

File No. 191199

Committee Item No. 5

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date December 2, 2019

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- Memorandum of Understanding (MOU)
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 - Ethics Commission
- Award Letter
- Application
- Form 700
- Vacancy Notice
- Information Sheet
- Public Correspondence

OTHER (Use back side if additional space is needed)

<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"/>	_____
<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: Victor Young Date Nov. 26, 2019

Completed by: _____ Date _____

Assessment Appeals Board
City and County of San Francisco
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate
 (Please circle one) Board 2 or Board 2 Alternate
 Board 3 or Board 3 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: JOHN LEE Home Address: [REDACTED]

City: SAN FRANCISCO State: CA Zip code: 94121

Business Address: 1699 VAN NESS AVE City: SAN FRANCISCO State: CA Zip Code: 94109

Home Phone: [REDACTED] Work Phone: 415-447-6231 Fax #: [REDACTED]

Pager #: [REDACTED] E-Mail Address: [REDACTED]

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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) 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: REAL ESTATE BROKER, ASSESSMENT APPEALS BOARD MEMBER SINCE 2013

Please state your business and/or professional experience: REAL ESTATE BROKER SINCE 1988, AAB MEMBER SINCE 2013

Occupation: REAL ESTATE BROKER Education: BS ENGINEERING - UC BERKELEY, MBA - UCLA

Civic Activities: PART PRESIDENT OF SF ASSOCIATION OF REALTORS, CHINESE REAL ESTATE ASSOCIATION OF AMERICA

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

Other Personal Information (optional) _____

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

How many days a week would you be available for hearings? 2 How many evenings a week? [REDACTED]

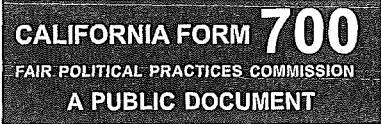
Have you attended an Assessment Appeals Board meeting? Yes No

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: 7/19/2019 Applicant's Signature: [Signature]

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



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

E-Filed
03/10/2019
22:29:14
Filing ID:
177662526

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lee, John M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Assessment Appeals Board Member
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Position:

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

State Judge or Court Commissioner (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, 2018, through December 31, 2018
-or- The period covered is through December 31, 2018
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: 16

Schedules attached

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)
San Francisco CA 94109
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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 03/10/2019
(month, day, year)

Signature John M. Lee
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Lee, John M.

*Investments must be itemized.
Do not attach brokerage or financial statements.*

▶ NAME OF BUSINESS ENTITY
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS
Software

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Time Warner

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment

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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
LSI Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IBM

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Lee, John M.

▶ NAME OF BUSINESS ENTITY
Merck

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical

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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Qualcomm

GENERAL DESCRIPTION OF THIS BUSINESS
Computer

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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Times Warner Cable

GENERAL DESCRIPTION OF THIS BUSINESS
Cable

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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/18 _____/_____/18
 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
Lee, John M.

1. BUSINESS ENTITY OR TRUST
John M Lee and Lily T Lee Revocable Trust
Name
San Francisco, CA 94109
Address (Business Address Acceptable)
Check one
[X] Trust, go to 2 [] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999
\$2,000 - \$10,000
\$10,001 - \$100,000
\$100,001 - \$1,000,000
Over \$1,000,000
NATURE OF INVESTMENT
[] Partnership [] Sole Proprietorship [] 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
\$500 - \$1,000
\$1,001 - \$10,000
\$10,001 - \$100,000
[X] OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
[] None or [X] Names listed below
Matthew Schlachtman
Alice Sun
Sarah Arnott.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
[] INVESTMENT [X] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Rental 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
[X] Over \$1,000,000
NATURE OF INTEREST
[X] Property Ownership/Deed of Trust [] Stock [] Partnership
[] Leasehold [] Other
[X] Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST
SkyHigh Enterprises, Inc
Name
San Francisco, CA 94129
Address (Business Address Acceptable)
Check one
[] Trust, go to 2 [X] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Investments
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[X] \$0 - \$1,999
\$2,000 - \$10,000
\$10,001 - \$100,000
\$100,001 - \$1,000,000
Over \$1,000,000
NATURE OF INVESTMENT
[] Partnership [] Sole Proprietorship [X] Corporation [] Other
YOUR BUSINESS POSITION SkyHigh Enterprises, Inc.

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
[X] \$0 - \$499
\$500 - \$1,000
\$1,001 - \$10,000
\$10,001 - \$100,000
OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
[X] None or [] Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
[] INVESTMENT [] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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
NATURE OF INTEREST
[] Property Ownership/Deed of Trust [] Stock [] Partnership
[] Leasehold [] Other
[] Check box if additional schedules reporting investments or real property are attached

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 _____

Lee, John M. _____

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table> </td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED			
	/ / 18		/ / 18								
	ACQUIRED		DISPOSED								

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table> </td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED			
	/ / 18		/ / 18								
	ACQUIRED		DISPOSED								

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Rental Property
 Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table> </td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED			
	/ / 18		/ / 18								
	ACQUIRED		DISPOSED								

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table> </td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">/ / 18</td> </tr> <tr> <td></td> <td style="text-align: center;">ACQUIRED</td> <td></td> <td style="text-align: center;">DISPOSED</td> </tr> </table>		/ / 18		/ / 18		ACQUIRED		DISPOSED			
	/ / 18		/ / 18								
	ACQUIRED		DISPOSED								

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Lee, John M.

1. BUSINESS ENTITY OR TRUST
John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name _____
Address (Business Address Acceptable) _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 ____/____/18 ____/____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Rental 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 ____/____/18 ____/____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 ____/____/18 ____/____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 ____/____/18 ____/____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Lee, John M. _____

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Rental Property

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
---	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Lee, John M.

1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address (Business Address Acceptable)
Check one
Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
ACQUIRED 18 DISPOSED 18
NATURE OF INVESTMENT
Partnership Sole Proprietorship 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 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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

None or Names listed below

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

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Rental 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 18 DISPOSED 18

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

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 THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
ACQUIRED 18 DISPOSED 18
NATURE OF INVESTMENT
Partnership Sole Proprietorship 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 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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

None or Names listed below

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

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 18 DISPOSED 18

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Lee, John M.

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/18 _____/_____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/18 _____/_____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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.)

None or Names listed below

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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 _____/_____/18 _____/_____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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 _____/_____/18 _____/_____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Lee, John M.

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/18 _____/_____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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 _____/_____/18 _____/_____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/18 _____/_____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 _____/_____/18 _____/_____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Lee, John M.

1. BUSINESS ENTITY OR TRUST
John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name
Address (Business Address Acceptable)
Check one
[] Trust, go to 2 [] Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[] \$0 - \$1,999 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000
NATURE OF INVESTMENT
[] Partnership [] Sole Proprietorship [] Other
YOUR BUSINESS POSITION

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 THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[] \$0 - \$1,999 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000
NATURE OF INVESTMENT
[] Partnership [] Sole Proprietorship [] 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 [] \$500 - \$1,000 [] \$1,001 - \$10,000 [] \$10,001 - \$100,000 [] OVER \$100,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
[] \$0 - \$499 [] \$500 - \$1,000 [] \$1,001 - \$10,000 [] \$10,001 - \$100,000 [] OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
[] None or [] Names listed below

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
[] None or [] Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
[] INVESTMENT [X] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Rental 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 [X] \$100,001 - \$1,000,000 [] Over \$1,000,000
NATURE OF INTEREST
[X] Property Ownership/Deed of Trust [] Stock [] Partnership
[] Leasehold [] Other
[X] Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
[] INVESTMENT [] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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
NATURE OF INTEREST
[] Property Ownership/Deed of Trust [] Stock [] Partnership
[] Leasehold [] Other
[] Check box if additional schedules reporting investments or real property are attached

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 _____

Lee, John M. _____

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/18 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/18 DISPOSED </td> </tr> </table>	____/____/18 ACQUIRED	____/____/18 DISPOSED
____/____/18 ACQUIRED	____/____/18 DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499 <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
---	--

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

SF Investment Real Estate

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/18 ACQUIRED </td> <td style="width: 50%; text-align: center;"> 01/30/18 DISPOSED </td> </tr> </table>	____/____/18 ACQUIRED	01/30/18 DISPOSED
____/____/18 ACQUIRED	01/30/18 DISPOSED		

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

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/18 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/18 DISPOSED </td> </tr> </table>	____/____/18 ACQUIRED	____/____/18 DISPOSED
____/____/18 ACQUIRED	____/____/18 DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499 <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
---	--

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/18 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/18 DISPOSED </td> </tr> </table>	____/____/18 ACQUIRED	____/____/18 DISPOSED
____/____/18 ACQUIRED	____/____/18 DISPOSED		

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

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

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Lee, John M.

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION

▶ 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 THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship 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.)

- None or Names listed below

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

- None or Names listed below

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

Check one box:

- INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

SF Investment Real Estate

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

____/____/18 12/28/18
ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining

Other _____

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

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

Check one box:

- INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining

Other _____

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

Comments: _____

Additional Single Sources of Income of \$10,000 or more for John M Lee and Lily T Lee Revocable Trust

Scott Bullard
Lowell Tong
Eric Le
Peter Wilke
SF Housing Authority
James Gutierrez
Alyssa Gibson
Sigi Lyu
Yufan Niu
Chang Xu
Luorong Wang
Nicholas Krebs
Shelby Bump
Nupur Shar
Neerav Manikial
David Warren
Gabriella Ruis
Daniel Figueroa
Rosa Espinoza
Marta Espinoza Alas
Jore Avalos
Hubhaus

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lee, John M.

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Pacific Union International

ADDRESS (Business Address Acceptable)
San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more
Pacific Union International
(Describe)
 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 No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

Assessment Appeals Board
City and County of San Francisco
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate
 (Please circle one) Board 2 or Board 2 Alternate
 Board 3 or Board 3 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 CONLAN Home Address: [REDACTED]

City: SAN FRANCISCO State: CA Zip code: 94118

Business Address: 333-16th AVE City: SF State: CA Zip Code: 94118

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

Pager #: --- E-Mail Address: [REDACTED]

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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) 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: Lic Real Estate Appraiser & Broker

Please state your business and/or professional experience: 30+ years Real Estate Appraiser

Occupation: REAL ESTATE APPRAISER Education: 4 yrs college + 1 yr graduate study

Civic Activities: _____

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

Other Personal Information (optional) _____

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

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

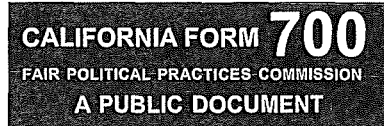
Have you attended an Assessment Appeals Board meeting? Yes No

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: 7/26/19 Applicant's Signature: Mervin Conlan

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



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Received
Official Use OnlyE-Filed
03/29/2019
16:50:50Filing ID:
178646320

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Conlan, Mervin Ignatius

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Assessment Appeals Board

Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

 State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County San Francisco 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, 2018, through December 31, 2018 Leaving Office: Date Left: ____/____/____

-or-

The period covered is ____/____/____, through December 31, 2018

(Check one circle)

 The period covered is January 1, 2018, through the date of leaving office. The period covered is ____/____/____, through the date of leaving office. Assuming Office: Date assumed ____/____/____ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 4

Schedules attached

 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

San Francisco

CA

94118

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

()

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 03/29/2019
(month, day, year)Signature Mervin Ignatius Conlan
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Conlan, Mervin Ignatius</u>

▶ NAME OF BUSINESS ENTITY
Ed Jones

GENERAL DESCRIPTION OF THIS BUSINESS
Investment advisory

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 stocks/bonds/mutual funds
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / /18 / /18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Ed Jones

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Advisory

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

IF APPLICABLE, LIST DATE:
 / /18 / /18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / /18 / /18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / /18 / /18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / /18 / /18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / /18 / /18
 ACQUIRED DISPOSED

Comments: _____

Assessment Appeals Board
City and County of San Francisco
(415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate
(Please circle one) Board 2 or Board 2 Alternate
Board 3 or Board 3 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: Yosef Tahbazof Home Address: _____

City: San Francisco State: _____ Zip code: _____

Business Address: 4742 Mission Street City: San Francisco State: CA Zip Code: 94112

Home Phone: _____ Work Phone: 415-601-5529 Fax #: _____

Pager #: _____ E-Mail Address: yosef@tahbazoflaw.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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) 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: Attorney specializing in real estate.
I've been a commissioner of the AAB for the past 6 years.

Please state your business and/or professional experience: Attorney specializing in real estate.

Occupation: Law Education: BS, JD

Civic Activities: Assessment Appeals Board.

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

Other Personal Information (optional) _____

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

How many days a week would you be available for hearings? As needed How many evenings a week? As needed

Have you attended an Assessment Appeals Board meeting? Yes No

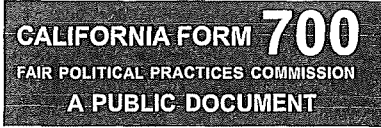
Appearance before the *RULES COMMITTEE* is a requirement before any appointment can be made.

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

Date: 9/17/19 Applicant's Signature: _____

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

E-Filed
03/28/2019
11:07:10
Filing ID:
178520439



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tabbazof, Yosef

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Assessment Appeals Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

State Judge or Court Commissioner (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, 2018, through December 31, 2018
-or- The period covered is ____/____/____, through December 31, 2018
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle)
○ The period covered is January 1, 2018, through the date of leaving office.
○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 28

Schedules attached

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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
San Francisco CA 94103
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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 03/28/2019
(month, day, year)

Signature Yosef Tabbazof
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
<u>Tabbazof, Yosef</u>

▶ 1. BUSINESS ENTITY OR TRUST

SYTS Investments, LLC
Name

San Francisco, CA 94103
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS	
<u>Real Estate Development & Management</u>	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> <u>LLC</u> Other _____	
YOUR BUSINESS POSITION <u>Member; Attorney</u>	

▶ 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.)

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

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

▶ 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 THIS BUSINESS	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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 type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

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

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
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

San Francisco

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
---	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Tabbazof, Yosef

1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999
\$2,000 - \$10,000
\$10,001 - \$100,000
\$100,001 - \$1,000,000
Over \$1,000,000
ACQUIRED 18 DISPOSED 18

NATURE OF INVESTMENT
Partnership Sole Proprietorship 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

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

None or Names listed below

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

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco

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 18 DISPOSED 18

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

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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999
\$2,000 - \$10,000
\$10,001 - \$100,000
\$100,001 - \$1,000,000
Over \$1,000,000
ACQUIRED 18 DISPOSED 18

NATURE OF INVESTMENT
Partnership Sole Proprietorship 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

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

None or Names listed below

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

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 18 DISPOSED 18

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

480 Potrero

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

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

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

San Francisco

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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 OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
 Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____/_____/18 ____/_____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

San Francisco

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____/_____/18 ____/_____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____/_____/18 ____/_____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____/_____/18 ____/_____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/18 _____/_____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
San Francisco

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/18 _____/_____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/18 _____/_____/18
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 _____/_____/18 _____/_____/18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Tabbazof, Yosef

1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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

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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
 Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 San Francisco

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

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

▶ 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 THIS BUSINESS	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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 _____

Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/18	___/___/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/18	___/___/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/18	___/___/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

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 OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/18	___/___/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /18 DISPOSED / /18

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco
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 / /18 DISPOSED / /18

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /18 DISPOSED / /18

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 / /18 DISPOSED / /18

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
 Name

Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

- | | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

- | | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

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 _____

Tabbazof, Yosef

1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

San Francisco
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

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 _____

Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name _____

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

San Francisco
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

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
Tabbazof, Yosef

1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)
Check one
Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
Partnership Sole Proprietorship 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 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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

None or Names listed below

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

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 DISPOSED

NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other
Check box if additional schedules reporting investments or real property are attached

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 THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
Partnership Sole Proprietorship 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 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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

None or Names listed below

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

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address 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 DISPOSED

NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other
Check box if additional schedules reporting investments or real property are attached

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)
Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

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

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<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
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u>	<u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SST Investments, LLC (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

San Francisco

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

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
---	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____/_____/18 _____/_____/18 ACQUIRED DISPOSED
--	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Tahbazof, Yosef _____

▶ 1. BUSINESS ENTITY OR TRUST

SYTS Investments, LLC (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

San Francisco _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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: _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ 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

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____
Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SYTS Investments, LLC (CONTINUATION)
 Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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 type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION _____	

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

- | | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 San Francisco

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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: _____

▶ 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 THIS BUSINESS	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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 type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION _____	

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

- | | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____
Tabbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SYTS Investments, LLC (CONTINUATION)
Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

San Francisco

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

▶ 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 THIS BUSINESS _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____
Tahbazof, Yosef

▶ 1. BUSINESS ENTITY OR TRUST

SYTS Investments, LLC (CONTINUATION)

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/18 ____/____/18
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<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
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

San Jose

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

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 OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/18 ____/____/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 21, 2017

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 No. 37-67; Amended by Ordinances Nos. 110-68, 82-94, 86-96, 393-98, 273-99, and 128-13) and California Revenue and Taxation Code, Section 1620-1630.

Board Qualifications:

The Assessment Appeals Board No. 2 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. No person may concurrently hold a seat on more than one of the three Assessment Appeals Boards.

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 California Revenue and Taxation Code, Section 1624.05; as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant or Public Accountant; licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization.

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 have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing

San Francisco
BOARD OF SUPERVISORS

officers in the following priority order: (1) the regular member of Assessment Appeals Board No. 3; (2) the alternate members of Assessment Appeals Board No. 3; (3) the alternate members of Assessment Appeals Board No. 2; (4) the alternate members of Assessment Appeals Board No. 1; (5) the regular members of Assessment Appeals Board No. 2; and (6) 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 hear applications for reductions only for property assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Block Nos. 1-876 or 3701-3899, and reduction for residential real property consisting of four units or less within Assessor's Block Nos. 1-876 or 3701-3899.

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

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

Sunset Clause: None

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

ASSESSMENT APPEALS BOARD NO. 2

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations (**in bold**), appointed by the Board of Supervisors:

Seat 1, Louisa Mendoza, term expires September 3, 2021, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term.

Seat 2, succeeding John Lee, term expires September 2, 2019, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2022.

Seat 3, succeeding Mervin Conlan, term expires September 2, 2019, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2022.

Seat 4, succeeding Yosef Tahbazof, term expires September 2, 2019, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2022.

Seat 5, Daniel Hershkowitz, term expires September 6, 2021, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term.

Seat 6 (Alternate Member), Joyce Lewis, term expires September 6, 2021, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term.

Seat 7 (Alternate Member), Angela Cheung, term expires September 6, 2021, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term.

Seat 8 (Alternate Member), Elizabeth Zareh, term expires September 7, 2020, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term.

Prohibition: No member shall, within the three years immediately preceding his/her appointment to the Board, have been an employee of an assessor's office.

Report: None.

Sunset Date: None.

Additional information relating to the Assessment Appeals Board No. 2 may be obtained by reviewing Administrative Code, Chapter 2B, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Assessment Appeals Board's website at <http://www.sfbos.org/aab>.

Interested persons may obtain an application from the Assessment Appeals Board website at http://www.sfbos.org/aab_app or from the Rules Committee Clerk, and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Board must complete and submit, with their application, a copy (**not original**) of their Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

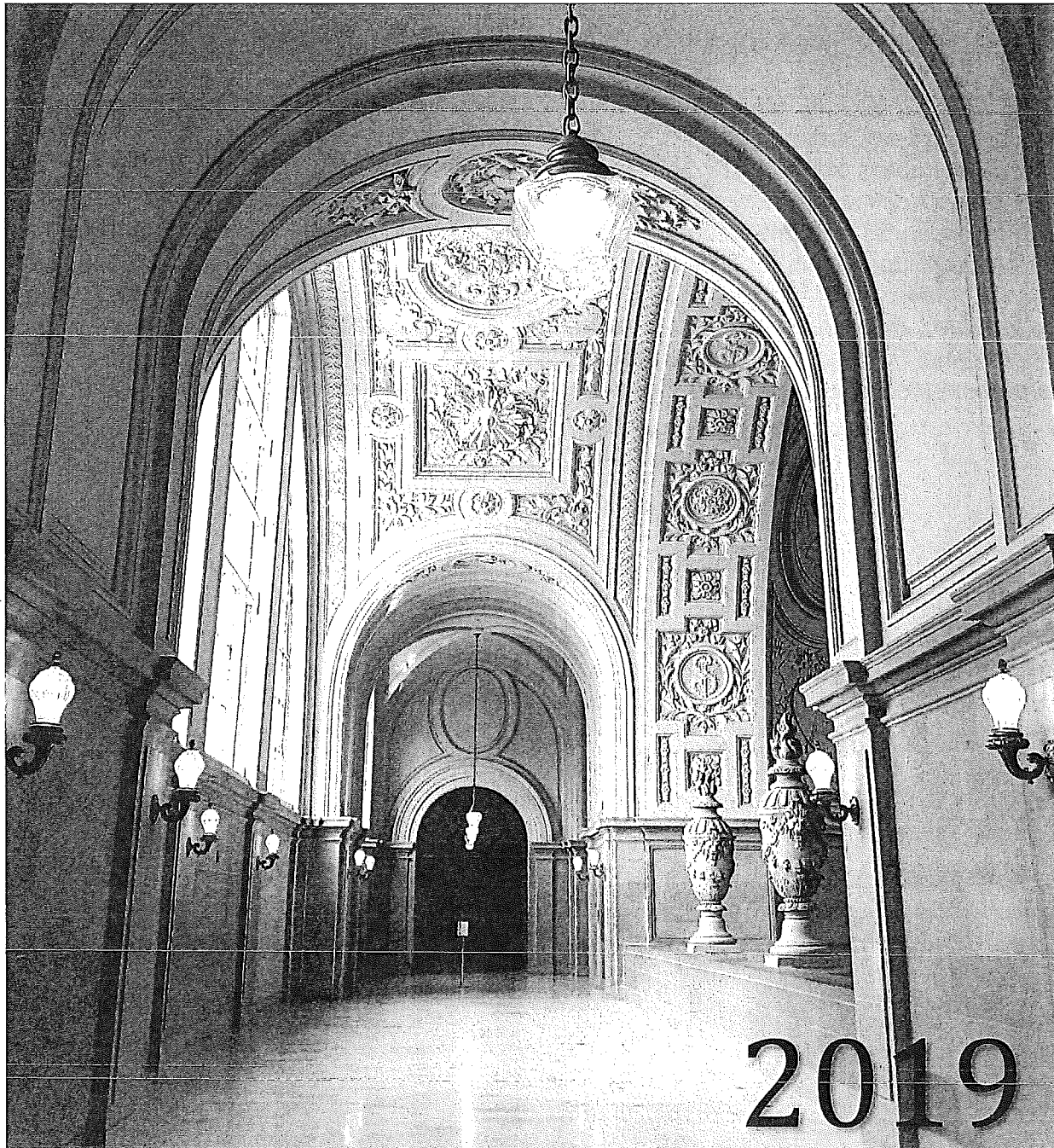
Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Board is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Angela Calvillo
Clerk of the Board

DATED/POSTED: July 1, 2019

GENDER ANALYSIS OF COMMISSIONS AND BOARDS



City and County of San Francisco
London N. Breed
Mayor

Department on the Status of Women
Emily M. Murase, PhD
Director



Acknowledgements

The data collection and analysis for this report was conducted by Public Policy Fellow Diana McCaffrey with support from Policy and Projects Director Elizabeth Newman, Associate Director Carol Sacco, and Director Emily Murase, PhD, at the San Francisco Department on the Status of Women.

The San Francisco Department on the Status of Women would like to thank the various policy body members, Commission secretaries, and department staff who graciously assisted in collecting demographic data and providing information about their respective policy bodies.

San Francisco Commission on the Status of Women

President Debbie Mesloh

Vice President Breanna Zwart

Commissioner Shokooh Miry

Commissioner Carrie Schwab-Pomerantz

Commissioner Andrea Shorter

Commissioner Julie D. Soo

Emily M. Murase, PhD, Director
Department on the Status of Women

This report is available at the San Francisco Department on the Status of Women website, <https://sfgov.org/dosw/gender-analysis-reports>.

Contents

Table of Figures	3
Executive Summary.....	4
I. Introduction	7
II. Gender Analysis Findings	8
A. Gender	8
B. Race and Ethnicity.....	11
C. Race and Ethnicity by Gender.....	14
D. LGBTQ Identity.....	16
E. Disability Status.....	16
F. Veteran Status.....	17
G. Policy Bodies by Budget.....	18
H. Comparison of Advisory Body and Commission and Board Demographics	19
I. Demographics of Mayoral, Supervisorial, and Total Appointees	20
III. Conclusion.....	21
IV. Methodology and Limitations.....	23
Appendix	24

Table of Figures

Figure 1: Summary Data of Policy Body Demographics, 2019.....	8
Figure 2: 10-Year Comparison of Representation of Women on Policy Bodies	8
Figure 3: Commissions and Boards with Highest Percentages of Women, 2019 Compared to 2017, 2015..	9
.....	
Figure 4: Commissions and Boards with Lowest Percentage of Women, 2019 Compared to 2017, 2015..	10
.....	
Figure 5: Advisory Bodies with the Highest and Lowest Percentage of Women, 2019.....	10
Figure 6: 10-Year Comparison of People of Color’s Representation of Policy Bodies	11
Figure 7: Race and Ethnicity of Appointees Compared to San Francisco Population, 2019.....	12
Figure 8: Commissions and Boards with Highest Percentage of People of Color, 2019 Compared to 2017, 2015	12
Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2019 Compared to 2017, 2015	13
Figure 10: Advisory Bodies with the Highest and Lowest Percentage of People of Color, 2019.....	14
Figure 11: 10-Year Comparison of Representation of Women of Color on Policy Bodies.....	14
Figure 12: Appointees by Race/Ethnicity and Gender, 2019.....	15
Figure 13: San Francisco Population by Race/Ethnicity, 2019	15
Figure 14: LGBTQ Identity of Appointees, 2019	16
Figure 15: LGBTQ Population of Appointees, 2019	16
Figure 16: San Francisco Adult Population with a Disability by Gender, 2017	17
Figure 17: Appointees with One or More Disabilities by Gender, 2019	17
Figure 18: San Francisco Adult Population with Military Service by Gender, 2017.....	17
Figure 19: Appointees with Military Service, 2019.....	17
Figure 20: Percent of Women, Women of Color, and People of Color on Commissions and Boards with Largest and Smallest Budgets in Fiscal Year 2018-2019	18
Figure 21: Demographics of Commissions and Boards with Largest Budgets, 2019.....	19
Figure 22: Demographics of Commissions and Boards with Smallest Budgets, 2019	19
Figure 23: Demographics of Appointees on Commission and Boards and Advisory Bodies, 2019	20
Figure 24: Demographics of Mayoral, Supervisorial, and Total Appointees, 2019	20
Figure 25: Policy Body Demographics, 2019.....	24
Figure 26: San Francisco Population Estimates by Race/Ethnicity, 2017	26
Figure 27: San Francisco Population Estimates by Race/Ethnicity and Gender, 2017	26

Executive Summary

In 2008, San Francisco voters overwhelmingly approved a City Charter Amendment (section 4.101) establishing as City policy for the membership of Commissions and Boards to reflect the diversity of San Francisco's population, and that appointing officials be urged to support the nomination, appointment, and confirmation of these candidates. Additionally, it requires the San Francisco Department on the Status of Women to conduct and publish a gender analysis of Commissions and Boards every two years.

The *2019 Gender Analysis of Commissions and Boards* includes more policy bodies such as task forces, committees, and advisory bodies, than previous analyses, which were limited to Commissions and Boards. Data was collected from 84 policy bodies and from a total of 741 members mostly appointed by the Mayor and Board of Supervisors. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney.¹ The first category, referred to as "Commissions and Boards," are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission. The second category, referred to as "Advisory Bodies," are policy bodies with advisory function whose members do *not* submit financial disclosures to the Ethics Commission. This report examines policy bodies and appointees both comprehensively as a whole and separately by the two categories.

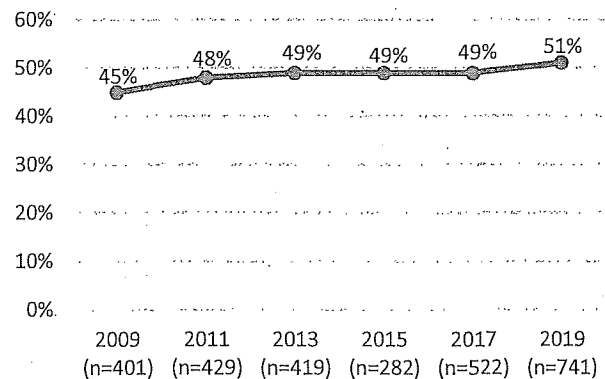
The *2019 Gender Analysis* evaluates the representation of women; people of color; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; people with disabilities; and veterans on San Francisco policy bodies.

Key Findings

Gender

- Women's representation on policy bodies is 51%, slightly above parity with the San Francisco female population of 49%.
- Since 2009, there has been a small but steady increase in the representation of women on San Francisco policy bodies.

10-Year Comparison of Representation of Women on Policy Bodies



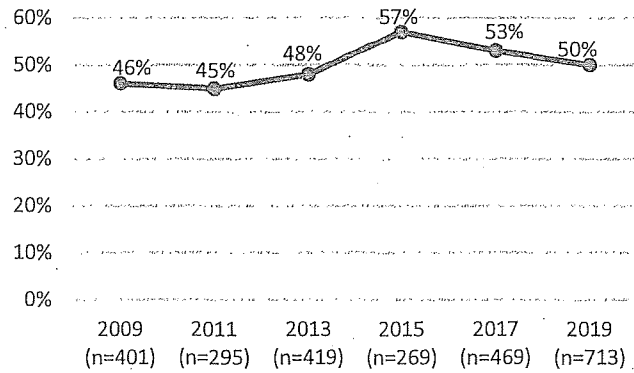
Source: SF DOSW Data Collection & Analysis.

¹ "List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute," Office of the City Attorney, <https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf>, (August 25, 2017).

Race and Ethnicity

- People of color are underrepresented on policy bodies compared to the population. Although people of color comprise 62% of San Francisco’s population, just 50% of appointees identify as a race other than white.
- While the overall representation of people of color has increased between 2009 and 2019, as the Department collected data on more appointees, the representation of people of color has decreased over the last few years. The percentage of appointees of color decreased from 53% in 2017 to 49% in 2019.
- As found in previous reports, Latinx and Asian groups are underrepresented on San Francisco policy bodies compared to the population. Latinx individuals are 14% of the population but make up only 8% of appointees. Asian individuals are 31% of the population but make up only 18% of appointees.

10-Year Comparison of Representation of People of Color on Policy Bodies

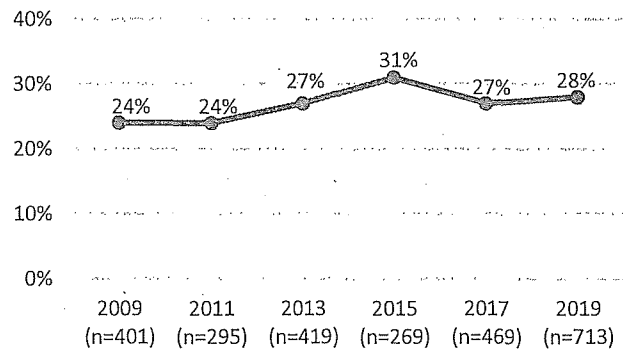


Source: SF DOSW Data Collection & Analysis.

Race and Ethnicity by Gender

- On the whole, women of color are 32% of the San Francisco population, and 28% of appointees. Although still below parity, 28% is a slight increase compared to 2017, which showed 27% women of color appointees.
- Meanwhile, men of color are underrepresented at 21% of appointees compared to 31% of the San Francisco population.
- Both White women and men are overrepresented on San Francisco policy bodies. White women are 23% of appointees compared to 17% of the San Francisco population. White men are 26% of appointees compared to 20% of the population.
- Black and African American women and men are well-represented on San Francisco policy bodies. Black women are 9% of appointees compared to 2.4% of the population, and Black men are 5% of appointees compared to 2.5% of the population.
- Latinx women are 7% of the San Francisco population but 3% of appointees, and Latinx men are 7% of the population but 5% of appointees.
- Asian women are 17% of the San Francisco population but 11% of appointees, and Asian men are 15% of the population but just 7% of appointees.

10-Year Comparison of Representation of Women of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

Additional Demographics

- Out of the 74% of appointees who responded to the survey question on LGBTQ identity, 19% identify as lesbian, gay, bisexual, transgender, nonbinary, queer, or questioning, and 81% of appointees identify as straight/heterosexual.
- Out of the 70% of appointees who responded to the question on disability, 11% identify as having one or more disabilities, which is just below the 12% of the adult population with a disability in San Francisco.
- Out of the 67% of appointees who responded to the question on veteran status, 7% have served in the military compared to 3% of the San Francisco population.

Proxies for Influence: Budget & Authority

- Although women are half of all appointees, those Commissions and Boards with the largest budgets have fewer women and especially fewer women of color. Meanwhile, women exceed representation on Boards and Commissions with the smallest budgets and women of color reach parity with the population on the smallest budgeted Commissions and Boards.
- Although still underrepresented relative to the San Francisco population, there is a larger percentage of people of color on Commissions and Boards with both the largest and smallest budgets compared to overall appointees.
- The percentage of total women is greater on Advisory Bodies than Commissions and Boards. Women are 54% of appointees on Advisory Bodies and 48% of appointees on Commissions and Boards. However, the percentages of people of color and women of color on Commissions and Boards exceed the percentages of people of color and women of color on Advisory Bodies.

Appointing Authorities

- Mayoral appointments include 55% women, 52% people of color, and 30% women of color, which is more diverse by gender and race compared to both Supervisorial appointments and total appointments.

Demographics of Appointees Compared to the San Francisco Population

	Women	People of Color	Women of Color	LGBTQ	Disability Status	Veteran Status
San Francisco Population	49%	62%	32%	6%-15%*	12%	3%
Total Appointees	51%	50%	28%	19%	11%	7%
10 Largest Budgeted Commissions & Boards	41%	55%	23%			
10 Smallest Budgeted Commissions & Boards	52%	54%	32%			
Commissions and Boards	48%	52%	30%			
Advisory Bodies	54%	49%	28%			

Sources: 2017 American Community Survey 5-Year Estimates, SF DOSW Data Collection & Analysis, 2019, *Note: Estimates vary by source. See page 16 for a detailed breakdown.

I. Introduction

Inspired by the 4th UN World Conference on Women in Beijing, San Francisco became the first city in the world to adopt a local ordinance reflecting the principles of the U.N. Convention on the Elimination of All Forms of Discrimination (CEDAW), an international bill of rights for women. The CEDAW Ordinance was passed unanimously by the San Francisco Board of Supervisors and signed into law by Mayor Willie L. Brown, Jr. on April 13, 1998.² In 2002, the CEDAW Ordinance was revised to address the intersection of race and gender and incorporate reference to the UN Convention on the Elimination of all Forms of Race Discrimination. The Ordinance requires City Government to take proactive steps to ensure gender equity and specifies “gender analysis” as a preventive tool to identify and address discrimination. Since 1998, the Department on the Status of Women has employed this tool to analyze the operations of 10 City Departments using a gender lens.

In 2007, the Department on the Status of Women conducted the first gender analysis to evaluate the number of women appointed to City Commissions and Boards. The findings of this analysis informed a City Charter Amendment developed by the Board of Supervisors for the June 2008 Election. This City Charter Amendment (Section 4.101) was overwhelmingly approved by voters and made it city policy that:

- The membership of Commissions and Boards are to reflect the diversity of San Francisco’s population,
- Appointing officials are to be urged to support the nomination, appointment, and confirmation of these candidates, and
- The Department on the Status of Women is required to conduct and publish a gender analysis of Commissions and Boards every 2 years.

The *2019 Gender Analysis* examines the representation of women; people of color; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; people with disabilities; and veterans on San Francisco policy bodies primarily appointed by the Mayor and the Board of Supervisors. This year’s analysis included more outreach to policy bodies as compared to previous analyses that were limited to Commissions and Boards. As a result, more appointees were included in the data collection and analysis than even before. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney. The first category, referred to as “Commissions and Boards,” are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission, and the second category, referred to as “Advisory Bodies,” are policy bodies with advisory function whose members do not submit financial disclosures to the Ethics Commission. A detailed description of methodology and limitations can be found at the end of this report on page 23.

² San Francisco Administrative Code Chapter 33.A.
[http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco_ca\\$anc=JD_Chapter33A](http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$anc=JD_Chapter33A).

II. Gender Analysis Findings

Many aspects of San Francisco’s diversity are reflected in the overall population of appointees on San Francisco policy bodies. The analysis includes 84 policy bodies, of which 823 of the 887 seats are filled leaving 7% vacant. As outlined below in the summary chart, slightly more than half of appointees are women, half of appointees are people of color, 28% are women of color, 19% are LGBTQ, 11% have a disability, and 7% are veterans.

Figure 1: Summary Data of Policy Body Demographics, 2019

Appointee Demographics	Percentage of Appointees
Women (n=741)	51%
People of Color (n=706)	50%
Women of Color (n=706)	28%
LGBTQ Identified (n=548)	19%
People with Disabilities (n=516)	11%
Veteran Status (n=494)	7%

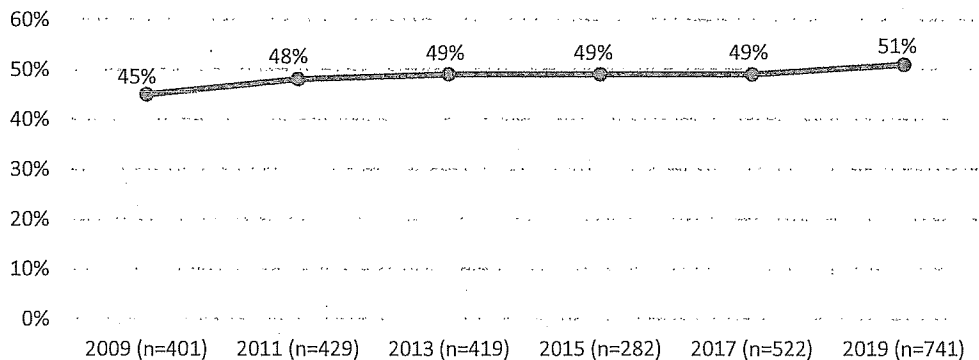
Source: SF DOSW Data Collection & Analysis.

However, further analysis reveals underrepresentation of particular groups. Subsequent sections present comprehensive data analysis providing comparison to previous years, detailing the variables of gender, race/ethnicity, LGBTQ identity, disability, veteran status, and policy body characteristics of budget size, decision-making authority, and appointment authority.

A. Gender

On San Francisco policy bodies, 51% of appointees identify as women, which is slightly above parity compared to the San Francisco female population of 49%. The representation of women remained stable at 49% from 2013 until 2017. This year, the representation of women increased by 2 percentage points, which could be partly due to the larger sample size used in this year’s analysis compared to previous years. A 10-year comparison shows that the representation of women appointees has gradually increased since 2009 by a total of six percentage points.

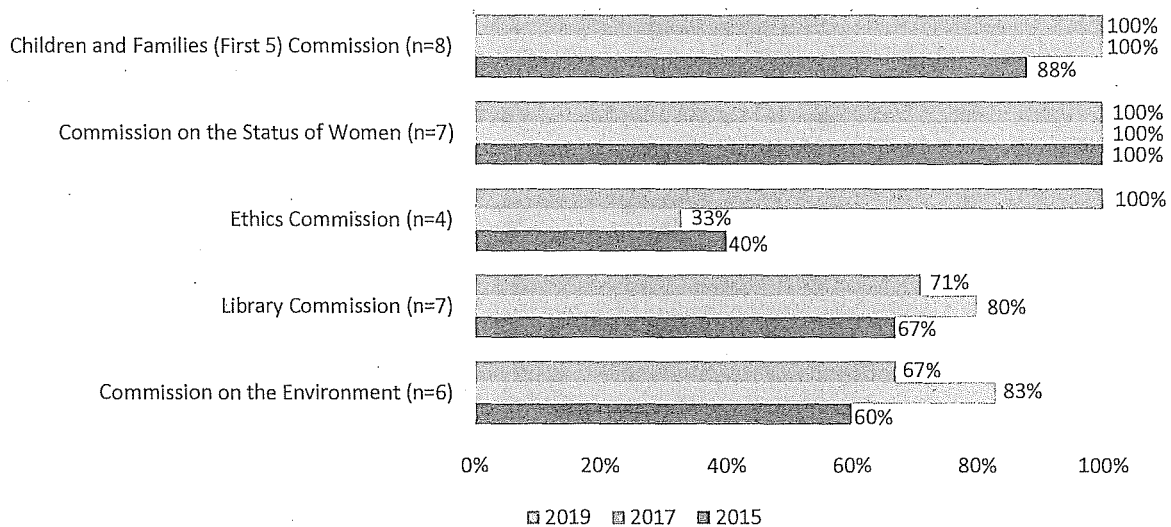
Figure 2: 10-Year Comparison of Representation of Women on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

Figures 3 and 4 analyze Commissions and Boards. Figure 3 showcases the five Commissions and Boards with the highest representation of women appointees as compared to 2015 and 2017. The Children and Families (First Five) Commission and the Commission on the Status of Women are currently comprised of all women appointees. This finding has been consistent for the Commission on the Status of Women in 2015 and 2017. While the Ethics Commission has 100% women appointees, much more than 2015 and 2017, its small size of five appointees means that minimal changes in its demographic composition greatly impacts percentages. This is also the case for other policy bodies with a small number of members. The Library Commission and the Commission on the Environment are fourth and fifth on the list at 71% and 67% women, respectively, with long standing female majorities on each.

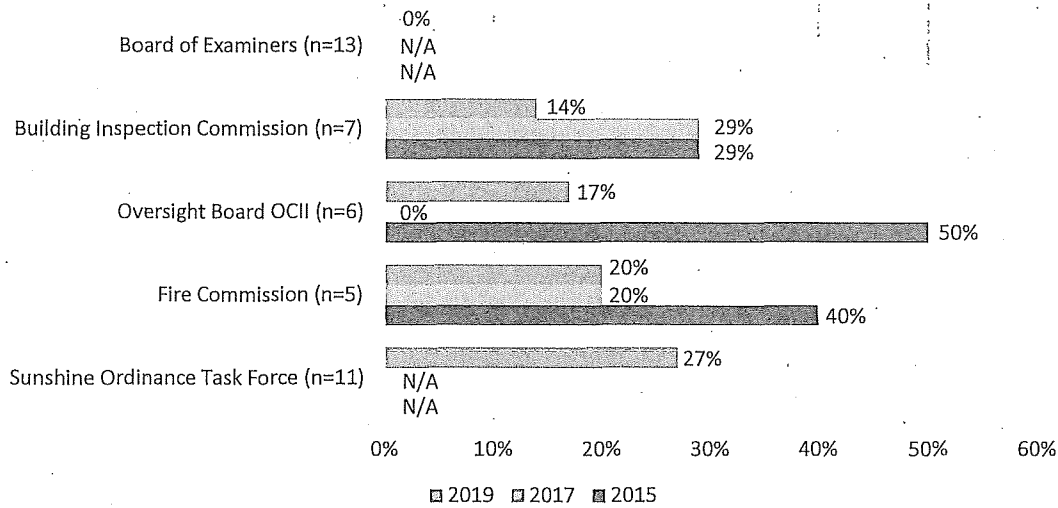
Figure 3: Commissions and Boards with Highest Percentages of Women, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

Out of the Commissions and Boards in this section, 23 have 40% or less women. The five Commissions and Boards with the lowest representation of women are displayed in Figure 4. The lowest percentage is found on the Board of Examiners where currently *none* of the 13 appointees are women. Unfortunately, demographic data is unavailable for the Board of Examiners for 2017 and 2015. Next is the Building Inspection Commission at 14%, which is a decrease of female representation compared to 2017 and 2015. The Oversight Board of Community Investment and Infrastructure, Fire Commission, and Sunshine Ordinance Task Force also have some of the lowest percentages of women at 17%, 20%, and 27%, respectively. Unfortunately, the Sunshine Ordinance Task Force did not participate in previous analyses and therefore demographics data is unavailable for 2017 and 2015.

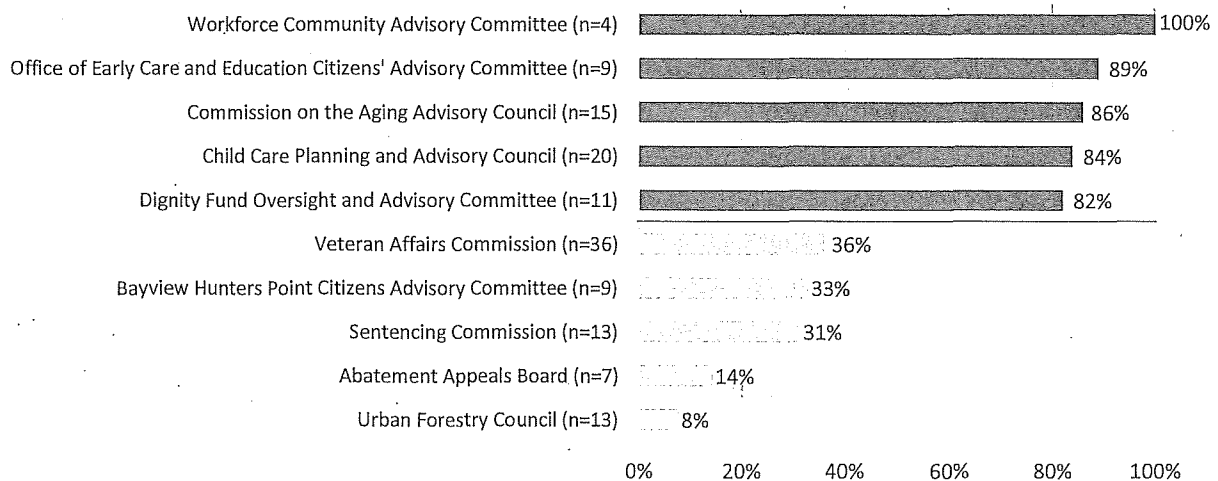
Figure 4: Commissions and Boards with Lowest Percentage of Women, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of women. This is the first year such bodies have been included, thus comparison to previous years is unavailable. Figure 9 below displays the five Advisory Bodies with the highest and the five with the lowest representations of women. The Workforce Community Advisory Committees has the greatest representation of women at 100%, followed by the Office of Early Care and Education Citizen’s Advisory Committee at 89%. The Advisory Bodies with the lowest percentage of women are the Urban Forestry Council at 8% of the 13-member body and the Abatement Appeals Board at 14% of the 7-member body.

Figure 5: Advisory Bodies with the Highest and Lowest Percentage of Women, 2019

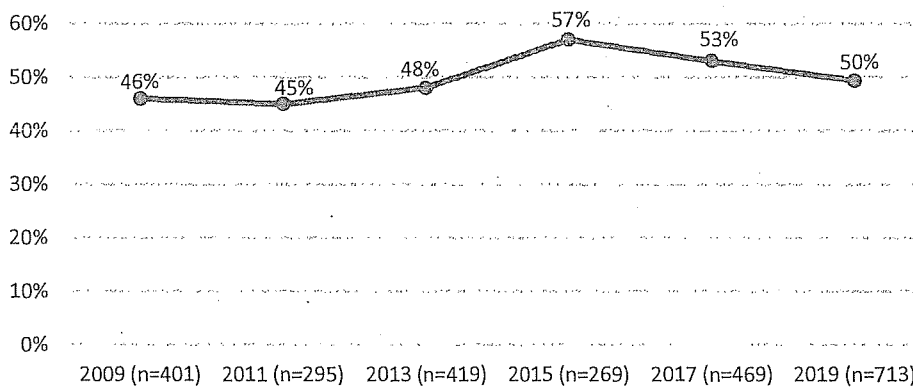


Source: SF DOSW Data Collection & Analysis.

B. Race and Ethnicity

Data on racial and ethnic identity was collected for 706, or 95%, of the 741 surveyed appointees. Although half of appointees identify as a race or ethnicity other than white or Caucasian, people of color are still underrepresented compared to the San Francisco population of 62%. The representation of people of color has increased since 2009 but has decreased following 2015. The number of appointees analyzed increased substantially in 2017 and 2019 compared to 2015, and these larger data samples have coincided with smaller percentages of people of color. The percentage decrease following 2017 could be partially due to the inclusion of more policy and advisory bodies, as the representation of people of color on Commissions and Boards dropped only slightly from 53% in 2017 to 52% in 2019.

