Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)
■ Board 1 or ❑ Board 1 Alternate
■ Board 2 or ❑ Board 2 Alternate
■ Board 3 or ❑ Board 3 Alternate

Full Name: Franco Cirelli

[redacted] Zip Code: 94131

Occupation: Finance Consultant

Work Phone: 4158304182 Employer: Franco Cirelli, CPA, CRP®

Business Address: 18 Fairmount Street Zip Code: 94131

Business Email: francocirelli@gmail.com Home E[redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ■ Yes ❑ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

As an independent finance professional with a CFP® credential, I earned an MBA from the Kellogg School of Management at Northwestern University, a BS from the Haas School of Business at UC Berkeley and a CPA license upon completion of the required experience with Deloitte & Touche. Earlier in my professional career, I held positions at noteworthy organizations including Microsoft and the National Basketball Association. I worked as an adjunct faculty member for fifteen years at City College of San Francisco where I taught real estate, entrepreneurship and other business courses and developed new curriculum. Finally, I am a licensed real estate broker in Claifornia.

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

With extensive professional experience in organizations ranging from startups to large enterprises and multiple professional credentials, I help ensure that my advisory clients are able to optimize use of their resources in pursuit of their goals. I serve as a trusted, licensed consultant to my clients on matters of fianncial planning, investment management and related disciplines. Along with my wife, Gabriella, we cofoudned Primeros Pasos® Spanish immersion daycare and preschool for which I help oversee the business side of the operations whereas Gabriella applies her extensive experience and vision of providing the highest quality Spanish immersion education to young children in an environment that focuses unwaveringly on them.

Please state civic activities:

As a life-long San Franciscan, I consider myself an active community builder in our city and remain committed to helping all of us thrive in a safe, welcoming and vibrant urban setting. I hold leadership roles and am active in a number of organizations, guiding them in their pursuit of service to others:

- Citizen Police Advisory Board – SFPD's Ingleside Precinct
- San Francisco Italian Athletic Club Foundation Board - Treasurer
- ITAL Foundation Board - Treasurer
- Italian Caucus of California - Treasurer
- Archbishop Riordan High School Board of Trustees
- Order of Malta (Global Humanitarian, Medical & Social Assistance Providers) - Western US Association

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? 1 How many evenings a week? 1

Have you attended an Assessment Appeals Board meeting? ■ Yes ❑ No

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An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 09/25/25. Applicant's Signature: Franco Cirelli

(Manually sign or type your complete name).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST): Cirelli (FIRST): Franco (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Assessment Appeals Board — Division, Board, Department, District, if applicable

Board Member — Your Position

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ■ City of San Francisco
- ☐ Other _____

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

- ■ **Annual:** The period covered is January 1, 2024, through December 31, 2024.
  -or-
  The period covered is ____/____/____, through December 31, 2024.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle below.)*
  - ☐ The period covered is January 1, 2024, through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** _____

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 *(Business or Agency Address Recommended - Public Document)*: 18 Fairmount Street

CITY: San Francisco

STATE: CA

ZIP CODE: 94131

DAYTIME TELEPHONE NUMBER: (415) 269-1692

E-MAIL ADDRESS: francocirelli@gmail.com

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

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

Date Signed 09/25/25 *(month, day, year)*

Signature Franco Cirelli *(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
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF BUSINESS ENTITY
Apple

GENERAL DESCRIPTION OF THIS BUSINESS
Multinational Technology Company

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:
__/__/ 24 ACQUIRED __/__/ 24 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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Qunice Therapeutics

GENERAL DESCRIPTION OF THIS BUSINESS
Biotech

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:
__/__/ 24 ACQUIRED __/__/ 24 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:
__/__/ 24 ACQUIRED __/__/ 24 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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

Filer's Verification

Print Name Franco Cirelli

Office, Agency or Court Assessment Appeals Board

Statement Type ■ 2024/2025 Annual ☐ Assuming ☐ Leaving
☐ ____ (yr) Annual ☐ Candidate

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

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

Date Signed 09/25/25 *(month, day, year)*

Filer's Signature Franco Cirelli

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
AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Primeros Pasos® LLC
Name

18 Fairmount Street, San Francisco CA 94131
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Education

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
■ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 24 ACQUIRED
__/__/ 24 DISPOSED

NATURE OF INVESTMENT
Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION CFO

▶ 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

TBD

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

Check one box:
☐ INVESTMENT ■ REAL PROPERTY

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

901 Bayshore Blvd. #101 San Francisco CA 94
Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
__/__/ 24 ACQUIRED
__/__/ 24 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:

Filer's Verification

Print Name Franco Cirelli

Office, Agency or Court Assessment Appeals Board

Statement Type ■ 2024/2025 Annual ☐ _____ (yr) Annual ☐ Assuming ☐ Leaving ☐ Candidate

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

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

Date Signed 09/25/25 *(month, day, year)*

Filer's Signature Franco Cirelli

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Franco Cirelli, CPA, CFP®

ADDRESS *(Business Address Acceptable)*
18 Fairmount Street San Francisco, CA 941

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Planning & Investment Managem

