

File No. 130013

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 1/17/12

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Award Letter
- Application
- Public Correspondence

OTHER

(Use back side if additional space is needed)

- Form 700
- _____
- _____
- _____
- _____

Completed by: Linda Wong
Completed by: _____

Date 1/14/12
Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

**Assessment Appeals Board
City and County of San Francisco
(415) 554-5184 Fax (415) 554-5163**



RECEIVED
BOARD OF SUPERVISORS
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697
AK

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: **Board 1** or Board 1 alternate
(Please circle one) **Board 2** or Board 2 alternate

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

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

Name: Alberto Rios Home Address: _____

City: _____ State: _____ Zip code: _____

Business Address: 99 Pizarro Ave City: Novato State: CA Zip Code: 94949

Home Phone: _____ Work Phone: 415-883-0799 Fax #: 415-532-2945

Pager #: _____ E-Mail Address: DRios@realstate.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No
(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:
A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Real Estate Broker, Member in good standing of the SF Board of Realtors, California National Association of Realtors

Please state your business and/or professional experience: Independent Real Estate Business Broker-Owner Residential, Commercial, Mixed Use Properties

Occupation: Real Estate Broker Education: Broker, Masters Degree U.C.M.

Civic Activities: Public Access Television Host Real Estate Show

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

Other Personal Information (optional) Excellent Commercial & Personal Reference upon Request

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

How many days a week would you be available for hearings? 2

Have you attended an Assessment Appeals Board meeting? Yes No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
Please Note: Your application will be retained for one year.

Date: 10/20/12 Applicant's Signature: [Signature]

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

Thank for this opportunity!

Assessment Appeals Board
City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



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 San Francisco, CA 94102-4697

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 (Please circle one) Board 2 or Board 2 alternate

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Do you authorize release of your private/personal information? yes no unless required to make public

Name: Joyce Lewis Home Address: _____ -48th Ave 3

City: San Francisco State: CA Zip code: 94122

Business Address: 4150 Clement St. City: San Francisco State: CA Zip Code: 94121

Home Phone: (415) _____ Work Phone: (415) 750-2288 Fax #: N/A

Pager #: N/A E-Mail Address: _____ x4662 _____ 5@gmail.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Licensed attorney State of California Bar # 163342

Please state your business and/or professional experience: Incumbent Commissioner/Hearing Officer for Bd # 2; government attorney for 15+ years

Occupation: Federal government attorney Education: Juris Doctorate Santa Clara University

Civic Activities: Presently I serve as Commissioner/Hearing Officer for assessment appeals Bd. 2; church & school.

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

Other Personal Information (optional) _____

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

How many days a week would you be available for hearings? 1 or 2

Have you attended an Assessment Appeals Board meeting? Yes No

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

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

Date: July 19 2012 Applicant's Signature: Joyce Lewis

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

MAR 30 PM 5:05

COVER PAGE

Please type or print in ink.

NAME OF FILER

LEWIS JOYCE
S.F. LAST NAME FIRST MIDDLE
SAN FRANCISCO ETHICS COMMISSION

2012 MAR 30 PM 2:38
PN

1. Office, Agency, or Court

Agency Name

City & County of San Francisco Commissioner

Division, Board, Department, District, if applicable

Your Position

Assessment Appeals Board

Alternate Board Member

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

Agency: _____

Position: _____

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

State

Judge 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, 2011, through December 31, 2011.

Leaving Office: Date Left _____ (Check one)

-or-

The period covered is _____ through December 31, 2011.

The period covered is January 1, 2011, through the date of leaving office.

Assuming Office: Date assumed _____

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

Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

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
(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

San Francisco CA 94122

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

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

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

Date Signed

3/28/2012
(month, day, year)

Signature

(Title)

3/28/2012

Assessment Appeals Board
City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: **Board 1** or **Board 1 alternate**
 (Please circle one) **Board 2** or **Board 2 alternate**

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

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

Name: LOUISA MENDOLA Home Address: MINNESOTA ST #10

City: SAN FRANCISCO State: CA Zip code: 94107

Business Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone _____ Work Phone: 415 267 6943 Fax #: 415 824-3618

Pager #: _____ E-Mail Address: l @ aol - com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: _____

Please state your business and/or professional experience: _____

Occupation: _____ Education: _____

Civic Activities: _____

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

Other Personal Information (optional) _____

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

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

Have you attended an Assessment Appeals Board meeting? Yes No

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

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

Date: 8/16/2012

Applicant's Signature: [Signature]

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



STATEMENT OF ECONOMIC INTERESTS OF SUPERVISORS
SAN FRANCISCO

RECEIVED Date Received
Official Use Only

2012 MAR 30 PM 5:00 COVER PAGE

2012 MAR 30 PM 2:39

Please type or print in ink.

NAME OF FILER (LAST) SAN FRANCISCO (FIRST) ETHICS COMMISSION (MIDDLE) BY MENDOZA LOUISA

1. Office, Agency, or Court BY

Agency Name: BOARD OF SUPERVISORS BOARD MEMBER
Division, Board, Department, District, If applicable: ASSESSMENT APPEALS BOARD
Your Position:

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

Agency: Position:

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

- State
Multi-County
City of San Francisco
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, 2011, through December 31, 2011.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

- 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
None - No-reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
San Francisco, CA 94107

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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

Date Signed March 19, 2012 Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
Louisa Mendoza

▶ NAME OF BUSINESS ENTITY
Fidelity Mutual Funds
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investments
 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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF BUSINESS ACTIVITY

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF BUSINESS ACTIVITY

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF BUSINESS ACTIVITY

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF BUSINESS ACTIVITY

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF BUSINESS ACTIVITY

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name: Louisa Mendoza

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
88 Orsi Circle

CITY
San Francisco, CA 94124

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 / / 11 DISPOSED / / 11

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.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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 / / 11 DISPOSED / / 11

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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

NAME OF LENDER*
Alliant Credit Union

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF LENDER
Wholesale Lender/Financial Inst.

INTEREST RATE 5.75 % TERM (Months/Years) None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ % TERM (Months/Years) None

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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Louisa Mendoza

| 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME <u>M & M Financial Services</u> | NAME OF SOURCE OF INCOME |
| ADDRESS (Business Address Acceptable) [REDACTED] | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Financing</u> | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION <u>Mortgage Broker</u> | YOUR BUSINESS POSITION |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small> | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small> |

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

| | | |
|---|---|---------------------------|
| NAME OF LENDER* _____ | INTEREST RATE _____ % <input type="checkbox"/> None | TERM (Months/Years) _____ |
| ADDRESS (Business Address Acceptable) _____ | SECURITY FOR LOAN | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER _____ | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| HIGHEST BALANCE DURING REPORTING PERIOD | <input type="checkbox"/> Real Property _____ <small>Street address</small> | |
| <input type="checkbox"/> \$500 - \$1,000 | _____ <small>City</small> | |
| <input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Other _____ <small>(Describe)</small> | |
| <input type="checkbox"/> OVER \$100,000 | | |

Comments: _____

Assessment Appeals Board
 City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

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 (Please circle one) Board 2 or Board 2 alternate

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

Do you authorize release of your private/personal information? yes no
 Name: Robia Crisp Home Address: Collins Street
 City: San Francisco State: CA Zip code: 94118
 Business Address: Manatt Phelps Phillips, Embarcadero Center, 30th fl. City: San Francisco State: CA Zip Code: 94111
 Home Phone: (415) _____ Work Phone: (415) 291-7462 Fax #: _____
 Pager #: _____ E-Mail Address: _____@manatt.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.)

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Please state your qualifications: licensed member of the California State Bar since December 2003 (9 years) #227198.

Please state your business and/or professional experience: Land use attorney in San Francisco.

Occupation: attorney Education: J.D. UOP McGeorge School of Law, B.A. UC Davis

Civic Activities: member/supporter of Golden Gate National Parks Conservancy

Ethnicity (optional): Korean American Sex (optional): M F

Other Personal Information (optional): See attached resume

Would you be able to attend Day Meetings? Yes No Night meetings? Yes No
 How many days a week would you be available for hearings? 2
 Have you attended an Assessment Appeals Board meeting? Yes No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
 Please Note: Your application will be retained for one year.

Date: 1/2/13 Applicant's Signature: Robia Crisp

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

ROBIA SOOK CRIST

— Collins Street • San Francisco, CA 94118 • (415) —

— .@gmail.com —

BAR ADMISSION

California State Bar, December 2003

WORK EXPERIENCE

- June 2012- present **UPDATE LEGAL**
MANATT PHELPS AND PHILLIPS San Francisco, CA
Contract Land Use Associate
Assist in the representation of a broad range of clients in land use matters. Regularly appear before local decisionmaking bodies throughout the Bay Area in connection with obtaining discretionary approvals.
- June 2006- June 2012 **MILLER STARR REGALIA** Walnut Creek, CA
Land Use Associate
Represented clients in all phases of entitlement processing, including compliance with CEQA and regularly appearing before local governmental bodies throughout Northern California. Assisted in representation of national big box retailer and interfaced with staff and technical consultants to develop a comprehensive administrative record. Provided land use advice to a global healthcare company operating a large campus in the East Bay. Conducted land use due diligence research in connection with site acquisitions. Drafted contracts, deeds, easements, and other legal documents in connection with real estate transactions. Administrative law experience in obtaining alcoholic beverage sales permits on behalf of two national drugstore companies. Projects included handling two hearings before administrative law judges, both resulting in favorable decisions.
- Sept. 2006- June 2006; Summer 2002 **DOWNEY BRAND LLP** Sacramento, CA
Water Law Associate; Summer Associate
Assisted in representing public and private clients on a broad range of issues involving water law. Advised public agency clients regarding compliance issues under the Brown Act, Political Reform Act, and Public Records Act. Assisted in representing amicus curiae water association and prepared appellate brief on issue of priority of water rights, resulting in favorable decision in *El Dorado Irrigation Dist. v. State Water Resources Control Bd.* (2006) 142 Cal.App.4th 937. Represented private landowners in a water right dispute and drafted appellate briefs resulting in a favorable decision in *Barnes v. Hussa* (2006) 136 Cal.App.4th 1358.

EDUCATION

- May 2003 **University of the Pacific McGeorge School of Law**
• Juris Doctor, Graduated with Distinction
- Dec. 1996 **University of California, Davis**
• Bachelor of Arts, Philosophy

SELECTED PUBLICATIONS AND TEACHING EXPERIENCE

- Editorial Board Member, Climate Change Reporter (August 2009-January 2011)
- Editorial Board Member, California Land Use Law and Policy Reporter (November 2008-August 2009)
- Lecturer, Lorman Seminars, *Real Estate Development from Beginning to End, Local Government Approvals*, Oakland, CA (February 2008)
- Co-Author, *Low Impact Development: A Growing Trend in Stormwater Management*, Builder Magazine (March 2007)
- Panelist, San Joaquin County Housing Symposium, Fresno, CA (February 2007)
- Adjunct Professor, McGeorge School of Law, Appellate Advocacy Program (2006)
- Presenter, Northern California Water Association and Downey Brand, "Ethics Training for Local Agency Officials, AB1234: The Brown Act" (2006)
- Presenter, "Groundwater Law and Hydrology," UC Davis Extension Program (October 2004)

COMMUNITY INVOLVEMENT

- Executive Board Member, Professional Women in Building, Building Industry Association of the Bay Area (2009-2012)
- Member/Supporter, Golden Gate National Parks Conservancy (2009-present)

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Received _____
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) Crisp (FIRST) Robia (MIDDLE) Sook

1. Office, Agency, or Court

Agency Name City & County of San Francisco
 Division, Board, Department, District, if applicable Assessment Appeals Board Your Position Board 2 member
 ▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

State Judge 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, 2011, through December 31, 2011.
 -or-
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is ____/____/____ through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ▶ Total number of pages including this cover page: 5
 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
Collins Street San Francisco CA 94118
(Agency Address Recommended - Public Document)
 TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) _____ _____@gmail.com

I have used all reasonable means in preparing this statement. I have reviewed 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 1/2/13 Signature Robia Crisp
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

Name Robica Crisp

▶ NAME OF BUSINESS ENTITY
Velocity Financial Group (from A-2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
venture debt portfolio

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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
United Parcel Service

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
delivery service

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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cymax (from A-2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
e-commerce co.

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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Fleetmatics (from A-2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
software co.

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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 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
Robin Crisp

1. BUSINESS ENTITY OR TRUST

Name Canopy Capital
 Address (Business Address Acceptable) 301 California Dr., Suite #3, Burlingame, CA
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
private investment firm

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

IF APPLICABLE, LIST DATE: / /11 / /11
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership LLC 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)

Velocity Financial Group, Cymax, Fleetmatics

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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

IF APPLICABLE, LIST DATE: / /11 / /11
 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: _____

1. BUSINESS ENTITY OR TRUST

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE: / /11 / /11
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, 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

IF APPLICABLE, LIST DATE: / /11 / /11
 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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Robia Crisp

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Collins Street

^{City}
San Francisco, CA 94118

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

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/11 DISPOSED: ___/___/11

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
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.

▶ 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:
 ACQUIRED: ___/___/11 DISPOSED: ___/___/11

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Robica Crisp

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Update Legal, Inc.

ADDRESS (Business Address Acceptable)
100 California Street, SF

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Contract attorney

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership

Sale of _____
 (Real property, car, boat, etc.)

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

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership

Sale of _____
 (Real property, car, boat, etc.)

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

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE TERM (Months/Years)

_____ % None

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

Assessment Appeals Board
City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to:
 (Please circle one)

Board 1
 Board 2

or
 or

Board 1 alternate
 Board 2 alternate

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: JOSEPH K. THAM Home Address: ANZA ST. #3

City: San Francisco State: CA Zip code: 94121

Business Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: 415 _____ Work Phone: _____ Fax #: _____

Pager #: _____ E-Mail Address: @yahoo.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Past AAB member from 2002-2011; 25+ years in the real estate sales, appraisal, leasing

Please state your business and/or professional experience: and property management area. Real estate analysis and feasibility studies

Occupation: Real Estate Consultant Education: Bus. Adm. and Law

Civic Activities: Project Safe; Project OR; SF Chinese Club

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

Other Personal Information (optional) _____

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

How many days a week would you be available for hearings? 2-3

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: 08/27/12 Applicant's Signature: [Signature]

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

Joseph K. Tham

(415) _____

email: _____ @hotmail.com

_____ 18th Street, San Francisco, CA 94114

OBJECTIVE

To serve the public and represent various community groups

EDUCATION

B.A. degree: University of California, Berkeley, CA
Major subjects: Political Economics and Business Law

A.A. and Real Estate Certificate City College of San Francisco, CA
Real Estate and Computer Sciences

COMMUNITY ACTIVITIES

Member, San Francisco Assessment Appeals Board
Member, Small Property Owners of San Francisco
Member, San Francisco Neighbors Association
Project Safe – Crime Prevention Specialist; Bilingual in Chinese
Delegate, IFPTE Local 21-At Large Chapter

WORK EXPERIENCE

Commercial Real Property Officer

7-00 to 07-12

San Francisco Public Utilities Commission, San Francisco, CA

- Negotiate and execute commercial lease and permit agreements for S.F. Water Department
- Negotiate with property owners, neighborhood groups, contractors, engineers, and others to facilitate blueprints and review design plans for new projects by the Engineering Bureau
- Appraise and update leases and permits to increase City revenues from \$5 to \$10 million

Real Estate Appraiser / Consultant

6-94 to 6-00

Great Pacific Appraisal Associates, San Francisco, CA

- Start real estate appraisal and consulting business from ground zero
- Develop and manage business to increase revenues by 25% annually

Appraisal Manager, Northern California Region

6-93 to 5-94

Union Bank of California, Oakland, CA

- Manage and evaluate 100+ appraisers and other personnel for Northern California region
- Arbitrate appraised values between homeowners, loan underwriters, and fee appraisers

Regional Appraisal Auditor / Senior Appraiser

09-86 to 2-92

American Savings (Washington Mutual) Bank, San Francisco, CA

- Setup and organize new regional appraisal review office for Northern California
- Conduct quarterly and annual audits of appraisal reports for quality control and compliance
- Consult on special or complex projects and sit on special panels for Bank owned properties

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE FILED

Date Received
Official Use Only

Please type or print in ink.

12 MAR 30 PM 5:03

NAME OF FILER (LAST) (FIRST) (MIDDLE)
THAM Joseph SAN FRANCISCO ETHICS COMMISSION

1. Office, Agency, or Court

Agency Name
San Francisco Assessment Appeals Board
Division, Board, Department, District, if applicable
Your Position
Alternate Member

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

Agency: _____ Position: _____

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

State Judge 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, 2011, through December 31, 2011.
-or-
The period covered is ____/____/____, through December 31, 2011.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left 09 / 16 / 2011 (Check one)
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

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 EMAIL ADDRESS (OPTIONAL)
@yahoo.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

Date Signed 03/16/2012
(month, day, year)

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 THAM, Joseph K.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 1524-015

CITY
 San Francisco

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 / / 11 DISPOSED / / 11

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.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 2694-035

CITY
 San Francisco

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 / / 11 DISPOSED / / 11

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % 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: _____

Assessment Appeals Board
City and County of San Francisco
(415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: Board 1 or Board 1 alternate
(Please circle one) Board 2 or Board 2 alternate

Name: Kristine Nelson Home Address: Buena Vista West
City: San Francisco State: CA Zip code: 94117
Business Address: 601 Buena Vista W City: SF State: CA Zip code: 94117
Home Phone 415 Work Phone: 415 706-0925 Fax #: 415-864-4378
Pager #: _____ E-Mail Address: jmleffers.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?
 Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No
(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to California Revenue and Taxation Code Section 1624, the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Certified General Appraisal License A6007334
Real Estate Sales License

Please state your business and/or professional experience: Real Estate Appraiser since 1986. Active in Real Estate since 1984

Occupation: Real Estate Sales/Real Estate Appraiser Education: BA UCLA Business minor History
Civic Activities: Past Secretary Randall Museum Friends Board ^{Special} terminated off/National Charity League

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

Other Personal Information (optional) Let me know if you need additional information

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

How many days a week would you be available for hearings? 2

Have you attended an Assessment Appeals Board meeting? Yes No Will attend the next one

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: 11/6/2012 Applicant's Signature: [Signature]

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



Business, Transportation & Housing Agency

OFFICE OF REAL ESTATE APPRAISERS

REAL ESTATE APPRAISER LICENSE

KRISTINE A. NELSON

has successfully met the requirements for a license as a general real estate appraiser in the State of California and is, therefore, entitled to use the title "Certified General Real Estate Appraiser". This license has been issued in accordance with the provisions of the Real Estate Appraisers' Licensing and Certification Law.

OREA APPRAISER IDENTIFICATION NUMBER

AG007334

Date Issued: May 6, 2011

Date Expires: May 5, 2013

Bob Clark

Director, OREA

Audit No. 133728

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Nelson Kristine Ann

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Assessment Appeals Board

Your Position

Board (2) Member or Alternate

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

Agency: _____

Position: _____

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

State

Judge 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, 2011, through December 31, 2011.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

The period covered is January 1, 2011, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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

Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

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)

1 Dr. Carlton B. Goodlett Place #405 San Francisco, CA 94102

DAYTIME TELEPHONE NUMBER

(415) _____

E-MAIL ADDRESS (OPTIONAL)

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 11/29/2012
(month, day, year)

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

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Kristine Nelson

▶ NAME OF BUSINESS ENTITY
PGE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Electricity

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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Chip Maker

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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hewlett Packard

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computers

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 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
Kristine Nelson

▶ 1. BUSINESS ENTITY OR TRUST

Matthew P. Letters : Kristine Nelson Letters Trust
 Name

Home Office
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 / / 11 / / 11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

Kelly Patterson, Richard Lowie,
Sarah Brandy, Anthony Critchlow
Nicholas Bora

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Rental Property 287 Sanchez
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 11 / / 11
 \$10,001 - \$100,000 / / 11 / / 11
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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

Matthew P. Letters : Kristine Nelson Letters Trust
 Name

Home Office
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 / / 11 / / 11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

Rob Conley, Eileen Kozić
Stephanie Pickering, Adam Mesnick

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

Check one box:
 INVESTMENT REAL PROPERTY

565-567 Natoma Street, San Francisco
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Rental Property 565-567 Natoma
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 11 / / 11
 \$10,001 - \$100,000 / / 11 / / 11
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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
Kristine Nelson

▶ 1. BUSINESS ENTITY OR TRUST

Matthew P. Leffers : Kristine Nelson Leffers Trust

Name Home Office

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

Michael La Fortune

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

Check one box:
 INVESTMENT REAL PROPERTY

23-25 Moss St. S.F. CA

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

Rental Property
23-25 Moss Street, San Francisco, CA

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 11 / / 11
 \$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: _____

▶ 1. BUSINESS ENTITY OR TRUST

Matthew P. Leffers : Kristine Nelson Leffers Trust

Name Home Office

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

Don Whipple, Nalish Mayla

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

Check one box:
 INVESTMENT REAL PROPERTY

1316-1318 Fulton Street San Francisco

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

Rental Property
1316-1318 Fulton Street 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 / / 11 / / 11
 \$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

RECEIVED
JCT 17 2012
Assessment Appeals Board

Assessment Appeals Board
City and County of San Francisco
(415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: **Board 1** or **Board 1 alternate**
(Please circle one) **Board 2** or **Board 2 alternate**

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

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

Name: Daniel Hershkowitz Home Address: VALE AVE

City: San Francisco State: CA Zip code: 94132

Business Address: City: State: Zip Code:

Home Phone 415- Work Phone: Fax #:

Pager #: E-Mail Address: @yahoo.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: I am a real estate broker and real estate attorney with 15 years continuous experience in residential real estate -- 11 years exclusively in San Francisco

Please state your business and/or professional experience: Lawyer, Real Estate Broker, Consultant, Expert Witness, Committee Chair, Adjunct Professor of Mediation & ADR, Local Community Volunteer.

Occupation: Realtor/Attorney/Expert Education: BA (Business Management)//Juris Doctor

Civic Activities: Board Member: 1) SF Child Abuse Prevention Center; 2) SF Stonestown YMCA

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

Other Personal Information (optional) Please read my profile at www.Mrdantastic.com

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

How many days a week would you be available for hearings? three-four

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: 10/16/2012

Applicant's Signature: Daniel Hershkowitz

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER: (LAST) Daniel (FIRST) Adam (MIDDLE) Hershkowitz

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Assessment Appeals Board

Your Position

Assessment Appeals Board

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

Agency: _____

Position: _____

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

State

Multi-County: _____

City of San Francisco

Judge or Court Commissioner (Statewide Jurisdiction)

County of _____

Other _____

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

Annual: The period covered is January 1, 2011, through December 31, 2011.

* -or- The period covered is JANUARY 1, 2012 - JANUARY 7, 2013 through December 31, 2011.

Leaving Office: Date Left 1/7 (Check one)

The period covered is January 1, 2011, through the date of leaving office.

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

Assuming Office: Date assumed 1/17/2013

Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

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

(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

VALE AVE SAN FRANCISCO CA 94132

DAYTIME TELEPHONE

E-MAIL ADDRESS (OPTIONAL)

TEL 415 -

@YAHOO.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

Signature

01/7/2013

[Handwritten Signature]

(month, day, year)

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

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Daniel Hershkowitz

NAME OF BUSINESS ENTITY
Morgan Stanley IRA and Investment Accounts

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Morgan Stanley IRA and Investment Accounts

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

NATURE OF INVESTMENT
 Stock
 Other Stocks & Bonds
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
YMCA Retirement Fund (Alyssa Hershkowitz)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
YMCA Retirement Fund (Alyssa Hershkowitz)

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

NATURE OF INVESTMENT
 Stock
 Other Mix of IRA retirement funds
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 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:
 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 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:
 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 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:
 / / 11 / / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$100,001 - \$1,000,000
 \$10,001 - \$100,000
 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:
 / / 11 / / 11
 ACQUIRED DISPOSED

DP 1/7/2013
 * We also have trust outstanding personal loans where we lent money to friends

Comments: * All of our money that is not in cash is in these two investment (Retirement/IRA Accounts. Bank accounts)

Daniel Hershkowitz 1/7/2013

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
 Daniel Hershkowitz

1. BUSINESS ENTITY OR TRUST

Name: _____

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION: _____

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

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

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

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

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

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

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

Check one box
 INVESTMENT REAL PROPERTY

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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

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 / / 11 / / 11
 \$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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 11 / / 11
 \$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: **NOT APPLICABLE - WE DO NOT OWN A BUSINESS INTEREST IN ANY BUSINESS**
 WE ARE INDEPENDENT CONTRACTORS AND
 Daniel Hershkowitz 11/7/2013

Comments: **WE ARE INDEPENDENT CONTRACTORS AND PRIMARILY SELF EMPLOYED.**
 FPPC Form 700 (2011/2012) Sch. A-2
 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Daniel Hershkowitz

▶ 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
 / / 11 / / 11
 ACQUIRED DISPOSED

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

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.

▶ 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
 / / 11 / / 11
 ACQUIRED DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % None

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

Comments: *X Not applicable - we do not currently own an interest in Real Property in S.F. or elsewhere. We sold our home last year.*

Daniel Hershkowitz 11/7/2013

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Daniel Hershkowitz

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Daniel Hershkowitz - Realtor / Lawyer / Expert

ADDRESS (Business Address Acceptable)
 Independent Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Real Estate Agent / Lawyer / Expert Witness

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Independent Contractor Wages & Fees
 Other Independent Contractor Wages & Fees
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Alyssa Hershkowitz

ADDRESS (Business Address Acceptable)
 YMCA of San Francisco / Koi Fitness San Francisco

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Personal Training & Fitness Services

YOUR BUSINESS POSITION
 Personal Trainer (fitness coach)

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other Independent Contractor Wages & Fees
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)


BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE TERM (Months/Years)
 _____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

 1/7/2013

Assessment Appeals Board
 City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

POST MARK

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: Board 1 or Board 1 alternate
 (Please circle one) Board 2 or Board 2 alternate

OCT 18 2012
 Assessment Appeals Board

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: Diana Daniel Home Address: Mallorca Way
 City: San Francisco State: CA Zip code: 94123

Business Address: 263 Mallorca Way City: San Francisco State: CA Zip Code: 94123

Home Phone 415 Work Phone: 510-922-9026 Fax #: 510-922-9029

Pager #: _____ E-Mail Address: eRealworksreo.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No
 (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: 24 years as a real estate professional with 20 of those years in CA. * Please see resume attached.

Please state your business and/or professional experience: Owner/Broker of a real estate company. CA Broker license since 2006.

Occupation: Real Estate Broker Education: Undergraduate degree in Business

Civic Activities: _____
 Ethnicity (optional): Caucasian Sex (optional): M F

Other Personal Information (optional) Avid runner, love travels to Europe, nature, Equality supporter.

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

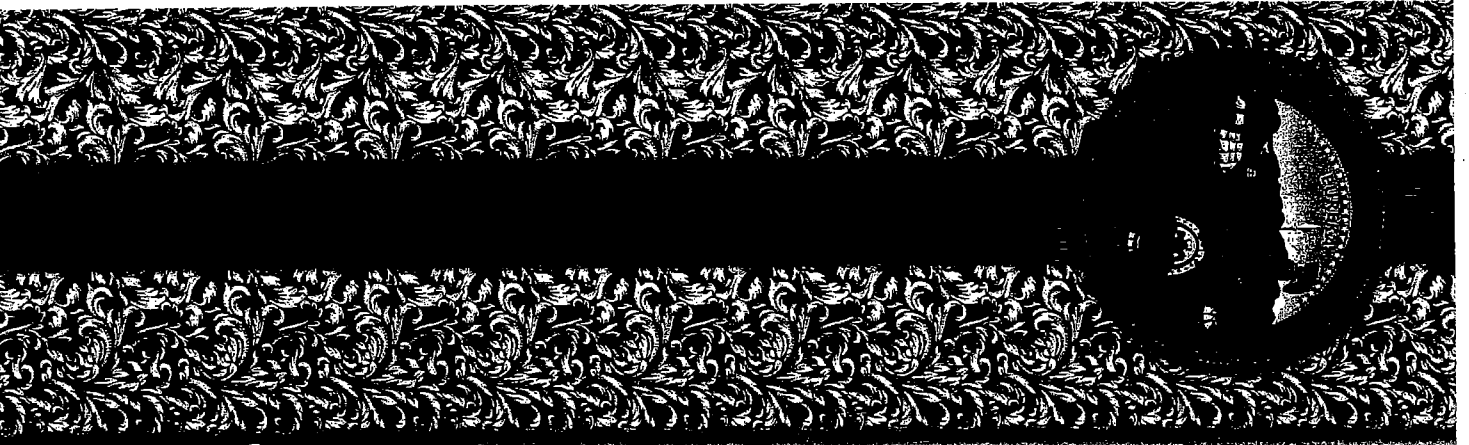
How many days a week would you be available for hearings? 1-2
 Have you attended an Assessment Appeals Board meeting? Yes No

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

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

Date: 10/18/12 Applicant's Signature: [Signature]

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



STATE OF CALIFORNIA

Department of Real Estate
Serving Californians Since 1917

Real Estate Broker License

Diana Lee Daniel

MAIN OFFICE ADDRESS
6024 JOHNSTON DRIVE
OAKLAND, CA 94611

FICTITIOUS BUSINESS NAME
• REALWORKS RESIDENTIAL

Diana Lee Daniel
Real Estate Commissioner

Identification Number: 01212835 Issued: March 17, 2010 Expires: March 16, 2014

**STATE OF CALIFORNIA
DEPARTMENT OF REAL ESTATE**

The license information shown below represents public information taken from the Department of Real Estate's database at the time of your inquiry. It will not reflect pending changes which are being reviewed for subsequent database updating. Also, the license information provided includes formal administrative actions that have been taken against licensees pursuant to the Business and Professions Code and/or the Administrative Procedure Act. All of the information displayed is public information. Although the business and mailing addresses of real estate licensees are included, this information is not intended for mass mailing purposes.

License information taken from records of the Department of Real Estate on 10/18/2012 12:04:23 PM

License Type: BROKER

Name: Daniel, Diana Lee

Mailing Address: 263 MALLORCA WAY
SAN FRANCISCO, CA 94123

License ID: 01212835

Expiration Date: 03/16/14

License Status: LICENSED

Salesperson License Issued: 08/30/96 (Unofficial -- taken from secondary records)

Broker License Issued: 03/17/06

Former Name(s): NO FORMER NAMES

Main Office: 6024 JOHNSTON DRIVE
OAKLAND, CA 94611

DBA RealWorks Residential
ACTIVE AS OF 03/23/2007

Branches: 263 MALLORCA WAY
SAN FRANCISCO, CA 94123

Affiliated Licensed Corporation(s): NO CURRENT AFFILIATED CORPORATIONS

Comment: NO DISCIPLINARY ACTION
NO OTHER PUBLIC COMMENTS

>>>> Public information request complete <<<<

Diana Daniel
RealWorks Residential
510-922-9026(O); 510-922-9029(Fax)
diana@realworksreo.com

I have worked in the field of real estate since 1988. I was first licensed in the State of Maine as a real estate salesperson. I moved to California in 1992 and obtained my real estate license in 1996. I then received my Broker license in 2006. Since my time in California I have specifically marketed and sold REO (Bank Owned Property). I worked for 10 years with one of the largest firms that markets bank owned properties in the Bay Area. I briefly moved to Massachusetts for 3 years from 2003-2006 and also obtained my real estate license in that state. I moved back to California in 2006 and returned to my previous employer for two years and then started my own real estate firm in 2007. Since that time I have run my own real estate firm marketing strictly to banking institutions and marketing and selling REO properties. In 2011 I sold 68 REO properties. I have extensive knowledge in the valuation and marketing of REO (bank owned) properties and residential real estate. In the past 20 years I have completed hundreds of Broker Price Opinions. The climate for REO property has changed and inventory has decreased. Due to the downturn in business I have decided to look at other opportunities in the real estate field.