Figure 6: 10-Year Comparison of Representation of People of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

The racial and ethnic breakdown of policy body members compared to the San Francisco population is shown in Figure 7. This analysis reveals underrepresentation and overrepresentation in San Francisco policy bodies for certain racial and ethnic groups. Half of all appointees are white, an overrepresentation by more than 10 percentage points. The Black and African American community is well represented on appointed policy bodies at 14% compared to 5% of the population of San Francisco. Characterizing this as an overrepresentation is inaccurate given the representation of Black or African American people on policy bodies has been consistent over the years while the San Francisco population has declined over the same period.³ Furthermore, the most recent nationwide estimate for the Black or African American population is 13%, which is nearly equal to the 14% of Black or African American appointees present on San Francisco policy bodies.⁴

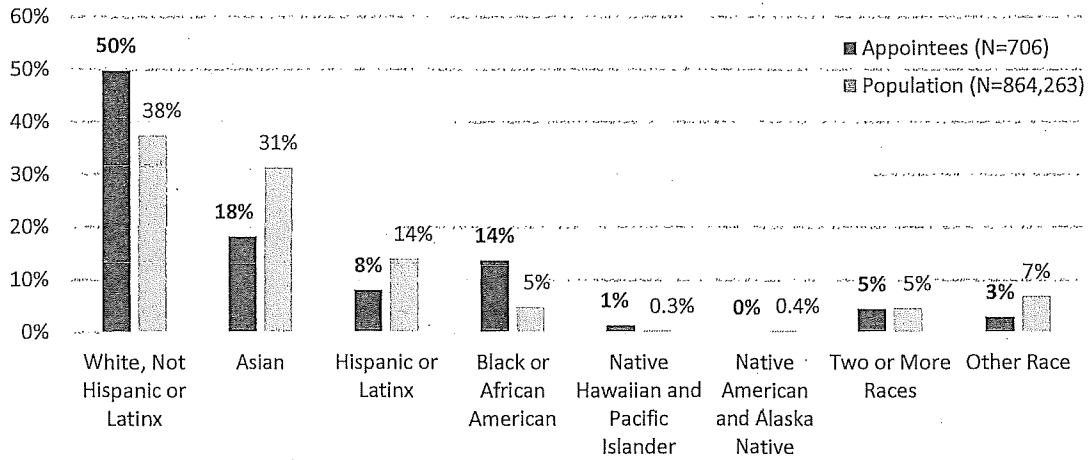
Considerably underrepresented racial and ethnic groups on San Francisco policy bodies compared to the San Francisco population are individuals who identify as Asian or Latinx. While Asians are 31% of the San Francisco population, they only make up 18% of appointees. While the Latinx population of San Francisco is 14%, only 8% of appointees are Latinx. Although there is a small population of Native

³ Samir Gambhir and Stephen Menendian, "Racial Segregation in the Bay Area, Part 2," *Haas Institute for a Fair and Inclusive Society* (2018).

⁴ US Census Bureau, 2018, Retrieved from <https://www.census.gov/quickfacts/fact/table/US/PST045218>.

Americans and Alaska Natives in San Francisco of 0.4%, none of the surveyed appointees identified themselves as such.

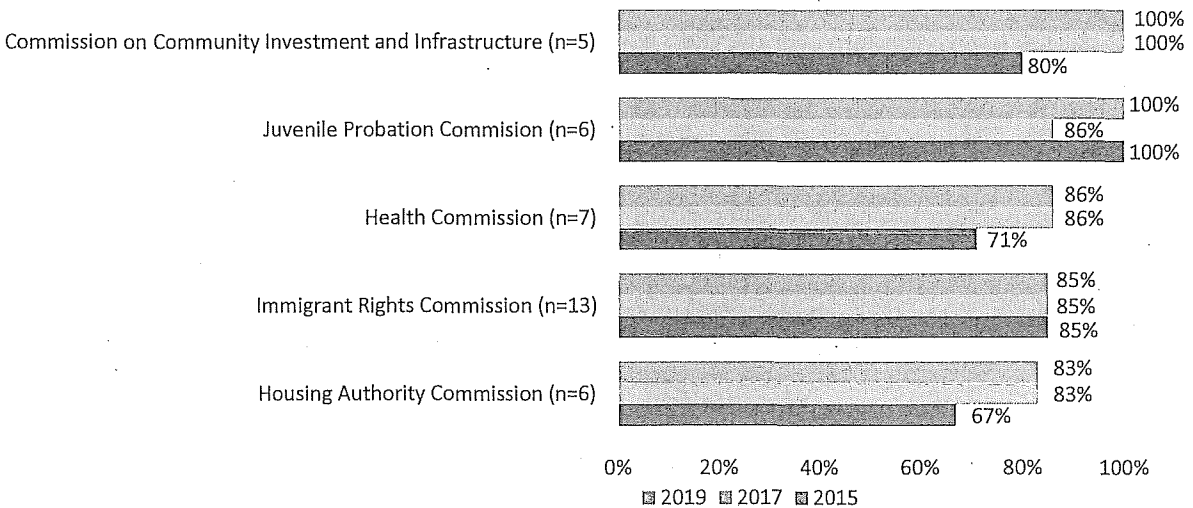
Figure 7: Race and Ethnicity of Appointees Compared to San Francisco Population, 2019



Sources: 2017 American Community Survey 5-Year Estimates, SF DOSW Data Collection & Analysis.

The next two graphs illustrate Commissions and Boards, and Advisory Bodies with the highest and lowest percentages of people of color. As shown in Figure 8, the Commission on Community Investment and Infrastructure remained at 100% from 2017, while the Juvenile Probation Commission has returned to 100% this year after a dip in 2017. Next is the Health Commission, Immigrant Rights Commission, and Housing Authority Commission at 86%, 85%, and 83%, respectively. Percentages of people of color on both the Health Commission and the Housing Authority Commission increased following 2015, and have remained consistent since 2017.

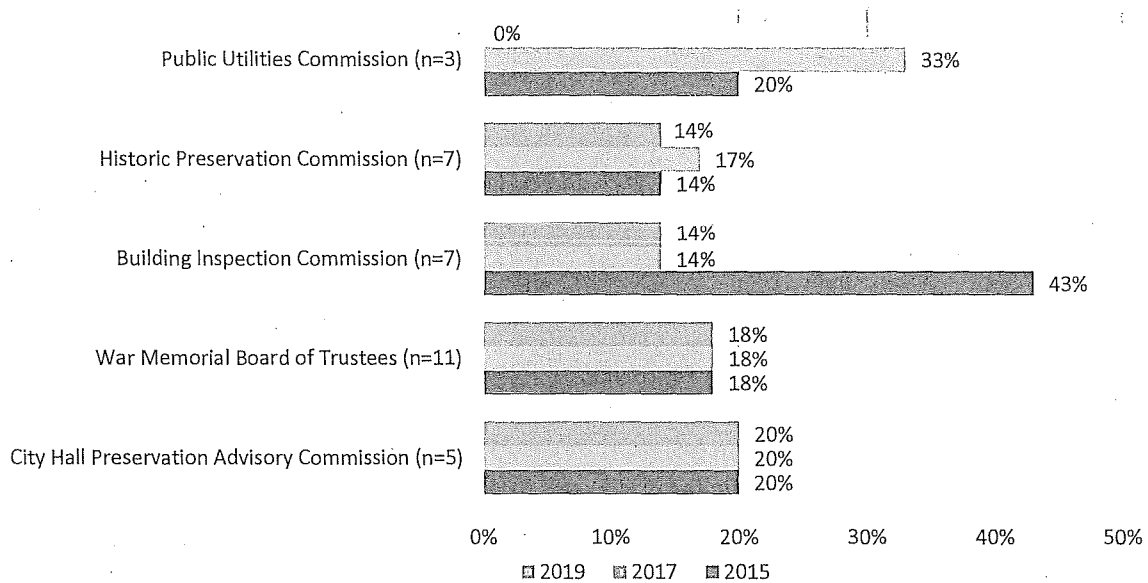
Figure 8: Commissions and Boards with Highest Percentage of People of Color, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

There are 23 policy bodies that have 40% or less appointees who identified a racial and ethnic category other than white. Although the Public Utilities Commission has two vacancies, *none* of the current appointees identify as people of color. The Historic Preservation Commission and Building Inspection Commission are both at 14% representation for people of color. The Building Inspection Commission had a large drop from 43% in 2015, with the percentage of people of color decreasing to 14% in 2017 and remaining at this percent for 2019. Lastly, the War Memorial Board of Trustees and City Hall Preservation Advisory Commission have 18% and 20%, respectively.

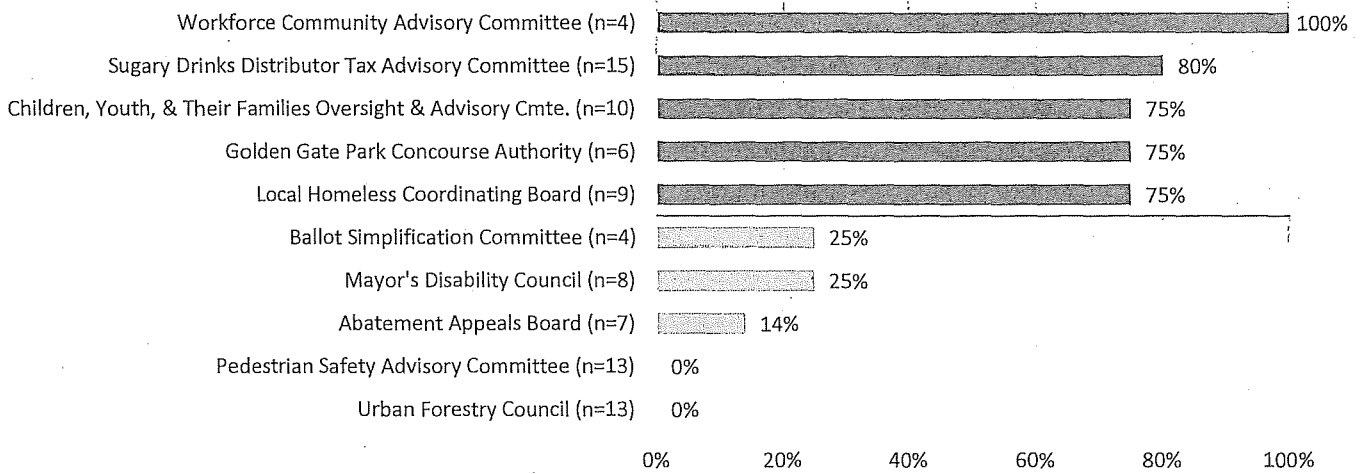
Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of people of color. This is the first year such bodies have been included, thus comparison to previous years is unavailable. All members of the Workforce Community Advisory Committee are people of color. People of color comprise 80% of the Sugary Drinks Distributor Tax Advisory Committee, and 75% of appointees on the Children, Youth and Their Families Oversight and Advisory Committee, the Golden Gate Park Concourse Authority, and the Local Homeless Coordinating Board. Out of the five Advisory Bodies with the lowest representation of people of color, the Ballot Simplification Committee and the Mayor’s Disability Council have 25% appointees of color, and the Abatement Appeals Board has 14% appointees of color. The Urban Forestry and the Pedestrian Safety Advisory Committee have no people of color currently serving.

Figure 10: Advisory Bodies with the Highest and Lowest Percentage of People of Color, 2019

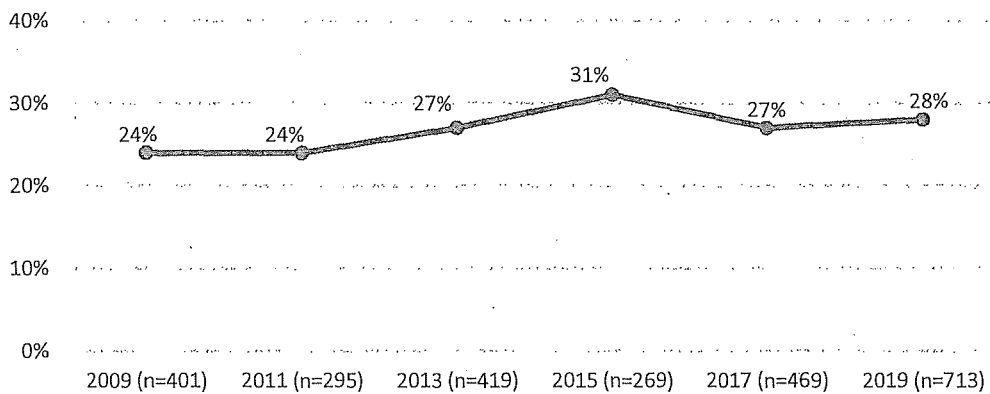


Source: SF DOSW Data Collection & Analysis.

C. Race and Ethnicity by Gender

White men and women are overrepresented on San Francisco policy bodies, while Asian and Latinx men and women are underrepresented. While women of color continue to be underrepresented at 28% compared to the San Francisco population of 32%, this is a slight increase from 2017 which showed 27% women of color. Meanwhile, men of color are 21% of appointees compared to 31% of the San Francisco population.

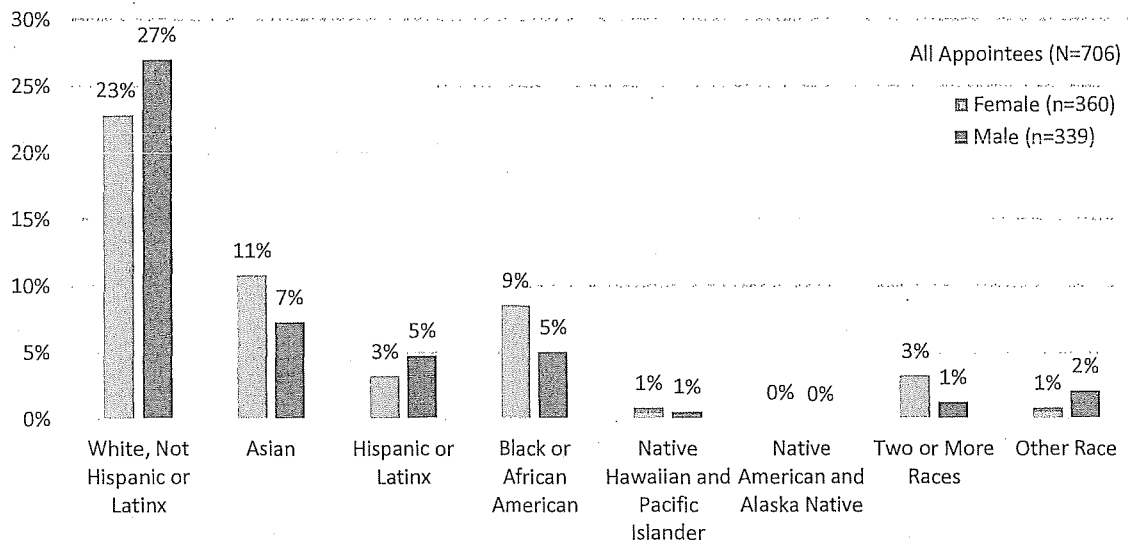
Figure 11: 10-Year Comparison of Representation of Women of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

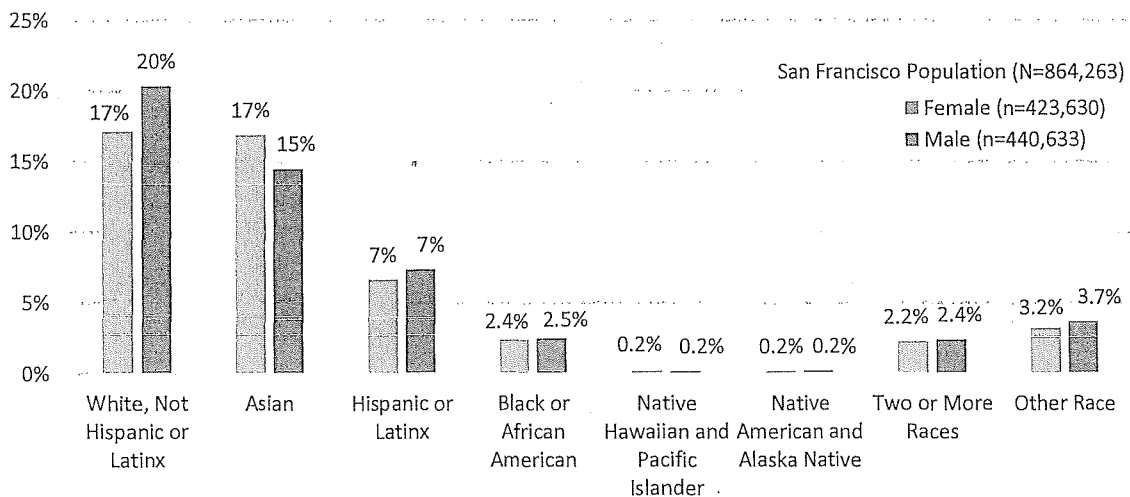
The following figures present the breakdown for appointees and the San Francisco population by race and ethnicity and gender. White men and women are overrepresented, holding 27% and 23% of appointments, respectively, compared to 20% and 17% of the population, respectively. Asian men and women are both greatly underrepresented with Asian women making up 11% of appointees compared to 17% of the population while Asian men comprise 7% of appointees and 15% of the population. Latinx men and women are also underrepresented, particularly Latinx women, who are 3% of appointees and 7% of the population, while Latinx men are 5% of appointees and 7% of the population. Black or African American men and women are well-represented with Black women comprising 9% of appointees and Black men comprising 5% of appointees. Pacific Islander men and women, and multiethnic women also exceed parity with the population. Although Native American men and women make up only 0.4% of San Francisco's population, none of the surveyed appointees identified themselves as such.

Figure 12: Appointees by Race/Ethnicity and Gender, 2019



Source: SF DOSW Data Collection & Analysis.

Figure 13: San Francisco Population by Race/Ethnicity, 2019



Source: 2017 American Community Survey 5-Year Estimates.

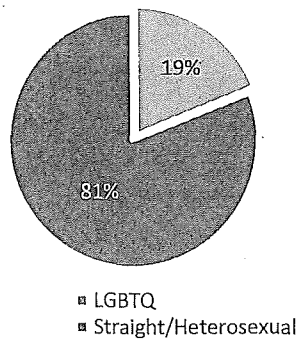
D. LGBTQ Identity

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) identity data was collected from 548, or 75%, of the 741 surveyed appointees, which is much more data on LGBTQ identity compared to previous reports. Due to limited and outdated information on the population of the LGBTQ community in San Francisco, it is difficult to adequately assess the representation of the LGBTQ community. However, compared to available San Francisco, larger Bay Area, and national data, the LGBTQ community is well represented on San Francisco policy bodies. Recent research estimates the national LGBT population is 4.5%.⁵ The LGBT population of the San Francisco and greater Bay Area is estimated to rank the highest of U.S. cities at 6.2%,⁶ while a 2006 survey found that 15.4% of adults in San Francisco identify as LGBT.⁷

Of the appointees who responded to this question, 19% identify as LGBTQ and 81% identify as straight or heterosexual. Of the LGBTQ appointees, 48% identify as gay, 23% as lesbian, 17% as bisexual, 7% as queer, 5% as transgender, and 1% as questioning. Data on LGBTQ identity by race was not captured. Efforts to capture data on LGBTQ identity by race for future reports would enable more intersectional analysis.

Figure 14: LGBTQ Identity of Appointees, 2019

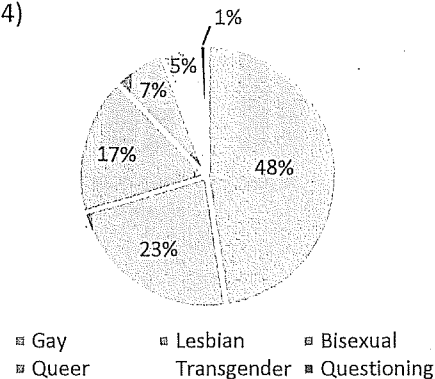
(N=548)



Source: SF DOSW Data Collection & Analysis.

Figure 15: LGBTQ Population of Appointees, 2019

(N=104)



Source: SF DOSW Data Collection & Analysis.

E. Disability Status

Overall, 12% of adults in San Francisco have one or more disabilities, and when broken down by gender, 6.2% are women and 5.7% are men. Disability data for transgender and gender non-conforming individuals in San Francisco is currently unavailable. Data on disability was obtained from 516, or 70%, of the 714 appointees who participated in the survey. Of the 516 appointees, 11.2% reported to have one

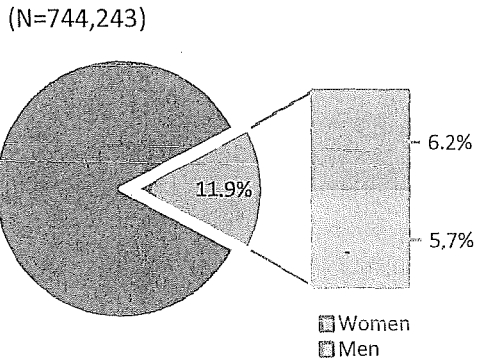
⁵ Frank Newport, "In U.S., Estimate of LGBT Population Rises to 4.5%," *GALLUP* (May 22, 2018) <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>.

⁶ Gary J. Gates and Frank Newport, "San Francisco Metro Area Ranks Highest in LGBT Percentage," *GALLUP* (March 20, 2015) https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm_source=Social%20Issues&utm_medium=newsfeed&utm_campaign=tiles.

⁷ Gary J. Gates, "Same Sex Couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey," *The Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law* (2006).

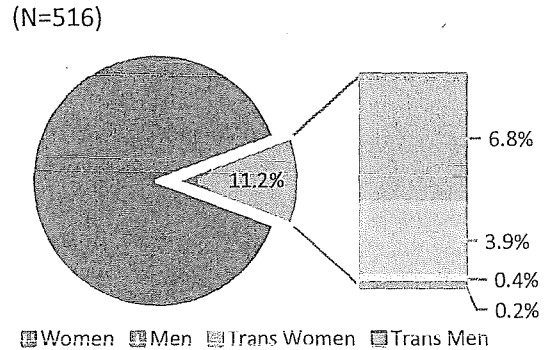
or more disabilities, which is near parity with the San Francisco population. Of the 11.2% appointees with one or more disabilities, 6.8% are women, 3.9% are men, 0.4% are trans women, and 0.2% are trans men.

Figure 16: San Francisco Adult Population with a Disability by Gender, 2017



Source: 2017 American Community Survey 5-Year Estimates.

Figure 17: Appointees with One or More Disabilities by Gender, 2019

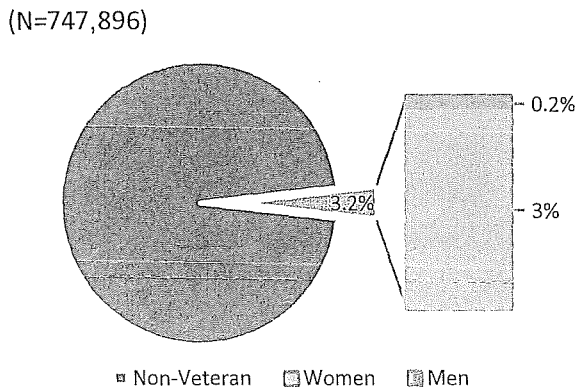


Source: SF DOSW Data Collection & Analysis.

F. Veteran Status

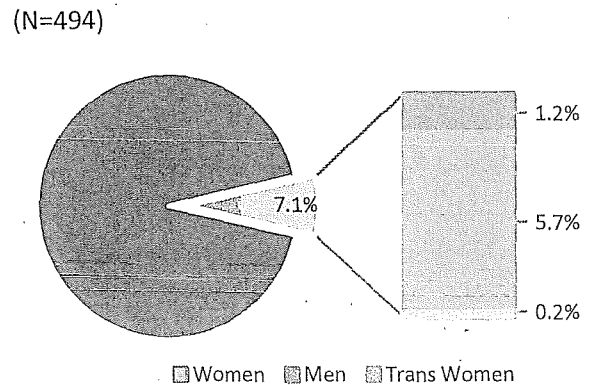
Overall, 3.2% of the adult population in San Francisco has served in the military. There is a considerable difference by gender, as male veterans are 3% and female veterans are 0.2% of the population. Data on veteran status was obtained from 494, or 67%, of appointees who participated in the survey. Of the 494 appointees who responded to this question, 7.1% have served in the military. Like the San Francisco population, there is a large difference by gender, as men comprise 5.7% and women make up only 1.2% of the total number of veteran appointees. Of participating appointees, 0.2% of veterans are trans women. Veteran status data on transgender and gender non-conforming individuals in San Francisco is currently unavailable.

Figure 18: San Francisco Adult Population with Military Service by Gender, 2017



Source: 2017 American Community Survey 5-Year Estimates.

Figure 19: Appointees with Military Service, 2019



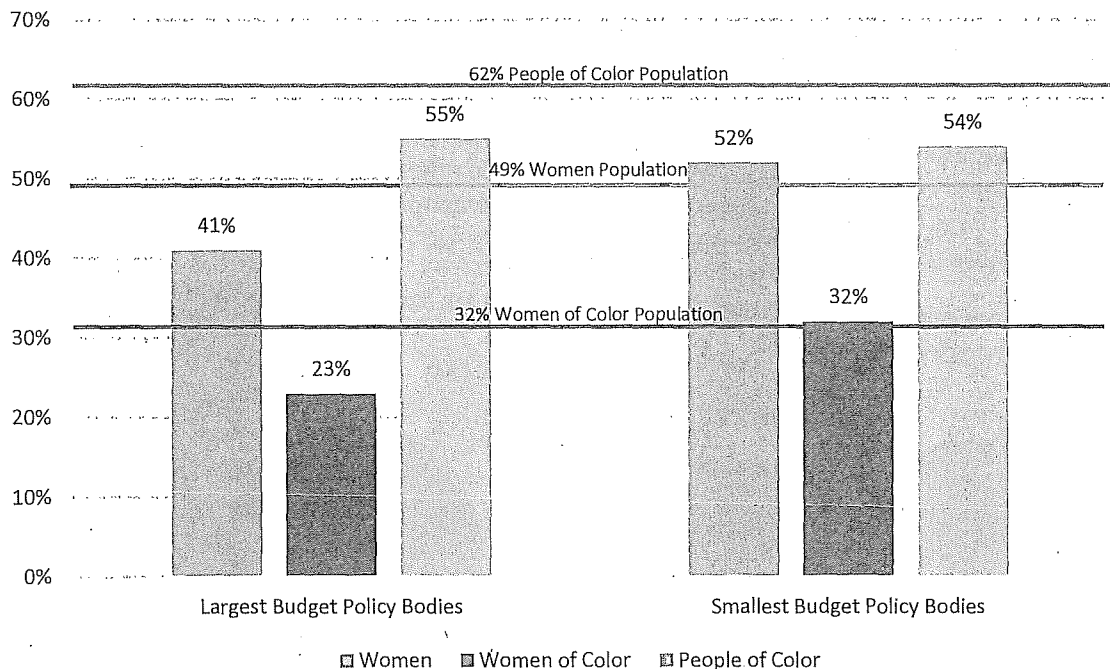
Source: SF DOSW Data Collection & Analysis.

G. Policy Bodies by Budget

This report also examines whether policy bodies with the largest and smallest budget sizes and other characteristics are demographically representative of the San Francisco population. In this section, budget size is used as a proxy for influence. Although this report has expanded the scope of analysis to include more policy bodies compared to previous reports, this section of analysis was limited to Commissions and Boards with decision-making authority and whose members file financial disclosures with the Ethics Commission. The purpose of this analysis is to evaluate the demographics for the spectrum of budgetary influence of policy bodies with decision-making authority in San Francisco.

Overall, appointees from the 10 largest budgeted Commissions and Boards are 55% people of color, 41% women, and 23% women of color. Appointees from the 10 smallest budgeted Commissions and Boards are 54% people of color, 52% women, and 32% women of color. Although still below parity with the San Francisco population, the representation of people of color on both the largest and smallest budgeted policy bodies is greater than the percentage of people of color for all appointees combined (50%). For women and women of color, their representation meets or exceeds parity with the population on the 10 smallest budgeted bodies. However, it falls far below parity for the 10 largest budgeted bodies. The representation of total women and women of color is greater on smaller budgeted policy bodies by 27%, and 39%, respectively.

Figure 20: Percent of Women, Women of Color, and People of Color on Commissions and Boards with Largest and Smallest Budgets in Fiscal Year 2018-2019



Source: SF DOSW Data Collection & Analysis.

Figure 21: Demographics of Commissions and Boards with Largest Budgets, 2019

Body	FY18-19 Budget	Total Seats	Filled seats	Women	Women of Color	People of Color
Health Commission	\$2,200,000,000	7	7	29%	14%	86%
Public Utilities Commission	\$1,296,600,000	5	3	67%	0%	0%
MTA Board of Directors and Parking Authority Commission	\$1,200,000,000	7	7	57%	14%	43%
Airport Commission	\$1,000,000,000	5	5	40%	20%	40%
Commission on Community Investment and Infrastructure	\$745,000,000	5	5	60%	60%	100%
Police Commission	\$687,139,793	7	7	43%	43%	71%
Health Authority (Plan Governing Board)	\$666,000,000	19	15	33%	27%	47%
Human Services Commission	\$529,900,000	5	5	40%	0%	40%
Fire Commission	\$400,721,970	5	5	20%	20%	40%
Ageing and Adult Services Commission	\$334,700,000	7	7	43%	14%	57%
Total	\$9,060,061,763	72	66	41%	23%	55%

Source: SF DOSW Data Collection & Analysis.

Figure 22: Demographics of Commissions and Boards with Smallest Budgets, 2019

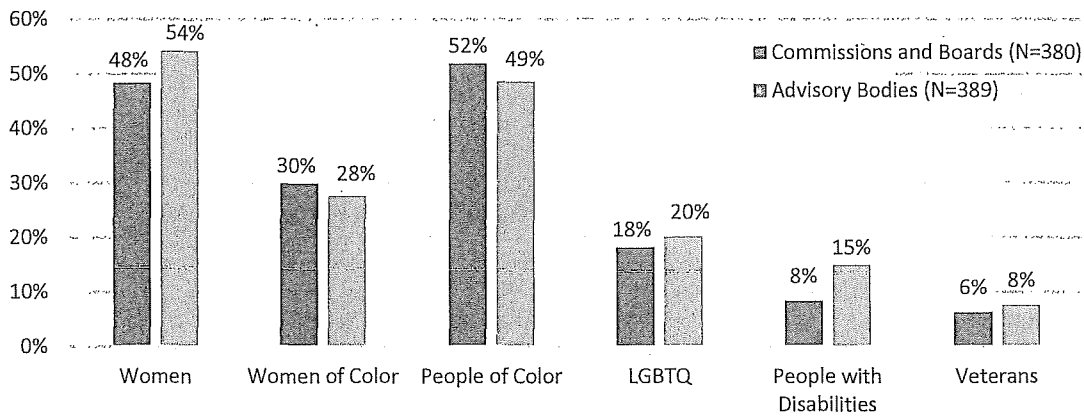
Body	FY18-19 Budget	Total Seats	Filled Seats	Women	Women of color	People of Color
Rent Board Commission	\$8,543,912	10	9	44%	11%	33%
Commission on the Status of Women	\$8,048,712	7	7	100%	71%	71%
Ethics Commission	\$6,458,045	5	4	100%	50%	50%
Human Rights Commission	\$4,299,600	12	10	50%	50%	70%
Small Business Commission	\$2,242,007	7	7	43%	29%	43%
Civil Service Commission	\$1,262,072	5	4	50%	0%	25%
Board of Appeals	\$1,072,300	5	5	40%	20%	40%
Entertainment Commission	\$1,003,898	7	7	29%	14%	57%
Assessment Appeals Board No.1, 2, & 3	\$663,423	24	18	39%	22%	44%
Youth Commission	\$305,711	17	16	56%	44%	75%
Total	\$33,899,680	99	87	52%	32%	54%

Source: SF DOSW Data Collection & Analysis.

H. Comparison of Advisory Body and Commission and Board Demographics

The comparison of the two policy body categories in this section provides another proxy for influence, as Commissions and Boards whose members file disclosures of economic interest have greater decision-making authority in San Francisco than Advisory Bodies whose members do not file economic interest disclosures. The percentages of total women, LGBTQ people, people with disabilities, and veterans are larger for total appointees on Advisory Bodies. However, the percentages of women of color and people of color on Commissions and Boards slightly exceeds the percentages of women of color and people of color on Advisory Bodies.

Figure 23: Demographics of Appointees on Commission and Boards and Advisory Bodies, 2019

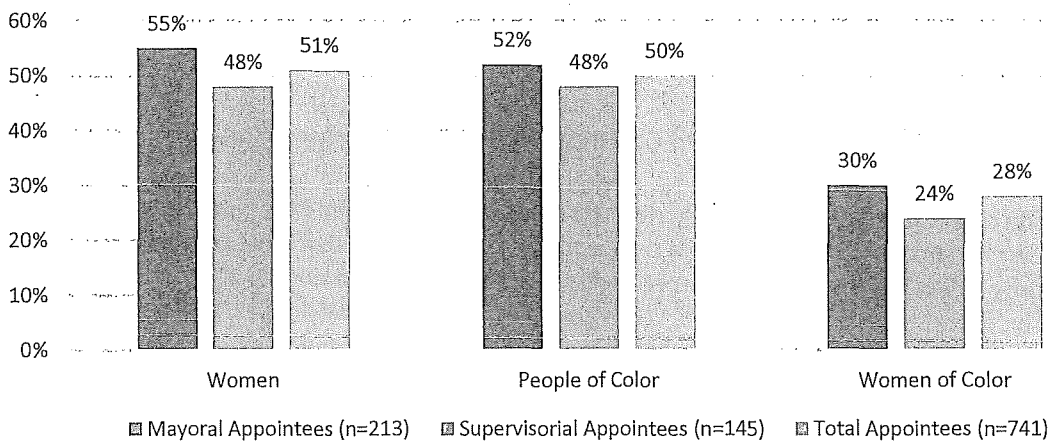


Source: SF DOSW Data Collection & Analysis.

I. Demographics of Mayoral, Supervisorial, and Total Appointees

Figure 24 compares the representation of women, women of color, and people of color for appointments made by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointments are more diverse, and consist of more women, women of color, and people of color compared to Supervisorial appointments. Mayoral appointments include 55% women, 30% women of color, and 52% people of color, while Supervisorial appointments are 48% women, 24% women of color, and 48% people of color. The total of all approving authorities combined average out at 51% women, 28% women of color, and 50% people of color. This disparity in diversity between Mayoral and Supervisorial appointments may be due in part to the appointment section process for each authority. The 11-member Board of Supervisors only sees applicants for specific bodies through the 3-member Rules Committee or by designees, stipulated in legislation (e.g. “renter,” “landlord,” “consumer advocate”), whereas the Mayor typically has the ability to take total appointments into account during selections, and can therefore better address gaps in diversity.

Figure 24: Demographics of Mayoral, Supervisorial, and Total Appointees, 2019



Source: SF DOSW Data Collection & Analysis.

III. Conclusion

Since the first gender analysis of Commissions and Boards in 2007, the representation of women appointees on San Francisco policy bodies has gradually increased. The *2019 Gender Analysis* finds the percentage of women appointees is 51%, which slightly exceeds the population of women in San Francisco.

When appointee demographics are analyzed by gender and race, women of color continue to be underrepresented on San Francisco policy bodies compared to the San Francisco population. Most notably underrepresented are Asian women who make up 17% of the population but only 11% of appointees, and Latinx women who make up 7% of the population but only 3% of appointees. Additionally, men of color are underrepresented relative to their San Francisco population, primarily Asian and Latinx men.