YOUR BUSINESS POSITION
Licensed Finance Consultant

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)*

▶ 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)*

Comments: _____

▶ 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)*

Filer's Verification

Print Name Franco Cirelli **Office, Agency or Court** Assessment Appeals Board

Statement Type ■ 2024/2025 Annual ☐ _____ *(yr)* Annual ☐ Assuming ☐ Leaving ☐ Candidate

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

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

Date Signed 09/25/25 *(month, day, year)* **Filer's Signature** Franco Cirelli

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
16 - 18 Fairmount Street

CITY
San Francisco

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

Taylor Cummings - 16 Fairmount Street

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Filer's Verification

Print Name Franco Cirelli

Office, Agency or Court Assessment Appeals Board

Statement Type
- ■ 2024/2025 Annual
- ☐ Assuming
- ☐ Leaving
- ☐ _____ (yr) Annual
- ☐ Candidate

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

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

Date Signed 09/25/25 (month, day, year)

Filer's Signature Franco Cirelli

Comments: _____

Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)
- ☐ Board 1 or ☐ Board 1 Alternate
- ☐ Board 2 or ☐ Board 2 Alternate
- ■ Board 3 or ☐ Board 3 Alternate

Full Name: James Reynolds

[redacted] San Francisco, CA Zip Code: 94118

Occupation: Real Estate Appraiser

Work Phone: 415-359-9660 Employer: Self

Business Address: 2001 McAllister St, #11 Zip Code: 94118

Business Email: appraiserjimsf@sbcglobal.net Home Email: [redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ■ Yes ☐ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

25 years as a residential real estate appraiser
B.S. in Business option in Real Estate and Urban Planning from Fresno State University

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:
25 years as residential real estate appraiser

Please state civic activities:
I have been an active member of the Assessment Appeal Board for ten years.

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? 5

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

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An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 08/28/2025 Applicant's Signature: _____

(Manually sign or type your complete name).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received

E-Filed
03/04/2025
22:40:41

Filing ID:
213487036

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Reynolds, James

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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is ____/____/_____, through December 31, 2024.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

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

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 2

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

San Francisco | CA | 94118

DAYTIME TELEPHONE NUMBER ( ) | EMAIL 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 03/04/2025 *(month, day, year)*

Signature James Reynolds *(File the originally signed paper statement with your filing official.)*

060600029-NFH-0029

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Reynolds, James

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2001 McAllister Street, #11

CITY

San Francisco

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from a commercial lending institution 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*

Bank of America

ADDRESS *(Business Address Acceptable)*

San Francisco, CA 94117

BUSINESS ACTIVITY, IF ANY, OF LENDER

Bank/Lender

INTEREST RATE
4.00 %
- ☐ None

TERM (Months/Years)
15 Years

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

- ☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
_____ %
- ☐ None

TERM (Months/Years)

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

- ☐ Guarantor, if applicable

Comments:

Assessment Appeals Board
City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)

- ☐ Board 1 or ☐ Board 1 Alternate
- ☐ Board 2 or ☐ Board 2 Alternate
- ☐ Board 3 or ☒ Board 3 Alternate

Full Name: Kristine Nelson

[redacted] Zip Code: 94117

Home Phone: Occupation: Real Estate Appraiser

Work Phone: 415 706-0995 Employer: Self

Business Address: Zip Code:

Business Email: Kristy@mleffers.com Home Email:

Form 700 is required to accompany your application. Have you attached the Form 700? on file ☐ Yes ☐ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

Real Estate Appraiser and agent

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

Real Estate Appraiser
Real Estate Agent

Please state civic activities:

Have been on local boards
Active in the neighborhood

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? 3 How many evenings a week? 3

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

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 9/9/2025. Applicant's Signature: _____

(Manually sign or type your complete name).
NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received

E-Filed
03/18/2025
07:59:56

Filing ID
213720586

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Nelson, Kristine

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☒ County of San Francisco
- ☐ City of _____
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is ____/____/_____, through December 31, 2024.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle below.)*

- ☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

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

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 8

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

San Francisco | CA | 94102

DAYTIME TELEPHONE NUMBER | EMAIL 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 03/18/2025 *(month, day, year)*

Signature Kristine Nelson *(File the originally signed paper statement with your filing official.)*

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nelson, Kristine

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

287 Sanchez

CITY

San Francisco

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [X] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INTEREST
- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- [ ] None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

565-567 Natoma

CITY

San Francisco

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [X] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INTEREST
- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- [ ] None

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NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% [ ] None

TERM (Months/Years)

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

- [ ] Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% [ ] None

TERM (Months/Years)

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

- [ ] Guarantor, if applicable

Comments:

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nelson, Kristine

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

23-25 Moss Street

CITY

San Franciso

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

63 Moss Street

CITY

San Francisco

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
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- ☐ $10,001 - $100,000
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NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nelson, Kristine

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

850 Capp Street

CITY

San Francisco 94117

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [X] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

NATURE OF INTEREST
- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- [X] None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1466-1468 Waller Street

CITY

San Francisco

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [X] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

NATURE OF INTEREST
- [X] Ownership/Deed of Trust
- [ ] Easement
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ADDRESS *(Business Address Acceptable)*

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INTEREST RATE _____% None

TERM (Months/Years)

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- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

- [ ] Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% None

TERM (Months/Years)

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

- [ ] Guarantor, if applicable

Comments: