File No.	1300	13
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Committee Item No	4	
Board Item No.		

#### **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Committee:	Rules	Date <u>1/17/12</u>	
Board of Su	pervisors Meeting	Date	
Cmte Boa	rd		
	Motion		
	Resolution		
H H	Ordinance		
	Legislative Digest		
	Budget Analyst Report		
F F	Legislative Analyst Report		
F F	Youth Commission Report		
	Introduction Form (for hearing	as)	
	Department/Agency Cover Let		
	MOU		
	<b>Grant Information Form</b>		
	Grant Budget		
	Subcontract Budget		
	Contract/Agreement		
	Award Letter		٠,
	Application		
	Public Correspondence		
		-	
OTHER_	(Use back side if additional sp	pace is needed)	
	70m 700		
	<u> </u>		
	1. 1. 1.		
Completed b	y: <u>Linda Wong</u>	Date <u>1/14/12</u>	
Completed b	oy:	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 City Half 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 A	
Enter your name, mailing addre available for public review, you address or other personal contr	ess and daytime telephone number in the spaces provided. Because this form is a document may list your business/office address; telephone number and e-mail address in lieu of your home act information.
Do you authorize release of Name:	your private/personal information?
City:	State; Zip code:
Business Address: <u>99</u>	Pizarro Que city: Novato state: Cazip code: 949
Home Phone	Work Phone: 415-883-0799 Fax#415-572-29
Pager #:	E-Mail Address — ORioc Realesta te. Co
	zen, or a resident alien who is eligible for and has applied for chizenship? 💆 Yes. 🗌 No
	ted of a felony in this state, or convicted of any offense which, if committed in this state,
would be a felony? Yes	No  The statement describing the offense(s) for which you have been convicted, viction(s), and the court(s) that convicted you.)
he or she has a minimum public accountant or public by a nationally recognized Post Estate Appreises or i	t be eligible for nomination for membership on an assessment appeals board unless of five years' professional experience in this state as one of the following: certified lic accountant, licensed real estate broker, attorney, or property appraiser accredited professional organization, or property appraiser certified by either the Office of by the State Board of Equalization. Documentation of qualifying experience must be
he or she has a minimum public accountant or publ by a nationally recognized Real Estate Appraiser or is submitted with this application or incompleted for appointments.	of five years' professional experience in this state as one of the following: certified lic accountant, licensed real estate broker, attorney, or property appraiser accredited professional organization, or property appraiser certified by either the Office of by the State Board of Equalization. Documentation of qualifying experience must be called form. This requirement does not apply to incumbent board members and to their same seats.
he or she has a minimum public accountant or public by a nationally recognized Real Estate Appraiser or is submitted with this applicant nominated for appointment Please, state your qualification.	of five years' professional experience in this state as one of the following: certified lic accountant, licensed real estate broker, attorney, or property appreiser accredited professional organization, or property appreiser certified by either the Office of by the State Board of Equalization. Documentation of qualifying experience must be sation form. This requirement does not apply to incumbent board members and to their same seats.  I Coffee Mark Toring And Thomas And Thomas Hill Ocal Server.
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#### Assessment Appeals Board City and County of San Francisco (415) 554-5184 Fax (415) 554-5163

For Office Use Only: Appointed to Board #: \_



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

Term Expires:

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.
Name: Joy ce Lew is Home Address:
Cart Carron Carron
Business Address: 4150 Clement St. City: San Francisco State: CA Zip Code: 94121
X4(a(a)2
Pager #: E-Mail Address:
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? 🗹 Yes 🔲 No 🦳
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  Yes  No  (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)
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: <u>Hien sed</u> attorney State of California BAR# 1633
Please state your business and/or professional experience: In cumbert Commissioner/Hearing
Occupation: Federal govern ment afterney Education: Turis Doctor ate Santa Clara
Civic Activities: PM Sently I serve as Commissione-Theoring University
Ethnicity (optional): There for assessment appeals Bd.; church & school.  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?   / かひと 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: My 10, 2012 Applicant's Signature: Augustus

# OLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# ESTATEMENT OF ECONOMIC INTERESTS IVED BOARD OF SUPERVISORS DM 5.05 COVER PAGE SAN FRANCISCO

Date Received

Flease type or print in the	· · · · · · · · · · · · · · · · · · ·	<del> </del>		DE CONTRACT	4 2: 38	
NAME OF FILER	Letyips commiss	Joye	(FIRST)	PU	(MIDDLE)	
1. Office, Agency, c	r Gourt	-		$\overline{}$		
	County of then, District, if applicable 0	San Fra	Your Position	omission Atterno	mer Hz Promor	
	positions, list below or on an attach			11/10/10		<del>```</del> ;
Agency:			Position:			<del></del>
2. Jurisdiction of C	Office (Check at least one box)				• ;	•
☐ State ☐ Multi-County ☐ City of			☐ Judge or Court Co ☐ County of	ommissioner (Stalewic Can Frau	de Jurisdiction)	
	· · · · · · · · · · · · · · · · · · ·	·		•	•	· .
Annual: The period December Or- The period December Office:	nt (Check at least one box) od covered is January 1, 2011, thrown 31, 2011. od covered is/	, through	Leaving Office: (Check one)  The period concluding office.  The period control of the date of leaving office.	overed is January 1, 2		`. 
Candidate: Election	on rear	ffice sought, if differ	ent tian Fait 1:			<u> </u>
Schedule A-2 - Inv			number of pages inc Schedule C - Income - Schedule D - Income - Schedule E - Income -	Loans, & Business Po Gifts – schedule atta	ositions — schedule at ached	
	None - No	-or- p_reportable interest	s on any schedule			
5. Verification  MAILING ADDRESS (Business or Agency Address	STREET Recommended - Public Document)	CITY	San Fra	MUSTO (	ZA 9412 ZIP CODE	<u> </u>
DAYTIME TELEPHONE NUM		. ·	-MAIL ADDRESS (OPTIONAL)			<del></del> ···
i have used all reasonal herein and in any attact	ole diligence in preparing this statem ned schedules is true and complete	nent. I have reviewe . I acknowledge thi	d this statement and to the sis a public document.	e best of my knowled	ge the information con	tained
•	of perjury under the laws of the 3 128 201.2	State of California	•		3/28 Total.)	Taura

#### 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
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?
Name: Louisa: MENDOLA Home Address: MINNESOTA ST # O
State: CAT Zip code: 94107
City: State: Zip Code:
Work Phone: 415 261 6943 Fax # 4/3 824 - 3018
Pager #: E-Mail Address:
Are you a United States citizen, or a resident allen who is eligible for and has applied for citizenship?
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.)
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
Other Personal Information (optional)
Would you be able to attend Day Meetings?
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:
For Office Use Only: Appointed to Board #: Seat #: Term Expires:

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS OF SUPERVISED RECeived SAN FRANCISCO

2012 MAR 30 PM 5COVER PAGE

2012 HAR 30 PM 2: 39

NAME OF FILER	(LAST) SAN FRATE	HOTAGO (FIRST)	5 V · X ( )	(MIDDLE)
	MENDOZA	TOUT	ς» ( · · ·	
1. Office, Agency, or Cour		and the second s		
Agency Name				•
BOARD OF SUPE	RVISORS	BOA	RD MEMBER	
Division, Board, Department, Dis	trict, If applicable	Your Po	sition .	
ASSESSMENT AP	PEALS BOARD			·
► If filing for multiple positions,	• .			
Agency:		Position	1:	<del>-</del>
2. Jurisdiction of Office (	Check at least one box)			
☐ State		Judge	or Court Commissioner (Sta	itewide Jurisdiction)
Multi-County			of <del>San Franci</del>	
	•			
City of san Franc	15CO	Culei .		····
3. Type of Statement (Che	ck at least one box)			
Annual: The period covere	d is January 1, 2011, through		ng Office: Date Left	<u></u>
December 31, 201	l <b>1.</b>	,	ok one)	
. The period covere			ne period covered is January aving office.	1, 2011, through the date of
December 31, 201				
. Assuming Office: Date as	sumed		ne period covered is/ e date of leaving office.	, through
Candidate: Election Year _	Office s	sought, if different than Part	1:	
4. Schedule Summary  Check applicable schedules or	r "Nono "		pages including this o	cover page:4
			••	
Schedule A-1 - Investments			C - Income, Loans, & Busine D - Income - Gifts - schedul	ss Positions – schedule attached.
Schedule A-2 - Investments  Schedule B - Real Property		<del></del> .		Payments – schedule attached
LSt ochedule b - Modi i Topoliy	-0		, and the state of	aymoras ourosas accorda
	•	n- ortable interests on any sche	edule	
5. Verification			<del></del>	
<u>.                                </u>	EET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommen	ded - Public Document)			•
DAYTIME TELEPHONE NUMBER	San	rancisco,	<u> </u>	
DATTIME TELLITIONS NOMBER				
Thave used all reasonable diliger	nce in preparing this statement.	I have reviewed this statement	ent and to the best of my kno	wledge the information contained
herein and in any attached sche-			document.	·
I certify under penalty of perju	ry under the laws of the State	e of California that th		
Data Claused 35 1 4	0 2012!	Clanatura		
Date Signed <u>March</u> 19	in, day, year)	SIgnature _		al. <b>/</b>

#### **SCHEDULE A-1** Investments

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

Name Louisa Mendoza

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Fidelity Mutual Funds	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investments	
	EATO AVADICES VALUE
FAIR MARKET VALUE  \$10,001 - \$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000  \$10,001 - \$100,000  \$100,000  \$100,000  \$100,000	\$2,000 - \$10,000
[] \$100,001 - \$1,000,000 [] Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock . Other
(Describe)  [ ] Partnership () Income Received of \$0 - \$499	(Describe)  Partnership (O income Received of \$0 - \$499)
O income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
and the second s	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
<del></del>	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 or More (Report on Schedule C)
	.•
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 11 / / 11	
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► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
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	n en come per en
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	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 or More (Report on Schedule C)
IS ADDITIONAL F. LIGHT DATE.	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

#### **SCHEDULE B**

## Interests in Real Property (Including Rental Income)

CALIFORNI FAIR POLITICAL	IA FORM 700 PRACTICES COMMISSIONS	
k		

Name.

Louisa Mendoza

	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
88 Orsi Circle	
CITY	CITY, '
San Francisco, CA 94124	· <u> </u>
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000 \$10,001 - \$1,000,000  Over \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Dther	Leasehold Cother Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
gaper of the second of the second	
William and the state of the st	
Secretaria de la Carta de la C	<u> </u>
* You are not required to report loans from commercial len business on terms available to members of the public wi loans received not in a lender's regular course of busine	thout regard to your official status. Personal loans and
NAME OF LENDER*	WALE OF LEMPENT
	NAME OF LENDER*
Alliant Credit Union	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst.	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst.  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst.	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst. INTEREST RATE TERM (Months/Years)  5.75  Mone	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst. INTEREST RATE TERM (Months/Years)  5.75  None  HIGHEST BALANCE DURING REPORTING PERIOD	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst. INTEREST RATE TERM (Months/Years)  5.75  M None  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst. INTEREST RATE TERM (Months/Years)  5.75  None  HIGHEST BALANCE DURING REPORTING PERIOD	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst. INTEREST RATE TERM (Months/Years)  5.75  M None  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst.  INTEREST RATE TERM (Months/Years)  5.75  None  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 \$ OVER \$100,000	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
BUSINESS ACTIVITY, IF ANY, OF LENDER  Wholesale Lender/Financial Inst.  INTEREST RATE TERM (Months/Years)  5.75  None  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 \$ OVER \$100,000	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

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

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CALIFORNIA.	TATE OF THE PARTY	8
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FAIR POLITICAL PRA	ACTICES COMMISSION	
Name	· · · · · · · · · · · · · · · · · · ·	
	;	
Tourism Ma		

▶ 1. INCOME RECEIVED.	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
M & M Financial Services	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financing	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Mortgage Broker	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$5,00 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	☐ Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
	(Describe)
> 22 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	
* You are not required to report loans from commercial ler	
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 stat	tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ार्थिकाक्षिकारी भारतीत् । इ.स.च्या १००० व्यवस्था १८८८ ।	TERM (MODILIS/TEALS)
ADDRESS (Business Address Acceptable)	% None
en 1970 en 1970 en 1980 en 198 En 1970 en 1980 en 198	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING DEDICT	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	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

Revised May 2008

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?   Name: Robia Crisp  Home Address: — Collins Street
City: Van Francisco state: CA zip code: 94118  Manatt Phelis Marcadeno Centor, 30th fl. San Francisco State: CA zip Code: 9411
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.)  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: <u>Licensed member of the California State Bar</u> Since December 2003 (9 years) #227198.
Please state your business and/or professional experience: Land Use attorney in San Francisco.
Decupation: Attorney Education: B.A. UCDavis
civic Activities: Member/Supporter of Golden Gate National Parks Conservancy
Ethnicity (optional): Kovean American Sex (optional): M XF
Other Personal Information (optional) <u>See attached resume</u>
Vould you be able to attend Day Meetings? Yes No Night meetings? 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.
rate: 1/2/13 Applicant's Signature: Notre crisp
or 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-

UPDATE LEGAL

present

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-

MILLER STARR REGALIA

Walnut Creek, CA

June 2012

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-

DOWNEY BRAND LLP

Sacramento, CA

June 2006;

Water Law Associate; Summer Associate

Summer 2002 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.4<sup>th</sup> 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.4<sup>th</sup> 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)

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

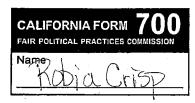
#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.					
NAME OF FILER	(LAST) (CISD	Ţ.	(FIRST)		VOOK
1. Office, Agency, or	Court				
	ent, District, if applicable	Tancisal Davd	Your Position	ivd 2 mu	unber
Agency:		· 	Position:		·
2. Jurisdiction of O	ffice (Check at least one box)				
☐ State	•				tewide Jurisdiction)
☐ Multi-County	Estate Dea	*.			
City of	Francisco	<del></del>	Other	· · · · · · · · · · · · · · · · · · ·	
December The period December The period December  Assuming Office: Candidate: Election  4. Schedule Summa Check applicable sche Schedule A-1 - Inv. Schedule A-2 - Inv.	d covered is January 1, 2011, through 31, 2011. d covered is	ice sought, if different  ► Total num	(Check one)  (The period leaving off)  The period the date of the	ice. d covered isd f leaving office.  including this office.  me, Loans, & Busineme – Gifts – schedul	cover page:
	☐ None - No	reportable interests of	n any schedule		·
Colly	STREET Recommended - Public Document)	San Fra	VCSCO	STATE CA	21P CODE 94118
1 have used an incosonic herein and in any attact	paring this statem	ent. I have review		Of my-kn	NAU COWN owledge the information contained
	of perjury under the laws of the		nat the foregoing		foring.

#### **SCHEDULE A-1** Investments

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

Do not attach brokerage or financial statements.



SENERAL DESCRIPTION OF BUSINESS ACTIVITY  OF BUSINESS ENTITY  VCIDATY FYNAMUAL GYDUP (FAM A-2)  GENERAL DESCRIPTION OF BUSINESS ACTIVITY	NAME OF BUSINESS ENTITY  WITCH PAYOU SOVICE
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
venture debt portfolio	delivery sorvice
FAIR MARKET VALUE	FAIR MARKET VALUE (
\$2,000 - \$10,000 \$10,000 \$100,001 - \$1,000,000 \$\frac{1}{2}\$ Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)	(Describe)  Partnership O Income Received of \$0 - \$499
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
Cumax (fram A-2)	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
e-commorce co.	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY  (SAM A-2)	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
software co.	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IE ADDITION DE LIET DATE.
11 71 1 2 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF APPLICABLE, LIST DATE:
<u>, , 11 , 11 </u>	

#### SCHEDULE A-2 Investments, Income, and Assets

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

CALIFORN	NIA FORM	700 COMMISSION
Name	a Cri	.5P

	▶ 1. BUSINESS ENTITY OR TRUST
► 1. BUSINESS ENTITY OR TRUST	N 1. BUSINESS ENTITY ON TROOT
Canopy Capital	<del> </del>
Name 301 California Dr. Suite#3,	Name
Address (Business Address Acceptable) Buriumame, CA	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
50 - \$1,999 / / 11 / / 11	\$2,000 - \$1,999
\$2,000 - \$10,000 ACQUIRED DISPOSED	\$2,000 - \$10,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Sole Proprietorship Partnership
Sole Proprietorship Partnership Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	11-
■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if nacessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
Volocity Financial Groop, Cymax,	
Pretmatics "	
T Delli Talan	THE PROPERTY HELD BY THE
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ 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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Other	
Yrs. remaining	Yrs. remaining  Check box if additional schedules reporting investments or real property
Check box if additional schedules reporting investments or real property are attached	are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A- FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.go

## **SCHEDULE B**

FAIR POLITICAL PRACTICES COMMISSION

Interests in Real Property (Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  COLLING Street	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
San Francisco CA 94118	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST  Ownership/Deed of Trust  Easement	NATURE OF INTEREST  Ownership/Deed of Trust  Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
UICUEST DAI ANCE DI IDING DEDODTING DEDIOD	HIGHEST BALANCE DURING REPORTING PERIOD
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 DVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
Comments:	

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

CALIFORNIA FORM 700  FAIR POLITICAL PRACTICES COMMISSION
Name Robic Crisp

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME. Update Legal, INC.	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BYSINESS POSITION COMTVACT ATTOMIC	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000	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	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income  Loan repayment Partnership
Sale of	Sale of(Real properly, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of a ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	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

Revised May 2008

Complete and return	this original Application	to the Clerk of the	Board of Superviso	rs
Application for Appoin (Please circle on		1 1	1 alternate 2 alternate	
Enter your name, mailing address and available for public review, you may lis address or other personal contact informations of the personal contact information.	t your business/office address	the spaces provided. , telephone number a	Because this form is a and e-mail address in lie	document u of your home
Do you authorize release of your p	rivate/personal information?	☐ ves 🖂	no .	
Name: JOSEPH K	- THAM Home A	ddress:	- ANZA ST	5 th
City: San Francis	2 00 st	ate: CA	_ Zip code:	121
Business Address:	City	· · · · · · · · · · · · · · · · · · ·	State: Zip 0	Code:
Business Address:	Work Phone:	<del></del>	Fax #:	•
Home Phone 45	E-Mail Address:	A STATE OF THE PARTY OF THE PAR	@ yaho	O. Con
Are you a United States citizen, or	a resident alien who is eligit	– le for and has appl	ied for citizenship?	Yes 🗌 No
	lo tement describing the offens s), and the court(s) that con	se(s) for which you victed you.)	•	
he or she has a minimum of five public accountant or public account by a nationally recognized profe Real Estate Appraiser or by the submitted with this application to nominated for appointment to the	ountant, licensed real esta ssional organization, or p State Board of Equalizatio orm. This requirement do	te broker, attorne roperty appraiser n. Documentation	y, or property apprai certified by either th of qualifying experi	ser accredited e Office of ence must be
Please state your qualifications:		bertion	2002-20 1005al, le	OII; RSt
Please state your business and/or				
Occupation: Real Esta			Adm. and	han
Civic Activities: Project	ate i Project	OR; SF	Chinese	CKUP
Ethnicity (optional):	Sex	(optional): 💢 M	∏F	,
Other Personal Information (option	al)			
Would you be able to attend Day M How many days a week would you Have you attended an Assessmen	be available for hearings?_ t Appeals Board meeting?	<u> </u>	ght meetings?	
Appearance before the RU	LES COMMITTEE is a requise Note: Your application w			be made.
Date: 08/27/12	Applicant's Signature	/_#	rhan-	
For Office Use Only: Appointed to	) Board #: S	Seat #:	_ Term Expires: _	

(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-/2

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

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS FILE

Date Received Official Use Only

COVER PAGE

12 MAR 30 PM 5: 03 Please type or print in ink. (FIRST) NAME OF FILER (LAST) SAN FRANCISCOK ETHICS COMMISSION Joseph THAM 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. Position: Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State □ County of San Francisco Multi-County \_ ☑ City of San Francisco Other 3. Type of Statement (Check at least one box) ■ Leaving Office: Date Left 09 , 16 , Annual: The period covered is January 1, 2011, through (Check one) December 31, 2011. ⊗ The period covered is January 1, 2011, through the date of The period covered is leaving office. December 31, 2011. O The period covered is \_ Assuming Office: Date assumed \_\_\_\_ the date of leaving office. Office sought, if different than Part 1: Candidate: Election Year 4. Schedule Summary ► Total number of pages including this cover page: Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached X. Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 94103 CA San Francisco F.MAII ADDRESS (OPTIONAL) DAYTIME TELEPHONE NUMBER @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 docume I certify under penalty of perjury under the laws of the State of California that the foregoing 03/16/2012 Signature . Date Signed (File the originally signed statement with your filing official.) (month, day, year)

### SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION	
Name	
THAM, Joseph K.	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRES	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1524-015	2694-035
CITY	CITY
San Francisco	San Francisco
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold O	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001	-\$10,000
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% interest, list the name of each tenant that is a sin income of \$10,000 or more.	or greater  sources of RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
business on terms available to members	n commercial lending institutions made in the lender's regular course of s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:
business on terms available to members	s of the public without regard to your official status. Personal loans and
business on terms available to members loans received not in a lender's regular of	s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:  NAME OF LENDER*
business on terms available to members loans received not in a lender's regular o	s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:
business on terms available to members loans received not in a lender's regular of NAME OF LENDER*	s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:  NAME OF LENDER*
business on terms available to members loans received not in a lender's regular of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members loans received not in a lender's regular of the NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/	s of the public without regard to your official status. Personal loans and 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)
business on terms available to members loans received not in a lender's regular of the NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	s of the public without regard to your official status. Personal loans and 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)
business on terms available to members loans received not in a lender's regular of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/	s of the public without regard to your official status. Personal loans and 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)
business on terms available to members loans received not in a lender's regular of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/	s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
business on terms available to members loans received not in a lender's regular of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Whone  HIGHEST BALANCE DURING REPORTING PERIOD	s of the public without regard to your official status. Personal loans and course of business must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
business on terms available to members loans received not in a lender's regular of the name of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/	s of the public without regard to your official status. Personal loans and 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)  Wears)  None  HIGHEST BALANCE DURING REPORTING PERIOD  \$1,001 - \$10,000

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



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

Complete and return this original Application to the Clerk of the Board of Supervisors
Application for Appointment to:  (Please circle one)  Board 1 or Board 1 alternate  Board 2 laternate
Name: Kristine Nelson Home Address: Buena Vish West
City: San Francisco State: CA Zip code: 94/17
Business Address: 601 Buena VISta W City: 5F State: CA Zip code: 94/17
Home Phone 415 Work Phone: 415 706-0995 Fax #: 415-864-4378  Pager #: E-Mail Address:
Pager #: E-Mail Address:
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes   No
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No (If yes, please attach a statement describing the offense(s) for which you have been convicted, the
date of the conviction(s), and the court(s) that convicted you.)
Pursuant to 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 Appraisa 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 Estale Soles/Real Estale Appair Education: BA ULLA Business minor History Speak Sf. org Civic Activities: Past Secretary Landal Museum Friends Board termed off/National Charify Legin
Civic Activities: Past Secretary Randal Museum Friends Board termed off National Charity legin
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?
Have you attended an Assessment Appeals Board meeting? Yes No Will affend 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: 1 Mer
For Office Use Only: Appointed Board #: Seat #: Term Expires:

Revised January 2005



# Business, Transportation & Housing Agency

# REAL ESTATE APPRAISER LICENSE OFFICE OF REAL ESTATE APPRAISERS

# KRISTINE A. NELSON

California and is, therefore, entitled to use the title "Certified General Real Estate Appraiser". has successfully met the requirements for a license as a general real estate appraiser in the State of

Licensing and Certification Law. This license has been issued in accordance with the provisions of the Real Estate Appraisers'

OREA APPRAISER IDENTIFICATION NUMBER

Date Issued: May 6, 2011 AG007334

Date Expires: May 5, 2013

Director, OREA

Audit No. 133728

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received
Official Use Only

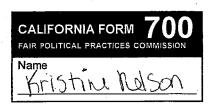
Please type or print in ink.

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Nelsor	1 Kristine		Ann		
1. Office, Ager	•				
Agency Name  Boav  Division, Board,	d of Supervis Department, District, if applicable SSMENT AppealS	ors	Your Position	Board (	2) Member or Al
	ultiple positions, list below or on an attachment.		<i></i>	Dograf	<u> </u>
Agency:		<del> </del>	Position:		
2. Jurisdiction	of Office (Check at least one box)				
State Multi-County		<del></del>		Commissioner (Statew San Franc	ide Jurisdiction)
City of	San Francisco	<u> </u>	☐ Other	<u> </u>	
3. Type of Sta	atement (Check at least one box)				
Annual: Ti	he period covered is January 1, 2011, through ecember 31, 2011.		Leaving Office (Check one)	e: Date Left/_	
	he period covered is/ ecember 31, 2011.	, through	<ul><li>The period leaving office</li></ul>	-	2011, through the date of
☐ Assuming	Office: Date assumed/			covered is/leaving office.	, through
Candidate:	Election Year Office so	ought, if differe	ent than Part 1:		
4. Schedule S Check applicat	Gummary ble schedules or "None."	► Total n	umber of pages i	including this cov	er page: 7
Schedule A	A-1 - Investments – schedule attached A-2 - Investments – schedule attached 3 - Real Property – schedule attached		Schedule D - Incom	e – Gifts – schedule a	Positions – schedule attached ttached ments – schedule attached
	-OI None - No repo	_	on any schedule		
5. Verification					
MAILING ADDRESS	y Address Recommended - Public Document)  Carlton B. 6-00dl	CITY P	F405 1918 ^ San MAIL ADDRESS (OPTIONA	STATE   Francisco, 1	ZIP CODE (14 94/02
I have used all	reasonable diligence in preparing this statement.  ny attached schedules is true and complete. I ad-				edge the information contained
I certify under	penalty of perjury under the laws of the State	of California	that the foregoing is	s true and correct.	
Date Signed	11 /2 9 /2012 (month, day, year)	Sigr	nature	the originally signed statement w	ith your filing official.)
		<del></del>		<del></del>	EDDO E 700 (0044/0040)

#### **SCHEDULE A-1 Investments**

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

Do not attach brokerage or financial statements.



	******
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
166	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Electricity	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Stock	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY,
Chip Malcer	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 11 , 11 </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Hewlett Packard	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computers	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499	(Describe)  Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	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 Wisa

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

1. BUSINESS ENTITY OR TRUST	1. BUSINESS ENTITY OR TRUST
Matthew 1. Lefters : Kristine Nelson Trust	Mathew & Letters: Kristing Nelson Letters Trus
Name //	Name
Home Othice	1 some Office
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 / / 11 / / 11	\$0 - \$1,999
\$2,000 - \$10,000/11/_11 \$10,001 - \$100,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000	\$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.)
Kelly Putterson Richard Lowie,	Rob lonley, Eileen Kozic
Nicholas Borg	Stephanie Vickering, Adam Mesnick
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
287 Sunchez St Sun Lancisco	565-567 Natoma Speet, San Francisio
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
/ 10000001 3 1 dicci (Maribo) of Circot Address of Neal (1) operty	Assessor a Parcel Number of Street Address of Real Property
Rental Property 287 Sanchez	Dontal Property She State Alubana
Description of Business Activity or	Rental Property 565-567 Natoma Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  N Over \$1,000,000	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	EDDC Form 700 (2014)(2012) Cab. A 2

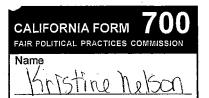
#### **SCHEDULE A-2**

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

CALIFORNIA FOR	700 RM
FAIR POLITICAL PRACTIC	ES COMMISSION
Name	
Kristine	nolson

▶ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Matthew P. Lefters : Kristine Nelson Lefters Trust	Matthew 1. Lefters i Kristine Nelson Lefters Trus
Name /	Name /house office
HOM ( OTTI ( P. Address (Business Address Acceptable)	
Check one	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, 90 to 2 Dusiness Emity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$0 - \$1,999	S0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Over \$1,000,000	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
<u>\$0 - \$499</u> \$10,001 - \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
S500 - \$1,000 DVER \$100,000 S1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
Kenee Rael, Michael Dworsky,	Stacey Lonegan, Justin Berlin
Sara Skuisky Jennifer Bombasavo - Brady	Peter Leach, John Garrett
Hannah Bustian  4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	
62-64 Moss Street, San Francisco	621 Nytomy Street, San Francisco Name of Business Entity, if Investment, or
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Rental Broperty	Rental Property
62-64 Moss Street, San francisio, (A	621 Natoma Street, San francisio
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 / 11 / 11 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs, remaining  Check box if additional schedules reporting investments or real property	Yrs. remaining  Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

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



► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mutthew P. Leffers: Kristine Nelson Leffers Trust	Matthew 1. Leffeis: Krishne Nelson Lefter Trus
Name Home Office	Name Home Office
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE_GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499  \text{\$10,001 - \$100,000} \\  \text{\$500 - \$1,000}  \text{\$00,000} \\  \text{\$1,001 - \$10,000} \\  \text{\$100,000}  \text{\$100,000} \\  \text{\$100,000}   \text{\$100,000}  \text{\$100,000}  \text{\$100,000}  \text{\$100,000}  \text{\$100,000}  \text{\$100,000}  \text{\$100,000}  \text{\$100,000}  \text{\$100,000}   \text{\$100,000}   \text{\$100,000} \qua	\$0 - \$499 \ \ \$500 - \$1,000 \ \ \ \$10,000 \ \ \ \$1,001 - \$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	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  Don Whipple, Null'sh Mayla
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST  Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
23-25 Moss St. S.f. CA	1316-1318 Fullon Street San Lancisco
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  Rental Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
23-25 Moss Sweet Sun Wunciso, (I)  Description of Business Activity or  City or Other Precise Location of Real Property	13/6-13/8 Fullow Sheet Sun Nuncisco 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  DISPOSED	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

FAIR POLITICAL PRACTICES COMMISSION

Name

\*\*TOTAL NUMBER

\*\*T

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Matthew l. Leffers : Kristine Nelson Lefter Trus	<b> </b>
Home Office	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	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	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   /
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT  Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 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	S0 - \$499 S10,001 - \$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.)  Megumi Mori, Maraun Brown	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF  INCOME OF \$10,000 OR MORE (Attach a_separate sheet if necessary.)
Misuel Pino, Marily Picar,	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS-ENTITY OR TRUST
Check one box.	Check one box:
□INVESTMENT □ REAL PROPERTY  U45-449 Te hama S.f. CA	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	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED DISPOSED   Over \$1,000,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	EDDO E 700 (0044 (0040) G-I- A 0

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Kristine Nelson

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Kea Estate Commission	
ADDDEGG (D	ADDRESS (Business Address Acceptable)
Lyon Street San Francisco	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Buyers Agent YOUR BUSINESS POSITION	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Buyers Agent	
GROSS INCOME RECEIVED	CDOOR INCOME DECEMEN
\$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$1,000 - \$1,000   \$1,001 - \$10,000   \$10,000   OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	·
Other(Describe)	Other(Describe)
. (Describe)	(Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
-	
You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of a
members of the public without regard to your official etc.	lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	ius. Personalioans and loans received not in a lender's
regular evenes of publicate much be alcoholded at follows	·
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
LEFKOS Aftonomios	9% □None 3 years
ADDRESS (Business Address Acceptable)	THOILE TO THE
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property 445-449 Tehama San Lancis
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor Letkos Aftonomos
\$10,001 - \$100,000	4
S10,001 - \$100,000 OVER \$100,000	Jother 2nd Mortgase
	Guarantor Leficos Aflonomos  Other 2nd Mortgase (Describe)
	Other 2nd Mortgase (Describe)

RECEIVED

JCT 1 7 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,	Analication to the l	Clork of the Roam of SUD	ervisors
	<del>.</del> .	Clerk of the Board of Sup	
Application for Appointment to:	Board 1 or Board 2 or	Board 1 alternate Board 2 alternate	
(Please circle one)			
nter your name, mailing address and daytime telepho railable for public review, you may list your business/o idress or other personal contact information.	one number in the spac office address; telepho	es provided. Because this to the number and e-mail addre	om is a document ss in lieu of your home
o you authorize release of your private/personal	information?	ves 🗌 no	
Daniel Hershkowitz	Home Address:	✓ ALE AVE	· · · · · · · · · · · · · · · · · · ·
Daniel Hershkowitz  ame: San Francisco	State: _CA	Zip code:	14132
usiness Address:	City:	State:	_ Zip Code:
ome Phone_415 Work P	hone:	Fax#:	
ager #: E-Mail	Address:		•
re you a United States citizen, or a resident alier		· ·	•
e or she has a minimum of five years' profes ublic accountant or public accountant, licen		_	
y a nationally recognized professional organ leal Estate Appraiser or by the State Board o submitted with this application form. This rec	nization, or property of Equalization. Doc quirement does not	ker, attorney, or property / appraiser certified by el umentation of qualifying	appraiser accredite office of experience must be
y a nationally recognized professional organ leal Estate Appraiser or by the State Board o ubmitted with this application form. This rec cominated for appointment to their same seat	nization, or property of Equalization. Doc quirement does not ts.	ker, attorney, or property appraiser certified by elumentation of qualifying apply to incumbent boa	appraiser accredite ither the Office of experience must be rd members
y a nationally recognized professional organ leal Estate Appraiser or by the State Board o ubmitted with this application form. This rec cominated for appointment to their same seat	nization, or property of Equalization. Doc quirement does not ts.	ker, attorney, or property appraiser certified by elumentation of qualifying apply to incumbent boa	appraiser accredite ither the Office of experience must be rd members
y a nationally recognized professional organical Estate Appraiser or by the State Board or ubmitted with this application form. This recommated for appointment to their same seal lease state your qualifications:    I am a real entire or appointment to the combination or appointment to the combination or appointment to the combination or appearance or	nization, or property of Equalization. Doc quirement does not ts. estate broker and 1 estate 11 ye	ker, attorney, or property appraiser certified by elumentation of qualifying apply to incumbent boa real estate attorney vars exclusively in San	appraiser accredite ither the Office of experience must be rd members with 15 years Francisco
y a nationally recognized professional organical Estate Appraiser or by the State Board or ubmitted with this application form. This recommated for appointment to their same seat lease state your qualifications:  I am a real element in residential real real elements are state your business and/or professional expert witness. Committee Chair. Adjunct	nization, or property of Equalization. Doc quirement does not ts. estate broker and il estate 11 ye  Lawyer Professor of Medi	ker, attorney, or property appraiser certified by enumentation of qualifying apply to incumbent boarness exclusively in San, Real Estate Broker, ation & ADR, Local Con	appraiser accredite ither the Office of experience must be rd members with 15 years Francisco Consultant,
y a nationally recognized professional organised Estate Appraiser or by the State Board or ubmitted with this application form. This recomminated for appointment to their same seat lease state your qualifications:  Lease state your pusiness and/or professional expert witness. Committee Chair. Adjunct	nization, or property of Equalization. Doc quirement does not ts. estate broker and il estate 11 ye  Lawyer Professor of Medi	ker, attorney, or property appraiser certified by enumentation of qualifying apply to incumbent boarness exclusively in San, Real Estate Broker, ation & ADR, Local Con	appraiser accredite ither the Office of experience must be rd members with 15 years Francisco Consultant,
y a nationally recognized professional organised Estate Appraiser or by the State Board or ubmitted with this application form. This recommated for appointment to their same seat lease state your qualifications:  Lease state your qualifications:  Lease state your business and/or professional expert witness, Committee Chair, Adjunct	nization, or property of Equalization. Doc quirement does not ts. estate broker and il estate 11 ye  Lawyer  Professor of Medi	ker, attorney, or property appraiser certified by endinger apply to incumbent board are exclusively in Sandar, Real Estate Broker, ation & ADR, Local Control BA (Business Management)	appraiser accredite ither the Office of experience must be rd members with 15 years Francisco Consultant, mmunity Volunteer. ment)//Juris Doctor
y a nationally recognized professional organized Estate Appraiser or by the State Board or submitted with this application form. This recomminated for appointment to their same seated elease state your qualifications:  I am a real elease state your pusiness and/or professional expert witness, Committee Chair, Adjunct Decupation:  Realtor/Attorney/Expert  Civic Activities:  Board Member: 1) SF Child A	nization, or property of Equalization. Doc quirement does not fs. estate broker and il estate 11 ye experience: Professor of Medi Education Abuse Prevention (	ker, attorney, or property appraiser certified by enumentation of qualifying apply to incumbent boars exclusively in San, Real Estate Broker, ation & ADR, Local Commiss Management.  Lenter; 2) SF Stonestow	appraiser accredite ither the Office of experience must be rd members with 15 years Francisco Consultant, mmunity Volunteer. ment)//Juris Doctor
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y a nationally recognized professional organized Estate Appraiser or by the State Board or submitted with this application form. This recommended for appointment to their same seated elease state your qualifications:  I am a real elease state your business and/or professional expert witness, Committee Chair, Adjunct Decupation:  Realtor/Attorney/Expert  Civic Activities:  Board Member: 1) SF Child A	nization, or property of Equalization. Doc quirement does not ts. estate broker and il estate 11 ye experience: Professor of Medi Education Abuse Prevention (	real estate attorney or property of appraiser certified by elementation of qualifying apply to incumbent boars exclusively in San attorney of areal estate attorney of area exclusively in San attorney of ADR. Local Contains BA (Business Managementer; 2) SF Stonestownal):	appraiser accredite ither the Office of experience must be rd members with 15 years Francisco Consultant, mmunity Volunteer. ment)//Juris Doctor
Real Estate Appraiser or by the State Board or State Houritted with this application form. This recomminated for appointment to their same seat Please state your qualifications:  I am a real experience in residential real expert witness, Committee Chair, Adjunct Please state your business and/or professional expert witness, Committee Chair, Adjunct Please the Realtor/Attorney/Expert Please State Your Member:  Civic Activities:  Board Member:  Civic Activities:  Board Member:  Civic Activities:  Chair Activities:  Please realtor Activities Please Realtor Acti	mization, or property of Equalization. Doc quirement does not ts. estate broker and il estate 11 ye experience: Professor of Medi Education Abuse Prevention ( Sex (option read my profile and il Yes No ior hearings? Yes Ind meeting?	ker, attorney, or property appraiser certified by elementation of qualifying apply to incumbent board apply to incumbent	wappraiser accredite appraiser accredite the Office of experience must be rd members  with 15 years Francisco Consultant, mmunity Volunteer. ment)//Juris Docto wn YMCA
Real Estate Appraiser or by the State Board or submitted with this application form. This recommended for appointment to their same seat Please state your qualifications:  Please state your qualifications:  Please state your business and/or professional expert witness, Committee Chair, Adjunct  Please state your business and/or professional expert witness, Committee Chair, Adjunct  Please to Cocupation:  Board Member: 1) SF Child A  Ethnicity (optional):  Other Personal Information (optional)  Please r  Would you be able to attend Day Meetings?  Would you be able to attend Day Meetings?  How many days a week would you be available for the RULES COMMIT	rization, or property of Equalization. Doc quirement does not ts.  estate broker and clestate 11 ye  Experience:  Professor of Medi  Education  Sex (option  read my profile and  Yes No for hearings?  TEE is a requirement  Tequirement  T	ker, attorney, or property appraiser certified by elementation of qualifying apply to incumbent boars exclusively in Sandars exclusively	with 15 years Francisco Consultant, Ment)//Juris Docto Win YMCA  Yes No
Real Estate Appraiser or by the State Board or submitted with this application form. This recommended for appointment to their same seat Please state your qualifications:  I am a real experience in residential real expert witness, Committee Chair, Adjunct Please state your business and/or professional expert witness, Committee Chair, Adjunct Please State your business and/or professional expert witness, Committee Chair, Adjunct Please In Section 1 Section 1 Section 1 Section 1 Section 1 Section 2 Section 2 Section 2 Section 3 Sect	rization, or property of Equalization. Doc quirement does not ts.  estate broker and clestate 11 ye  Experience:  Professor of Medi  Education  Sex (option  read my profile and  Yes No for hearings?  TEE is a requirement  Tequirement  T	ker, attorney, or property appraiser certified by elumentation of qualifying apply to incumbent boars exclusively in San, Real Estate Broker, ation & ADR. Local Common BA (Business Managem:  Lenter; 2) SF Stonestownal): M F towww.Mrdantastic.com  Night meetings?  Four BA No  Night meetings?	wappraiser accredite appraiser accredite the Office of experience must be rd members  with 15 years Francisco Consultant, mmunity Volunteer. ment)//Juris Docto wn YMCA

# CALIFORNIA FORM 700 STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT COVER PAGE

Date Received

Please type or print in ink. (MIDDLE) (FIRST) NAME OF FILER Adam Daniel. Hershkowitz 1. Office, Agency, or Court Agency Name Board of Supervices
Division, Board, Department, District, if applicable Your Position. Assessment Appeals Board Assessment Appeals Board If filling for multiple positions, list below or on an attachment. Jurisdiction of Office (Check at least one box). ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ Multi-County \_\_ City of San Francisco Other \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_ Annual: The period covered is January 1, 2011, through (Check one) December 31, 2011. JAWARY 1,2012 -O The period covered is January 1, 2011, through the date of The period covered is leaving office. December 31, 2011. O The period covered is \_ - Assuming Office: Date assumed the date of leaving office. Office sought, if different than Part 1: -Candidate: Election Year 4. Schedule Summary ▶ Total number of pages including this cover page: \_ Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -01-None - No reportable interests on any schedule 5. Verification STREET MAILING ADDRESS DAYTIME TELEPHONE 1 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. Signature Date Signed

#### **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
 DANIEL HEISHKOWITZ

	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
<b>.</b>	NAME OF BUSINESS CIVILIA	1	
	Morgan Stanley IRA and Investment Accounts		
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	1	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Morgan Stanley IRA and Investment Accounts		YMCA Retirement Fund (Alyssa Hershkowitz)
	FAIR: MARKET VALUE		FAIR MARKET VALUE
	\$2,000:-\$10,000	1	Sto.001 - \$10,000 Sto.001 - \$100,000
		-	\$199,001 - \$1,000,000 Over \$1,000,000
	7 4 4 0 0 0 1 - 4 1 2 0 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1	
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	NATURE OF INVESTMENT Stocks & Bonds		NATURE OF INVESTMENT  Stock Other Mix of IRA retirement funds  (Describe)
	(Describe)		Partnership O Income Received of \$0 - \$499
	Partnership O Income Received of \$500 or More (Report on Schedule C)		income Received of \$500 or More (Report on Schedule C)
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	IF APPLICABLE, LIST DATE:	i,	IL VILLEDURE TO DAILE
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		Η.	NAME OF BUSINESS ENTITY
<b>▶</b>	NAME OF BUSINESS ENTITY	,	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
1 1		H	
160		11	FAIR MARKET VALUE
17	FAIR MARKET VALUE   \$2:000 - \$10.000   \$10,001 - \$100,000	11	\$2,000 - \$10,000 \$10,001 - \$100,000
		11	5100,001 - \$1,000,000 Over:\$1,000,000
$\bigcirc$	\$100,001 - \$4,000,000 Qver \$1,000,000		1 2400 064 - 4 Hand 1000
× =	NATURE OF INVESTMENT		NATURE OF INVESTMENT
ペンニ	Stock Other	11	Stock Other
イイン	(Describe)	H	(Describe)
とてひ	Partnership O income Received of \$0 ~ \$499 O income Received of \$500 or More (Report on Schedule C)	1	Parinership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
155	O lucous keceliked of tago of more treating of grandenia cl	11	C months recorded at the control of
रे विज			
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DISC.	1 111 1 111		<i>J.</i> / <b>11</b> / <u>/ <b>11</b></u>
<b>₽</b> 0-		11	ACQUIRED DISPOSED
L	ACQUIRED DISPOSED	Ħ.	,.o.c., (12)
N 2 -	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
Short -	The state of the s		
57	THE PROPERTY OF PURPLESS ACTUATY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
P't	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		ON MINISTER STATE OF SCHOOL STATE OF STATE OF STATE OF STATE OF SCHOOL STATE OF STAT
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80	FAIR MARKET VALUE	11.	FAIR MARKET VALUE
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	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
Lent Michay		Ħ	
7 2	NATURE OF INVESTMENT	11	NATURE OF INVESTMENT Stock Other
7	Stock (Describe)	11	(Describe)
17	Partnership O income Received of \$0 - \$499	H	Partnership O Income Received of \$0 - \$499
> J	O Income Received of \$500 or More (Report on Schedule C)		O Income Received of \$500 or More (Report on Schedule C)
2.5		11	
র্ম হ	JF APPLICABLE, LIST DATE:	11	IF APPLICABLE, LIST DATE:
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The Car	comments: * All of our maney that two investment (Retire Accounts.	C W. s.	ent IRA FPPC Form 700 (2011/2012) Sch. A-1
Q (	TWO INDICATION THE IN		FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
ξ <sub>i</sub>	II MILLOWES.		- 11-1-1-
· γ	XIVE - WAT		<i>- 1/7/2013.</i>
<u> </u>			

#### **SCHEDULE A-2**

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

CALIFORN	IA FORM	70	0
	*********		1000

Name

Daniel Hershkowitz

1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
lame:	Name
carre-	
dăress (Business Address Acceptable)	Address (Business Address Acceptable)
heck one  Trust, go to 2 Business Entity, complete the box, then go to 2	Check one  Check one  Trust, go to 2
ENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
AIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, UST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$190,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000	\$2,000 - \$10,000
Over \$1,000,000 ATURE OF INVESTMENT	Over \$1;000,000  NATURE OF INVESTMENT
Sole Proprietorship Partnership Other  OUR BUSINESS POSITION	Sole Proprietorship Partnership Other
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA)	TA > 2, IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  \$0 \$499	SHARE OF THE GROSS INCOME TO THE ENTITYTRUST)    \$0 - \$499
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 shoet if necessary.)
- 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD $\underline{\mathbf{BY}}$ THE BUSINESS ENTITY OR TRUST	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box  REAL PROPERTY	Check one box:
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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
LeaseholdOther	
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached.
comments: We take Independent Control	FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
and His - 1	17/2013 HIMARLY Selt employed.

# SCHEDULE B Interests in Real Property

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Vame	•

tincluding Kenia	ai income) Daniel Hersikowicz
,	
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS.
СПУ	CITY
GH1.	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000 / / 11 / / 11	\$2,000 - \$10,000   \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED.
Over \$1,000,000	Over \$1,000,000
	NATURE OF INTEREST
NATURE OF INTEREST  Ownership/Deed of Trust  Easement	Ownership/Deed of Trust Easement
Ownership/Deed of Trust Easement	
Leasehold.	Leasehold Other
Yrs. remaining Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
interest, list the name of each tenant that is a single source of income of \$10,000 or more.	income of \$10,000 or more.
Licottie of Pinzood of traver	
loans received not in a lender's regular course of busin	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
-Diameter (Date 1000) and the state of the s	
TO ANN OF LENDED	BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER	
NTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
	THE PALANCE BY WIND SEPONDING DEDICE
IGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000  \$1,001 - \$10,008
] \$10,001 - \$180,000	S10,001 - \$100,000. DVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
LINE STOREGAME - WE DON	at correct your AN interest
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our home LAST YEAR	• · · · · · · · · · · · · · · · · · · ·
OUT home LAST YEAR	
OUT MOVICE CARSITYERS	
OUT NOME CAST YEAR	FPPC Form 700 (2011/2012) Sch. FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.g

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Daniel Hershkowitz

INCOME RECEIVED  AME OF SOURCE-OF INCOME	► 1. INCOME RECEIVED  NAME OF SOURCE OF INCOME
	Alyssa Hershkowitz
Daniel Hershkowitz - Realtor / Lawyer / Expert  DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ndependent Contractor	YMCA of San Francisco / Koi Fitness San Francisco
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Personal Training & Fitness Services
OUR BUSINESS POSITION	YOUR BUSINESS POSITION
Real Estate Agent / Lawyer / Expert Witness	Personal Trainer (fitness coach)
ROSS INCOME RECEIVED	GROSS INCOME RECEIVED
7 \$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	▼ \$40,001:- \$100,000
ONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income	
Loan repayment Partnership	Loan repayment L. Partnership
Sale of	Sale of(Real property, car, boat, etc.)
Commission or Rental income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Independent Contractor Wages & Fees	
and the second of the same of the second of	1 1 3 dint O O O O O O
Other Independent Contractor Wages & Fees	☑ Other Independent Contractor Wages & Fees
Other Independent Contractor Wages & Fees (Describe)	Other Independent Contractor Wages & rees
(Describe).  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	(Describe)
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You are not required to report loans from commercial leads installment or credit card transaction, made in the members of the public without regard to your efficial strength of	RIOD  lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:
You are not required to report loans from commercial leads installment or credit card transaction, made in the members of the public without regard to your efficial strength of	lending institutions, or any indebtedness created as part to le lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial si regular course of business must be disclosed as follow NAME OF LENDER*	lending institutions, or any indebtedness created as part to lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial si regular course of business must be disclosed as follow NAME OF LENDER*	lending institutions, or any indebtedness created as part to le lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your official si regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions, or any indebtedness created as part to lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institutions, or any indebtedness created as part to lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable).  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	lending institutions, or any indebtedness created as part to le lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	lending institutions, or any indebtedness created as part to le lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable).  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	lending institutions, or any indebtedness created as part to le lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$100,000	lending institutions, or any indebtedness created as part of lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable).  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	lending institutions, or any indebtedness created as part of lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$100,000	lending institutions, or any indebtedness created as part of lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your efficial stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$100,000	lending institutions, or any indebtedness created as part of lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender ws:  INTEREST RATE TERM (Months/Years)

1/7/2013

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

For Office Use Only: Appointed to Board #: \_



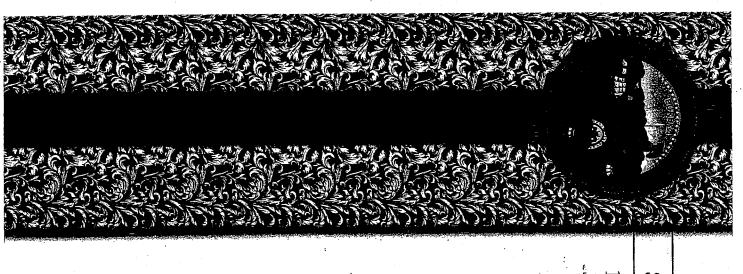
City Hall, Room 244

Term Expires:

1 Dr. Carlton B. Goodieu . .... San Francisco, CA 94102-4697

	Complete and return this	original Application to	the (	lerk of the Board	of Superviso	75
-		t to: Board 1	or	Board 1 alter	nate	OCT 1 8 2012
	Application for Appointmen (Please circle one)	Board 2	or	Board 2 alter	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Assessment
availal	your name, mailing address and daytim ble for public review, you may list your b ss or other personal contact information	Dusinėssionice addiess, i	ne spac telepho	es provided. Because ne number and e-mai	e this form is a address in lieu	Appeals Board document a of your home
Do yo	u authorize release of your private/			voe □ no	.11	
Name	:Diana Dani	Home Ad	ldress:	<i>^</i>	allorca	<del></del>
City:_	San Francisco	Sta		CA Zipo	July	4123
Busin	ess Address: 263 Mallor	ca Way city:	<u>Dan</u>	trancisco State:	Zip (	Code: 44123
Home	Phone 415	Work Phone: 510	-93	129026 Fax#	: 210-	922-9020
Page	r#:	E-Mail Address:		erealin	•	
	ou a United States citizen; or a resi					
Have	you ever been convicted of a felon i be a felony? Yes No (If yes, please attach a statemen the date of the conviction(s), an	nt describing the offens	e(s) fo	r which you have be		
-	uant to Ordinance No. 393-98 the	following qualification	ากร สก	e required:	· · · · · · · · · · · · · · · · · · ·	
publ by a Real subl nom	A person shall not be engible r she has a minimum of five year ic accountant or public accountant nationally recognized profession. Estate Appraiser or by the State nitted with this application form. inated for appointment to their state see state your qualifications:	int, licensed real estat nal organization, or pr Board of Equalization This requirement do ame seats.	e proi operty n. Doc es not	ver, automey, or provided appraiser certified umentation of quate apply to incumbed	d by either the lifying experient board men	e Office of ience must be
	The 200+ quose	years in c		+ ricax	See 13	Sume attache
(2)	se state your business and/or profe	Ler liceves	<del>-</del>	JIVICE, BUCK	-	real estat
Occi	upation: Keal Estate	Broker Ed	iucatio	n: Wroergr	• 12 •	<b>W</b>
Civio	Activities:					ISINESS
	icity (optional): <u>(aucasia</u>		(optio		LE	me water
Othe	er Personal Information (optional) $\int$	Avid runner	1-17	ove travels	quality	Supporter.
How	ald you be able to attend Day Meetir many days a week would you be a e you attended an Assessment App	vailable for hearings?_ peals Board meeting?_	-   Ye			Yes ∐ No
	Appearance before the RULES Please No	COMMITTEE is a requote: Your application w  Applicant's Signature:	rill be r	nt before any apportant	pintment can	be made.
Date	. <u>101101.7</u>					

Seat #:



# STATE ΟF CALIFORNIA

"Serving Californians Since 1917 Department of Real Estate

# Real Estate Broker License

Diana Lee Daniel

MAIN OFFICE ADDRESS

OAKLAND, CA 94611 6024 JOHNSTON DRIVE

> FICTITIOUS BUSINESS NAME REALWORKS RESIDENTIAL

Identification Number: 01212835

Issued: March 17, 2010 Expires: March 16, 2014

### JTATE 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:

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.