Furthermore, when analyzing the demographic composition of larger and smaller budgeted Commissions and Boards, women are underrepresented on those with the largest budgets, and overrepresented or reach parity with the population on smaller budgeted Commissions and Boards. These two trends are amplified for women of color appointees. Women comprise 41% of total appointees on the largest budgeted policy bodies, which is 8 percentage points below the population, and women of color comprise 23% of total appointees on the largest budgeted policy bodies, 9 percentage points below their San Francisco population. Comparatively, women are 52% of total appointees on the smallest budgeted policy bodies, and women of color are 32% of appointees, which is equal to the San Francisco population. However, the issue of largest and smallest budgeted policy bodies does not seem to impact the representation of people of color. People of color make up 55% of appointees on the largest budgeted policy bodies and 54% of appointees on the smallest budgeted policy bodies compared to 50% of total appointees. Nonetheless, these percentages still fall below the San Francisco population of people of color at 62%.

In addition to using budget size as a proxy for influence, this report analyzed demographic characteristics of appointees on Commissions and Boards who file disclosures of economic interest and have decision-making authority, and appointees on Advisory Bodies who do not file economic interest disclosures. Over half (54%) of appointees on Advisory Bodies are women, while 48% of appointees on Commissions and Boards are women. Although 48% is only slightly below the San Francisco population of women, women comprise a decently higher percentage of appointees on Advisory Bodies compared to Commissions and Boards.

This year's report features more data on LGBTQ identity, veteran status, and disability than previous gender analyses. The *2019 Gender Analysis* found a relatively high representation of LGBTQ individuals on San Francisco policy bodies. For the appointees that provided LGBTQ identity information, 19% identify as LGBTQ with the largest subset being gay men at 48%. It is recommended for future gender analyses to collect LGBTQ data by race and gender to provide additional intersectional analysis. The representation of appointees with disabilities is 11%, just below the 12% population. Veterans are highly represented on San Francisco policy bodies at 7% compared to the veteran population of 3%.

Additionally, this report evaluates and compares the representation of women, women of color, and people of color appointees by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointees include 55% women, 30% women of color, and 52% people

of color, which overall is more diverse by gender and race compared to both Supervisorial appointees and total appointees.

This report is intended to advise the Mayor, Board of Supervisors, and other appointing authorities, as they select appointments for policy bodies of the City and County of San Francisco. In spirit of the 2008 City Charter Amendment that establishes this biennial Gender Analysis report requirement and the importance of diversity on San Francisco policy bodies, efforts to address gaps in diversity and inclusion should remain at the forefront when making appointments in order to accurately reflect the population of San Francisco.

IV. Methodology and Limitations

This report focuses on City and County of San Francisco Commissions, Boards, Task Forces, Councils, and Committees that have the majority of members appointed by the Mayor and Board of Supervisors and that have jurisdiction limited to the City. The gender analysis reflects data from the policy bodies that provided information to the Department on the Status of Women through digital and paper survey.

Data was requested from 90 policy bodies and acquired from 84 different policy bodies and a total of 741 appointees. A Commissioner or Board member's gender identity, race/ethnicity, sexual orientation, disability status, and veteran status were among data elements collected on a voluntary basis. Data on lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) identity, disability, and veteran status of appointees were incomplete or unavailable for some appointees but are included to the extent possible. As the fundamental objective of this report is to surface patterns of underrepresentation, every attempt has been made to reflect accurate and complete information in this report. Data for some policy bodies was incomplete, and all appointees who responded were included in the total demographic categories. Only policy bodies with full data on gender and race for all appointees were included in sections comparing demographics of individual bodies. It should be noted that for policy bodies with a small number of members, the change of a single individual greatly impacts the percentages of demographic categories. As such, these percentages should be interpreted with this in mind.

The surveyed policy bodies fall under two categories designated by the San Francisco Office of the City Attorney document entitled *List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute*.⁸ This document separates San Francisco policy bodies into two different categories. The first category includes Commissions and Boards with decision-making authority and whose members are required to submit financial disclosures with the Ethics Commission, and the second category encompasses Advisory Bodies whose members do not submit financial disclosures with the Ethics Commission. Depending on the analysis criteria in each section of this report, the surveyed policy bodies and appointees are either examined comprehensively as a whole or examined separately in the two categories designated by the Office of the City Attorney.

Data from the U.S. Census 2013-2017 American Community Survey 5-Year Estimates provides a comparison to the San Francisco population. Figures 26 and 27 in the Appendix display these population estimates by race/ethnicity and gender.

⁸ "List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute," Office of the City Attorney, <https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf>, (August 25, 2017).

Appendix

Figure 25: Policy Body Demographics, 2019⁹

Policy Body	Total Seats	Filled Seats	FY18-19 Budget	Women	Women of Color	People of Color
Abatement Appeals Board	7	7	\$76,500,000	14%	0%	14%
Aging and Adult Services Commission	7	7	\$334,700,000	57%	33%	57%
Airport Commission	5	5	\$1,000,000,000	40%	50%	40%
Arts Commission	15	15	\$37,000,000	67%	50%	60%
Asian Art Commission	27	27	\$30,000,000	63%	71%	59%
Assessment Appeals Board No.1	8	5	\$663,423	20%	0%	20%
Assessment Appeals Board No.2	8	8	-	50%	75%	63%
Assessment Appeals Board No.3	8	4	-	50%	50%	50%
Ballot Simplification Committee	5	4	\$0	75%	33%	25%
Bayview Hunters Point Citizens Advisory Committee	12	9	\$0	33%	100%	67%
Board of Appeals	5	5	\$1,072,300	40%	50%	40%
Board of Examiners	13	13	\$0	0%	0%	46%
Building Inspection Commission	7	7	\$76,500,000	14%	0%	14%
Child Care Planning and Advisory Council	25	19	\$26,841	84%	50%	50%
Children and Families Commission (First 5)	9	8	\$28,002,978	100%	75%	75%
Children, Youth, and Their Families Oversight and Advisory Committee	11	10	\$155,224,346	50%	80%	75%
Citizen's Committee on Community Development	9	8	\$39,696,467	75%	67%	63%
City Hall Preservation Advisory Commission	5	5	\$0	60%	33%	20%
Civil Service Commission	5	4	\$1,262,072	50%	0%	25%
Commission on Community Investment and Infrastructure	5	5	\$745,000,000	60%	100%	100%
Commission on the Aging Advisory Council	22	15	\$0	80%	33%	31%
Commission on the Environment	7	6	\$27,280,925	67%	50%	50%
Commission on the Status of Women	7	7	\$8,048,712	100%	71%	71%
Dignity Fund Oversight and Advisory Committee	11	11	\$3,000,000	82%	33%	45%
Eastern Neighborhoods Citizens Advisory Committee	19	13	\$0	38%	40%	44%
Elections Commission	7	7	\$15,238,360	57%	25%	29%
Entertainment Commission	7	7	\$1,003,898	29%	50%	57%
Ethics Commission	5	4	\$6,458,045	100%	50%	50%
Film Commission	11	11	\$0	55%	67%	50%
Fire Commission	5	5	\$400,721,970	20%	100%	40%
Golden Gate Park Concourse Authority	7	6	\$0	50%	67%	75%

⁹ Figure 25 only includes policy bodies with complete data on gender for all appointees. Some bodies had incomplete data on race/ethnicity of appointees. For these, percentages for people of color are calculated out of known race/ethnicity.

Policy Body	Total Seats	Filled Seats	FY18-19 Budget	Women	Women of Color	People of Color
Health Authority (Plan Governing Board)	19	15	\$666,000,000	33%	80%	50%
Health Commission	7	7	\$2,200,000,000	43%	50%	86%
Health Service Board	7	6	\$11,632,022	33%	0%	50%
Historic Preservation Commission	7	7	\$53,832,000	43%	33%	14%
Housing Authority Commission	7	6	\$60,894,150	50%	100%	83%
Human Rights Commission	12	10	\$4,299,600	60%	100%	70%
Human Services Commission	5	5	\$529,900,000	40%	0%	40%
Immigrant Rights Commission	15	13	\$0	54%	86%	85%
In-Home Supportive Services Public Authority	13	9	\$70,729,667	44%	50%	56%
Juvenile Probation Commission	7	6	\$48,824,199	33%	100%	100%
Library Commission	7	7	\$160,000,000	71%	40%	57%
Local Homeless Coordinating Board	9	9	\$40,000,000	56%	60%	75%
Mayor's Disability Council	11	8	\$0	75%	17%	25%
Mental Health Board	17	15	\$184,962	73%	64%	73%
MTA Board of Directors and Parking Authority Commission	7	7	\$1,200,000,000	57%	25%	43%
Office of Early Care and Education Citizens' Advisory Committee	9	9	\$0	89%	50%	56%
Oversight Board (COII)	7	6	\$745,000,000	17%	100%	67%
Pedestrian Safety Advisory Committee	17	13	\$0	46%	17%	8%
Planning Commission	7	6	\$53,832,000	50%	67%	33%
Police Commission	7	7	\$687,139,793	43%	100%	71%
Port Commission	5	5	\$192,600,000	60%	67%	60%
Public Utilities Citizen's Advisory Committee	17	13	\$0	54%	14%	31%
Public Utilities Commission	5	3	\$1,296,600,000	67%	0%	0%
Public Utilities Rate Fairness Board	7	6	\$0	33%	100%	67%
Public Utilities Revenue Bond Oversight Committee	7	5	\$0	40%	50%	40%
Recreation and Park Commission	7	7	\$230,900,000	29%	50%	43%
Reentry Council	24	23	\$0	43%	70%	70%
Rent Board Commission	10	9	\$8,543,912	44%	25%	33%
Residential Users Appeal Board	3	2	\$0	0%	0%	50%
Retirement System Board	7	7	\$95,000,000	43%	67%	29%
Sentencing Commission	13	13	\$0	31%	25%	67%
Small Business Commission	7	7	\$2,242,007	43%	67%	43%
SRO Task Force	12	12	\$0	42%	25%	55%
Sugary Drinks Distributor Tax Advisory Committee	16	15	\$0	67%	70%	80%
Sunshine Ordinance Task Force	11	11	\$0	27%	67%	36%
Sweatfree Procurement Advisory Group	11	7	\$0	43%	67%	43%
Treasure Island Development Authority	7	6	\$18,484,130	50%	N/A	N/A

Policy Body	Total Seats	Filled Seats	FY18-19 Budget	Women	Women of Color	People of Color
Treasure Island/Yerba Buena Island Citizens Advisory Board	17	13	\$0	54%	N/A	N/A
Urban Forestry Council	15	13	\$153,626	8%	0%	0%
Veterans Affairs Commission	17	11	\$0	36%	50%	55%
War Memorial Board of Trustees	11	11	\$18,185,686	55%	33%	18%
Workforce Community Advisory Committee	8	4	\$0	100%	100%	100%
Youth Commission	17	16	\$305,711	56%	78%	75%

Source: SF DOSW Data Collection & Analysis, 2019.

Figure 26: San Francisco Population Estimates by Race/Ethnicity, 2017

Race/Ethnicity	Total	
	Estimate	Percent
San Francisco County California	864,263	-
White, Not Hispanic or Latino	353,000	38%
Asian	295,347	31%
Hispanic or Latinx	131,949	14%
Some other Race	64,800	7%
Black or African American	45,654	5%
Two or More Races	43,664	5%
Native Hawaiian and Pacific Islander	3,226	0.3%
Native American and Alaska Native	3,306	0.4%

Source: 2017 American Community Survey 5-Year Estimates.

Figure 27: San Francisco Population Estimates by Race/Ethnicity and Gender, 2017

Race/Ethnicity	Total		Female		Male	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
San Francisco County California	864,263	-	423,630	49%	440,633	51%
White, Not Hispanic or Latino	353,000	38%	161,381	17%	191,619	20%
Asian	295,347	31%	158,762	17%	136,585	15%
Hispanic or Latinx	131,949	14%	62,646	7%	69,303	7%
Some Other Race	64,800	7%	30,174	3%	34,626	4%
Black or African American	45,654	5%	22,311	2.4%	23,343	2.5%
Two or More Races	43,664	5%	21,110	2.2%	22,554	2.4%
Native Hawaiian and Pacific Islander	3,226	0.3%	1,576	0.2%	1,650	0.2%
Native American and Alaska Native	3,306	0.4%	1,589	0.2%	1,717	0.2%

Source: 2017 American Community Survey 5-Year Estimates.

City and County of San Francisco
Department on the Status of Women
25 Van Ness Avenue, Suite 240
San Francisco, California 94102
sfgov.org/dosw
dosw@sfgov.org
415.252.2570

