

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 BO	DARD 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	
	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
Form 700 is required to accompany your application. Have yo	ou attached the Form 700? ■ Yes □ No
A person shall not be eligible for nomination for members a minimum of five years' professional experience in this sor public accountant; (2) licensed real estate broker; (3) attorn recognized professional organization, or property appraiser of the State Board of Equalization. Documentation of qualifying This requirement does not apply to incumbent board members.	ney; or (4) property appraiser accredited by a nationally ertified by either the Office of Real Estate Appraiser or by experience must be submitted with this application form.
Please state your qualifications (including occupation and ed	ucation if applicable):
As an independent finance professional with a CFP0 School of Management at Northwestern University, a Berkeley and a CPA license upon completion of the Earlier in my professional career, I held positions at the National Basketball Association. I worked as an College of San Francisco where I taught real estate, and developed new curriculum. Finally, I am a licen	a BS from the Haas School of Business at UC required experience with Deloitte & Touche. noteworthy organizations including Microsoft and adjunct faculty member for fifteen years at City entrepreneurship and other business courses

Please state relevant business and/or professional exper	ience:
multiple professional credentials, I help ensure the their resources in pursuit of their goals. I serve a matters of fianncial planning, investment manage Gabriella, we cofoudned Primeros Pasos® Span	ement and related disciplines. Along with my wife, ish immersion daycare and preschool for which I help reas Gabriella applies her extensive experience and mersion education to young children in an
Please state civic activities:	
committed to helping all of us thrive in a safe, we roles and am active in a number of organizations Citizen Police Advisory Board – SFPD's Ing San Francisco Italian Athletic Club Foundat ITAL Foundation Board - Treasurer Italian Caucus of California - Treasurer Archbishop Riordan High School Board of T	ion Board - Treasurer
Would you be able to attend Day Meetings? ■ Yes	□ No Evening Meetings? ■ Yes □ No
How many days a week would you be available for hearing	ngs?1 How many evenings a week?1
Have you attended an Assessment Appeals Board meeti	
An appearance before the Rules Committee may be requisive supervisors considering the recommended appointment scheduled public hearing. Date:	re: (Manually sign or type your complete name). NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)
FOR OFFICE USE ONLY:	
Appointed to Seat #: Term Expires:	Date Vacated:



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or p	ини ит инк.					
AME OF FILER	Ciralli	(LAST)	Ero	(FIRST)		(MIDDLE)
	Cirelli		FIA	HCU		
. Office, Ag	ency, or Cour	t				
	e (Do not use acro			_		
	ment Appeal				ard Member	
Division, Boa	rd, Department, Dis	trict, if applicable		Your Position		
► If filing fo	r multiple positions,	list below or on an attachmen	nt. (Do not use	acronyms)		
Agency:				Position:		
. Jurisdict	ion of Office (Check at least one box)				
State				Judge, Retire (Statewide Ju	-	ge, or Court Commissioner
Multi-Cou	inty			County of		
City of	San Francisco			Other		
		ck at least one box)		_		
		d is January 1, 2024, through	1	Leaving Of	fice: Date Left	ircle below.)
-or-	The period covere December 31, 202	ed is	, through	leaving		1, 2024, through the date of
Assumi	ng Office: Date as	sumedJ			od covered is/_ of leaving office.	, through
Candida	te: Date of Electio	nand o	ffice sought, if	different than Part 1:		
. Schedule	Summary (re	equired) > To	otal number	of pages includi	ng this cover pag	e:
Schedul	es attached					
Sche	edule A-1 - Investm	ents – schedule attached	T	Schedule C - Incor	ne, Loans, & Business	Positions - schedule attached
Sche	edule A-2 - Investm	ents - schedule attached		Schedule D - Incor	ne – Gifts – schedule a	attached
Sche	edule B - Real Prop	perty - schedule attached		Schedule E - Incor	ne – Gifts – Travel Pay	ments - schedule attached
-or-						
☐ No	ne - No reporta	ble interests on any sch	edule			
. Verification	on					
MAILING ADDR		EET	CITY		STATE	ZIP CODE
,	pency Address Recommer mount Street		San F	rancisco	CA	94131
	PHONE NUMBER		Odiii	E-MAIL ADDRESS		
(415)	269-1692			francocirelli@	gmail.com	
I have used herein and in	all reasonable dilige n any attached sche	nce in preparing this statemer edules is true and complete.	nt. I have review I acknowledge	wed this statement and this is a public docum	d to the best of my kno- ent.	wledge the information contained
I certify und	der penalty of perju	ury under the laws of the Si	tate of Californ	ia that the foregoing	is true and correct.	
	. 09/25/25		•	Q+ 7	medicall'	
Date Signed		nlh. dav. year)	Si	ignature J 1740 (File	the originally signed paper states	ment 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
AMENDMENT