Education:

1971-1979 - Cony High School
1979-1983 - BA in Business - University of Maine
1988 - Maine licensed real estate salesperson
2006 - California licensed real estate salesperson
2004-2006 - Massachusetts licensed real estate salesperson
2006 - California Broker License

Affiliations:

National Association of Realtors
California Association of Realtors
Oakland Association of Realtors
San Francisco Association of Realtors

EBRDI – East Bay Regional Data – MLS
BAREIS-Bay Area Real Estate Information Services – MLS
The above also include San Francisco and Santa Clara Multiple Listing Services

Employment:

1992-2003 - Equity Capital Real Estate - Alameda, California
Assistant to the owner of the company and manager of REO operations.

2003-2006 - Sawicki Real Estate - Amherst, Massachusetts
Licensed real estate salesperson

2006-2008 - Equity Capital Real Estate - Alameda, California
Manager of REO operations

2007-Present - RealWorks Residential
Broker/President/Owner of a real estate company specializing in the marketing and sale of REO (Bank Owned) Property.

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Daniel Diana Lee

1. Office, Agency, or Court

Agency Name
~~Assessment Appeals Board - Board 2 Alternate~~ Board of Supervisors
 Division, Board, Department, District, if applicable Your Position
 Assessment Appeals Board - City & County of San Francisco Board 2 Alternate

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of San Francisco
- Judge 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, 2011, through December 31, 2011.
- or-
- The period covered is _____, through December 31, 2011.
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- Assuming Office: Date assumed _____
- The period covered is _____, through the date of leaving office.
- Candidate: Election Year 2012 Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

- 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

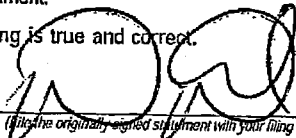
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 or Agency Address Recommended - Public Document
Mallorca Way San Francisco CA 94123
 DAY TIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(510) _____ diana@realworksreo.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 11/28/12
(month, day, year)

Signature 
(Sign the originally signed statement with your filing official.)

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Diana Lee Daniel

▶ NAME OF BUSINESS ENTITY
Charles Schwab - SEP/IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement account

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 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
 Diana Lee Daniel

1. BUSINESS ENTITY OR TRUST

RealWorks Residential

Name
263 Mallorca Way San Francisco, CA 94123

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate brokerage agency

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION President/Owner/Broker

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.)

Commissions from the sale of real estate in San Francisco, Alameda, Contra Costa and Solano counties.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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 / / 11 / / 11
 \$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: _____

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, 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 / / 11 / / 11
 \$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 B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Diana Lee Daniel

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
263 Mallorca Way

CITY
San Francisco, CA 94123

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

IF APPLICABLE, LIST DATE:
11 / 08 / 11 / / / 11
ACQUIRED DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
_____ / _____ / 11 _____ / _____ / 11
ACQUIRED DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % None _____

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % None _____

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

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Diana Lee Daniel

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Diana Lee Daniel |
|---|

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____

Assessment Appeals Board
 City and County of San Francisco
 (415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to: Board 1 or Board 1 alternate
 (Please circle one) Board 2 or Board-2 alternate

Name: Shawn Ridgell Home Address: Broderick St.
 City: San Francisco State: CA Zip code: 94117
 Business Address: 2128 Broadway City: Oakland State: CA Zip code: 94612
 Home Phone: (415) _____ Work Phone: (510) 986-1300 Fax #: (510) 986-1301
 Pager #: _____ E-Mail Address: jaol.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?
 Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No
 (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

*Pursuant to California Revenue and Taxation Code Section 1624, the following qualifications are required:
 A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.*

Please state your qualifications: I am an attorney licensed in California. I have been a lawyer for 14 years.

Please state your business and/or professional experience: I have been a practicing attorney for 14 years - please see attached resume.

Occupation: Attorney Education: Juris Doctorate
 Civic Activities: Volunteer, Aids legal referral [Panel]

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

Other Personal Information (optional) _____

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

How many days a week would you be available for hearings? 2-3

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: 7/19/02 Applicant's Signature: [Signature]

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

SHAWN RIDGELL
— BRODERICK STREET
SAN FRANCISCO, CA 94117
TELEPHONE (415) —
Email: — @aol.com

EDUCATION

UNIVERSITY OF SAN FRANCISCO SCHOOL OF LAW

Juris Doctor Degree, May 1996
Staff Member, *Maritime Law Journal*
Tutor in the *Academic Support Program*

UNIVERSITY OF SAN FRANCISCO

Bachelor of Science in Business Administration, May 1991
Member of the *Disciplinary Hearing Committee*
Named *Who's Who Among Students in American Universities*

WORK EXPERIENCE

MANAGING ATTORNEY, JANUARY, 2007- PRESENT

RIDGELL & LAWLOR, LLP; Oakland, CA
Client representation in civil litigation and business matters. Areas of practice include contracts, consumer litigation, business litigation, business formation, insurance litigation, personal injury, and elder abuse. Client representation in mediations, arbitrations, and trial.

ARBITRATOR, JANUARY, 2008-PRESENT

FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA);
San Francisco, CA
Responsible for hearing and deciding disputes arising out of breach of contract and employment law matters within the securities industry. Reviewed pleadings and other documents in evaluating disputes. Issued rulings on discovery matters.

