / 09

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION owner

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF 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

ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

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

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

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

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

ACQUIRED / / 09 DISPOSED / / 09

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

ACQUIRED / / 09 DISPOSED / / 09

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
Merwin Conlan

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 09 / / 09

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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 IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 09 / / 09

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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*

FPPC Form 700 (2009/2010) Sch. B
 FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Merwin Conlan

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>CONLAN Appraisers</u> ADDRESS (Business Address Acceptable) <u>-16th AVE SF</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Appraisal</u> YOUR BUSINESS POSITION <u>OWNER</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input checked="" type="checkbox"/> Other <u>rental income</u> <small>(Describe)</small>	NAME OF SOURCE OF INCOME ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____
	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

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

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 JUN 30 12:31

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

Name: COLIN V. GALLAGHER Home Address: — Buxton St # —
City: SAN FRANCISCO State: CA Zip code: 94107
Business Address: 225 Bush Street #1600 City: San Francisco State: CA Zip code: 94104
Home Phone (415) 374- — Work Phone: (415) 432-8365 Fax #: (415) 432-8371
Pager #: _____ E-Mail Address: colin@ — .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: I HAVE OVER NINE YEARS OF EXPERIENCE AS AN ATTORNEY COVERING ADMINISTRATIVE AGENCY HEARINGS

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

Occupation: ATTORNEY Education: SEE ATTACHED RESUME

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: 7/30/10 Applicant's Signature: Colin V. Gallagher

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

Colin Gallagher
— Bluxome Street # —
San Francisco, CA 94107
(415) 314 — (cell)
Email: colin@ — m
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 LEOVITZ 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 CERTIFICATIONS:

Certified Specialist in Workers Compensation – State Bar of California Board of Legal Specialization

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 8, 2011

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

"R Board Description" (Screen Print)

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