Investments must be itemized. Do not attach brokerage or financial statements. ▶ NAME OF BUSINESS ENTITY ▶ NAME OF BUSINESS ENTITY Apple GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Multinational Technology Company FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 \$2,000 - \$10,000 \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Other __ Stock Other _ (Describe) (Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: _/_24__ ____ / 24 DISPOSED ACQUIRED ACQUIRED NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY Qunice Therapeutics GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Biotech FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 Over \$1,000,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Other ___ Stock Other __ (Describe) (Describe) Partnership Income Received of \$0 - \$499 Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED ACQUIRED Filer's Verification NAME OF BUSINESS ENTITY Print Name Franco Cirelli GENERAL DESCRIPTION OF THIS BUSINESS Office, Agency
Assessment Appeals Board or Court __ FAIR MARKET VALUE \$10,001 - \$100,000 Statement Type 2024/2025 Annual Assuming Leaving \$2,000 - \$10,000 _____Annual Candidate Over \$1,000,000 \$100,001 - \$1,000,000 I have used all reasonable diligence in preparing this statement. I have NATURE OF INVESTMENT reviewed this statement and to the best of my knowledge the information Stock Other contained herein and in any attached schedules is true and complete. Partnership Income Received of \$0 - \$499 I certify under penalty of perjury under the laws of the State of Income Received of \$500 or More (Report on Schedule C) California that the foregoing is true and correct. IF APPLICABLE, LIST DATE: 09/25/25 Date Signed J24 JISPOSED (month, day, year) ACQUIRED

Comments: _

Filer's Signature

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Primeros Pasos® LLC	Check one box:
Name	☐ INVESTMENT ■ REAL PROPERTY
18 Fairmount Street, San Francisco CA 94131	Orsi d'Oro LLC
Address (Business Address Acceptable)	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Check one	
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	901 Bayshore Blvd. #101 San Francisco CA 94
GENERAL DESCRIPTION OF THIS BUSINESS Education	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	Leasehold Other
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Check box if additional schedules reporting investments or real property are attached
\$0 - \$499 \$10,001 - \$100,000	
\$500 - \$1,000 WI 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	
TBD	Comments:
	=======================================
Filer's Verification	
Print Name Franco Cirelli	
Office, Agency or Court Assessment Appeals Board	
Statement Type 2024/2025 Annual Annual As	suming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have rev contained herein and in any attached schedules is true and complete.	iewed this statement and to the best of my knowledge the information
I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
	@ P. 00.
Date Signed Filer's \$	Signature Francolirelli
(month, day, year)	•

SCHEDULE C Income, Loans, & Business Positions



(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Franco Cirelli, CPA, CFP®	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18 Fairmount Street San Francisco, CA 94	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Planning & Investment Managen	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Licensed Finance Consultant	
	GROSS INCOME RECEIVED No Income - Business Position Only
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	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
0	
Comments:	ERIOR
	on, or any indebtedness created as part of a retail installment or credit
card transaction, made in the lender's regular course of business on to	erms available to members of the public without regard to your official
status. Personal loans and loans received not in a lender's regular co	urse of business must be disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
WOULEST BALANCE DUDING DESCRITING REDICE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
	City
<u> </u>	City
\$1,001 - \$10,000	City Guarantor
	Guarantor
\$1,001 - \$10,000	
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Assur	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Annual Assurting Annual Assurting this statement. I have recontained herein and in any attached schedules is true and complete.	Guarantor Other (Describe) gency or Court Assessment Appeals Board Iming Leaving Candidate reviewed this statement and to the best of my knowledge the information
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Annual Assultance in preparing this statement. I have recontained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Cal	Guarantor Other (Describe) gency or Court Assessment Appeals Board Iming Leaving Candidate reviewed this statement and to the best of my knowledge the information ifornia that the foregoing is true and correct.
\$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Annual Assurting this statement. I have recontained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Call	Guarantor Other (Describe) gency or Court Assessment Appeals Board Iming Leaving Candidate reviewed this statement and to the best of my knowledge the information

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
16 - 18 Fairmount Street	
CITY	CITY
San Francisco	
Call Francisco	A
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000//24//24
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
We ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
The same of the sa	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
F RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$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	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.	income of \$10,000 or more.
None	None
Taylor Cummings - 16 Fairmount Street	11
Taylor Cummings - 16 Fairmount Street	
Taylor Cummings - 16 Fairmount Street	
Taylor Cummings - 16 Fairmount Street	
Taylor Cummings - 16 Fairmount Street	
You are not required to report loans from a commercibusiness on terms available to members of the public	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commercibusiness on terms available to members of the public	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Acceptable (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	Filer's Verification Print Name Franco Cirelli Office, Agency or Court 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 or California that the foregoing is true and correct.
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Filer's Verification Print Name Franco Cirelli Office, Agency or Court Statement Type 2024/2025 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 (99/25/25)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000	Filer's Verification Print Name Franco Cirelli Office, Agency or Court Statement Type 2024/2025 Annual 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 or California that the foregoing is true and correct.



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 BU	DARD MEMBER APP	LICATION
Complete and return this application	to the Assessment Appeals Boa	rd
Application for Appointment to: (Please check one)	□ Board 1 or □ Board 1 A □ Board 2 or □ Board 2 A ■ Board 3 or □ Board 3 A	Iternate
Full Name: James Reynolds		visiting and
San Francisc	o, CA Zip (Code:94118
	Occupation: Real Estate Appl	raiser
Work Phone: 415-359-9660	Employer: Self	
Business Address: 2001 McAllister St, #11	Zip (Code: 94118
Business Email: appraiserjimsf@sbcglobal.net	Home Email:	
Form 700 is required to accompany your application. Have y	ou attached the Form 700?	Yes 🚨 No
has a minimum of five years' professional experience in this sor public accountant; (2) licensed real estate broker; (3) attorive cognized professional organization, or property appraiser of the State Board of Equalization. Documentation of qualifying This requirement does not apply to incumbent board member	ney; or (4) property appraiser accred ertified by either the Office of Real E experience must be submitted with	lited by a nationally state Appraiser or by this application form.
Please state your qualifications (including occupation and ed	ucation if applicable):	2
	anning from Fresno State Uni	versity
	anning from Fresno State Uni	versity
	anning from Fresno State Uni	versity
	anning from Fresno State Uni	versity
25 years as a residential real estate appraiser 3.S. in Business option in Real Estate and Urban Pl	anning from Fresno State Uni	versity

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
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: O8/28/2025 Applicant's Signature: (Manually sign or type your complete name). NOTE: by typing your complete name, you are here 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

Please type or print in ink.