ATTORNEY, 2001-2006

CHARLES SCHWARTZ, P.C.; Oakland, CA
Client representation in civil litigation and business matters. Areas of practice include contracts, consumer litigation, business litigation, business formation, insurance litigation, personal injury, and elder abuse. Represented clients in mediations, arbitrations, administrative hearings, and trial. Assumed sole responsibility for own case files.

LEGAL EDITOR, 1999-2006

CONTINUING EDUCATION OF THE BAR; Oakland, CA
Conducted extensive legal research on various legal subjects, including areas involving business law, civil litigation, real property, and estate planning. Assisted in editing legal publications.

ATTORNEY, 1999-2001

SHAWN RIDGELL, ATTORNEY AT LAW; San Francisco, CA
Client representation in civil litigation and business matters.

LAW CLERK, 1997-1998

LAW OFFICES OF JOHN D. WINER; San Francisco, CA
Participated in Civil discovery, including preparing clients for Deposition testimony. Drafted legal memoranda.

LAW CLERK, 1996-1997

FRANCOIS SORBA, ATTORNEY AT LAW; San Mateo, CA

Conducted legal research on real estate and construction matters. Drafted discovery requests and legal memoranda.

LAW CLERK, FEBRUARY 1996 - MAY, 1996

RICE, FOWLER, BOOTH, & BANNING; San Francisco, CA

Participant in the law firm's externship program. Conducted legal research on maritime issues. Drafted Motions and legal memoranda. Attended depositions.

LAW CLERK, JUNE 1995- NOVEMBER 1995

RICHTER, SENN & PALUMBO; San Francisco, CA

Conducted legal research on real estate, construction, and business matters. Drafted Motions and legal memoranda.

**PROFESSIONAL
ASSOCIATIONS**

San Francisco Bar Association, Member
Alameda County Bar Association, Member
California Bar Association, Member

**VOLUNTEER
ACTIVITIES**

Volunteer Attorney, Bar Association of San Francisco
Volunteer Attorney, AIDS Legal Referral Service (ALRP)
University of San Francisco Alumni Board of Directors

AWARDS

Outstanding Volunteer in Public Service Award, Bar Association of San Francisco, 2004

Award for Outstanding Volunteer, AIDS Legal Referral Service, 2009



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received FPPC Form 700-13-01

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name Assessment Appeals Board
Division, Board, Department, District, if applicable NIA
Your Position Board member

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

Agency: Position:

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

State, Multi-County, City of San Francisco, Judge or Court Commissioner, County of, Other

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

Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is through December 31, 2011.
Leaving Office: Date Left (Check one)
The period covered is January 1, 2011, through the date of leaving office.
The period covered is through the date of leaving office.

Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 1

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (RECOMMENDED - Public Document) STREET CITY STATE ZIP CODE
3 Broadway Oakland CA 94612
E-MAIL ADDRESS (OPTIONAL)

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 1/10/13 Signature [Signature]

San Francisco
BOARD OF SUPERVISORS

Date Printed: January 8, 2013

Date Established: December 24, 1998

Active

ASSESSMENT APPEALS BOARD NO. 2

Contact and Address:

Dawn Duran
Assessment Appeals Board
City Hall, Room 405

Phone: (415) 554-6778
Fax: (415) 554-6775
Email: Dawn.Duran@sfgov.org

Authority:

Administrative Code Chapter 2B et seq.; Added by Ordinance 37-67, approved 1/31/67; amended by Ordinance No. 393-98, approved 12/24/1998; amended by Ordinance No. 273-99; approved 10/27/99.

Board Qualifications:

The Assessment Appeals Board No. 2 consists of eight members, five regular members, and three alternate members all of whom are appointed by the Board of Supervisors.

No person may concurrently hold a seat on Assessment Appeals Board No. 1 and a seat on Assessment Appeals Board No. 2.

The Board members' term of office is three years, beginning on the first Monday in September. In the event of a vacancy, the newly appointed member shall serve for the remainder of the unexpired term.

The Board shall have the following qualifications as stated in the eligibility criteria set forth in Section 1624.05 of the California Revenue and Taxation Code as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, or Property Appraiser certified by the Office of Real Estate Appraiser; or he or she is a current member of an assessment appeals board.

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing

San Francisco
BOARD OF SUPERVISORS

officers. The Clerk shall designate members to act as hearing officers for particular applications using a rotating system designed to assure that all members with the same priority level, as described in this subsection, have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing officers in the following priority order: (a) the alternate members of Assessment Appeals Board No. 2; (b) the alternate members of Assessment Appeals Board No. 1; (c) the regular members of Assessment Appeals Board No. 2; and (d) the regular members of Assessment Appeals Board No. 1. In their capacity as assessment hearing officers, the officers shall serve at the pleasure of and by contract with the Board of Supervisors.

It shall be the duty of each Assessment Appeals Board to equalize the valuation of the taxable property within the City and County for the purposes of taxation in the manner and subject to the limitations contained in Article XIII of the California State Constitution. Assessment Appeals Board No. 2 shall have jurisdiction to only hear applications for reduction for property on the secured or unsecured rolls assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Blocks 1 - 876, inclusive, or Assessor's Blocks 3701-3899 inclusive. Except not including residential real property on the secured roll consisting of four units or less that is located all or in part within those blocks.

Report: Pursuant to Section 1639 of the Revenue and Taxation Code, the hearing officer shall prepare a summary report of the proceedings together with a recommendation on the application and shall transmit this report and recommendation to the Clerk of the Board of Supervisors.

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

Sunset Clause: None