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: **21**3487036

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	8)
Division, Board, Department, District, if applicable	Your Position
Assessment Appeals Board	
▶ If filing for multiple positions, list below or on an at	Member ttachment. (Do not use acronyms)
Agency:	Position:
Jurisdiction of Office (Check at least one b	nov)
State	
	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	
City of	
Type of Statement (Check at least one box)	
X Annual: The period covered is January 1, 2024, December 31, 2024.	
-Or-	(Check one circle below.)
The period covered is//	, through
Assuming Office: Date assumed//	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought, if different than Part 1:
Calculate O	
Schedules attached	► Total number of pages including this cover page: 2
Schedule A-1 - Investments – schedule attache	
Schedule A-2 - Investments – schedule attache	Suited le attached
Schedule B - Real Property - schedule attache	
dulidade attache	Schedule E - Income - Gifts - Travel Payments - schedule attached
r- 🗌 None - No reportable interests on any	v schedule
/erification	
MAILING ADDRESS STREET	CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	ZIF CODE
DAYTIME TELEPHONE NUMBER	San Francisco CA 94118 EMAIL ADDRESS
)	and the Land of the Control of the C
have used all reasonable diligence in preparing this stat perein and in any attached schedules is true and comple	tement. I have reviewed this statement and to the best of my knowledge the information contained etc. I acknowledge this is a public document.
	he State of California that the foregoing is true and correct.
	g and and option
Date Signed 03/04/2025	Signature James Reynolds
(month, day, year)	(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Reynolds, James

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► 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 \$10,001 - \$1,000,000 Over \$1,000,000 FAPPLICABLE, LIST DATE: J24	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /24
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	Suit.
□ *• *··· □ ·	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
	S10,001 - \$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.	SOURCES OF RENTAL INCOME: If you own a 10% or greate interest, list the name of each tenant that is a single source income of \$10,000 or more. None
loans received not in a lender's regular course of bus	ial lending institution made in the lender's regular course
loans received not in a lender's regular course of bus	ial lending institution made in the lender's regular course c without regard to your official status. Personal loans and siness must be disclosed as follows:
loans received not in a lender's regular course of bus	cial lending institution made in the lender's regular course or without regard to your official status. Personal loans an siness must be disclosed as follows:
loans received not in a lender's regular course of bus NAME OF LENDER* Bank of America ADDRESS (Business Address Acceptable)	ial lending institution made in the lender's regular course c without regard to your official status. Personal loans and siness must be disclosed as follows:
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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 E	
Complete and return this application	on 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	
	Zip Code: 94117
Home Phone:	Occupation: Real Estate Appraise
Work Phone: 415 706-0995	Employer Self
Business Address:	Zip Code:
Business Email: Kristy w mleffers.10	M Home Email:
has a minimum of five years' professional experience in this	e you attached the Form 700?
Pursuant to Ordinance No. 393-98 the following qualific A person shall not be eligible for nomination for me has a minimum of five years' professional experience in this or public accountant; (2) licensed real estate broker; (3) atto- ecognized professional organization, or property appraiser	e you attached the Form 700?
Pursuant to Ordinance No. 393-98 the following qualification A person shall not be eligible for nomination for means a minimum of five years' professional experience in this propublic accountant; (2) licensed real estate broker; (3) attraction professional organization, or property appraises the State Board of Equalization. Documentation of qualifying	e you attached the Form 700?
Pursuant to Ordinance No. 393-98 the following qualification A person shall not be eligible for nomination for means a minimum of five years' professional experience in this or public accountant; (2) licensed real estate broker; (3) attractional professional organization, or property appraiser the State Board of Equalization. Documentation of qualifying this requirement does not apply to incumbent board members.	ations are required: Important appeals board unless he or ships state as one of the following: (1) certified public accountary or (4) property appraiser accredited by a nationally recrtified by either the Office of Real Estate Appraiser or by any experience must be submitted with this application form. The results of the following of the following of the following is stated as a state as a second of the following of the follow
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Please state relevant business and/or professional e	experience:
Real Estate Appraiser	
Real Estate Agent	
Please state civic activities:	
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thre been on local board there in the neighborhood	
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AAB Board Member Application: 8/28/2025

060600029-NFH-0029

Please type or print in ink.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Data Injual Filing Received

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

Filing ID 213720566

NAME	OF FILER (LAST)	(FIRST)			(MIDDLE)		
Nel	son, Kristine						
	Office, Agency, or Court						_
-	gency Name (Do not use acronyms)						9
	City and County of San Fran	cisco					
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_	Assessment Appeals Board If filing for multiple positions, list be	ow or on an attachment	(Do not use	Member acronyms!			Ħ.
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A	Agency:			Position:			-
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2	Jurisdiction of Office (Check	at least one box)					
	State				tired Judge, Pro Tem Jud Jurisdiction)	dge, or Court Commissioner	
	Multi-County			X County of	San Francisco		
Г	City of			Other			
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3.	Type of Statement (Check at	least one box)					
	X Annual: The period covered is Ja December 31, 2024.	anuary 1, 2024, through		Leaving	Office: Date Left (Check one circ		
	-or- The period covered is		. through	☐ The p	eriod covered is January	1, 2024, through the date of	
	December 31, 2024.		,3	leavin -or-	g office.		
	Assuming Office: Date assumed				eriod covered is/. ate of leaving office.	, through	
	Candidate: Date of Election	and of	fice sought,	if different than Pa	rt 1 <u>:</u>		-
1. 5	Schedule Summary (require	ed) ▶ Total	number	of pages inclu	ding this cover pag	le: 8	
	Schedules attached	, , , , ,		or pages more	g		
	X Schedule A-1 - Investments -	schedule attached	Х	Schedule C - Inc	ome, Loans, & Business	Positions - schedule attached	- 1
	Schedule A-2 - Investments -			Schedule D - Inc	ome – Gifts – schedule a	attached	
	Schedule B - Real Property -	schedule attached		Schedule E - Inc	ome – Gifts – Travel Pay	ments - schedule attached	- 1
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-or	r- None - No reportable in	iterests on any sched	ule				
5. V	/erification						
	MAILING ADDRESS STREET	uhile Document)	CITY		STATE	ZIP CODE	-
-	Business or Agency Address Recommended - P	abiic Document)	Gas Pus		C.D.	94102	
70	DAYTIME TELEPHONE NUMBER		San Fra	EMAIL ADDRESS	CA	54102	-
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	have used all reasonable diligence in nerein and in any attached schedules					wledge the information containe	d
	certify under penalty of perjury un	·					
	period, e. perjar) an				_		
0	Date Signed 03/18/2	025	Si	gnature Kristin	ne Nelson		
	(month, day,)				ile the originally signed paper state	ment with your filing official.)	

CALIFORNIA FORM 7	
Name	
Nelson, Kristine	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
287 Sanchez	565-567 Natoma
CITY	CITY
Can Punnaiana	San Francisco
San Francisco	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000/ 24 /_ 24	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	X Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
	\$10,001 - \$100,000 OVER \$100,000
\$10,001 - \$100,000 OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater	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.	interest, list the name of each tenant that is a single source of income of \$10,000 or more.
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Nelson, Kristine

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	63 Many Changet
23-25 Moss Street CITY	63 Moss Street
CITY	
San Franciso	San Francisco
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 / / 24 / / 24	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
X Over \$1,000,000	X Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
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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.	interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
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You are not required to report loans from a commerci	al lending institution made in the lender's regular course of
You are not required to report loans from a commerci	al lending institution made in the lender's regular course of
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	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
Nelson.	Kristine

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
850 Capp Street CITY	1466-1468 Waller Street CITY
San Francisco 94117	San Francisco
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$1,000,000 Over \$1,000,000 Column \$1	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 X Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
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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.	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
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