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS

Date Received

#### COVER PAGE

Please type or print in ink.				
NAME OF FILER (LAST)		(FIRST)	· · · · · · · · · · · · · · · · · · ·	(MIDDLE)
Daniel	Diana		-	Lee
1. Office, Agency, or Court		<del></del>		
Agency Name				
Assessment Appeals Board Board 2 Alternate	- Brid	: AFSION	wishes	φ.
Division, Board, Department, District, if applicable		Your Position	* V (< 2)1 .)	
Assessment Appeals Board-City & County of Sa	an Francisco	Board 2 Alter	nate	
▶ If filing for multiple positions, list below or on an attachment				· · · · · · · · · · · · · · · · · · ·
Agency:	•	Pocifion:	·	
		r dattion,		
2. Jurisdiction of Office (Check at least one box)				
☐ State		Judge or Court Co	ommissioner (Statew	ide Jurisdiction)
Multi-County		County of San F	rancisco	
X City of San Francisco				
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2011, through December 31, 2011.	. [	Leaving Office: (Check one)	Date Left/_	
The period covered is/	_ through	O The period co leaving office.	vered is January 1,	2011, through the date of
Assuming Office: Date assumed/	_	O The period co	vered is/	, through
	ought, if different ti		-	
1. Schedule Summary	<del></del>		<del></del>	
Check applicable schedules or "None."	► Total numi	ber of pages inc	ludina this cove	er page:7
Schedule A-1 - Investments - schedule attached				
Schedule A-2 - Investments – schedule attached	∆  Scl	redule C - <i>Income, L</i> redule D - <i>Income -</i>	. <i>oans, &amp; Business P</i> . <i>Gifts</i> – schodula ett	ositions - schedule attached
Schedule B - Real Property - schedule attached				ents - schedule attached
-or				ONE CONSTRUCTION
☐ None - No repor	rtable interests on a	any schedule		
. Verification				
MAILING ADDRESS STREET or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
Mallorca Way	San Francisc	'n	CA	0.4400
DAYTIME TELEPHONE NUMBER		ADDRESS (OPTIONAL)	_CA	94123
( 510 )	dian	a@realworksred	o.com	
I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I act	riomeage this is a	public document,		ge the information contained
I certify under penalty of perjury under the laws of the State	of California that	the foregoing is true	e and correct.	$\mathcal{N}$
Date Signed // 28/12	Signature	\( \frac{1}{\lambda} \)	)90	Note (ling official.)
		$\mathcal{L}^{-1}$	T T	

#### 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	NAME OF BUSINESS ENTITY
Charles Schwab - SEP/IRA	P INNIE OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement account	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,001 - \$100,000	1
▼ \$100,001 - \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other Retirement Account	NATURE OF INVESTMENT
(Describe)	Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_11 / / 11	
ACQUIRED DISPOSED	/
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	
\$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	S2,000 - \$10,000 S10,001 - \$100,000
[] 4.00;251 41,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE;	
THE MOTION DATE.	IF APPLICABLE, LIST DATE;
	// / 11 / / / 14
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	S BOOKEOU ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	<del>-</del>
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
·	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/// 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
11	3020
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	► 1. BUSINESS ENTITY OR TRUST
RealWorks Residential	
Name 263 Mailorca Way San Francisco, CA 94123	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Real Estate brokerage agency	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$\$10,001 - \$100,000 \$\$10,001 - \$1,000,000 \$\$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INVESTMENT  Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION President/Owner/Broker	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)	► 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	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  Commissions from the sale of real estate in San Francisco, Alameda, Contra Costa and Solano counties.	➤ 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	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY	Check one box:  INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location 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 - \$1,000,000  ACQUIRED DISPOSED  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST .  Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Vrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Commente	- •

#### SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 70(
FAIR POLITICAL PRACTICES COMMISSION Name

Diana Lee Daniel

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
263 Mallorca Way	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
San Francisco, CA 94123	
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  ACQUIRED  DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
### FRENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499	### IF RENTAL PROPERTY, GROSS INCOME RECEIVED    \$0 - \$499
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or 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
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	
loans received not in a lender's regular course of bus	
loans received not in a lender's regular course of bus	swittout regard to your official status. Personal loans and siness must be disclosed as follows:
loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and siness must be disclosed as follows:
loans received not in a lender's regular course of bus	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER*  ADDRESS (Business Address Acceptable)
loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  None
loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  When I have the more than the mor
Ioans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
Ioans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
Ioans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Diana Lee Daniel

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (D.
,	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
310,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of (Real property, car, boat, etc.)	Sale of
taran da araba da ar	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or me
Other(Describe)	Other
	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	III
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	
You are not required to report loans from commercia	l lending institutions, or any indebtedness and it
You are not required to report loans from commercia retail installment or credit card transaction, made in the	Il lending institutions, or any indebtedness created as part
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You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business acceptable)  Definition of the public without regard to your official regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business acceptable)  Definition of the course of business acceptable of the course of business acceptable of the course of the	Il lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender ows:  INTEREST RATE TERM (Months/Years)

#### SCHEDULE D Income - Gifts

NAME OF SOURCE	E		-	NAME OF SOURCE	DÉ	
ADDRESS (Busine	ss Address Accepta	ble)	-	ADDRESS (Busine	ss Address Accep	table)
BUSINESS ACTIVI	TY, IF ANY, OF SO	URÇE	-    ;	BUSINESS ACTIVI	TY, IF ANY, OF S	DURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-    ;	DATE (mm/dd/yy)	VALUE .	DESCRIPTION OF GIFT(S)
	\$		-    -		\$	· · · · · · · · · · · · · · · · · · ·
	\$		-    -		\$	
	\$		-    -		\$	
NAME OF SOURCE	<b>=</b>		<b>&gt;</b> 1	NAME OF SOURCE	E	
ADDRESS (Busines	s Address Acceptal	ble)	-    Ā	DDRESS (Busines	ss Address Accept	able)
BUSINESS ACTIVIT	Y, IF ANY, OF SOL	JRCE	-    š	USINESS ACTIVIT	TY, IF ANY, OF SC	DURCE
ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-    ĉ	ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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	\$		-    -		\$	
	\$		_    _		\$	
AME OF SOURCE			►N	AME OF SOURCE		
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USINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	-	USINESS ACTIVIT	Y, IF ANY, OF SO	URCE
ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-    <u>-</u>	ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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	\$		-    -		\$	
	\$		_    _		·\$	
omments:					· · · · · · · · · · · · · · · · · · ·	

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

CALIFORNIA FORM	
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	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (e)(3)
DATE(S)://	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
☐ Made a Speech/Participated in a Panel ☐ Other - Provide Description	Made a Speech/Participated in a Panel  Other - Provide Description
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)  CITY AND STATE	ADDRESS (Business Address Acceptable)  CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	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:  (Please circle one)  Board 1 or Board 1 alternate  Board 2 or Board 2 alternate
Name: Shown Ridsell Home Address: Broderick St.  City: 5- Francisco State: CA Zip code: 94117
City: 5 Francisco State: CA Zip code: 94117
Business Address: 2128 Browd way City: Oak cand State: CA Zip code: 94612
Home Phone (4.5) — Work Phone: (51-) 986-(30) Fax #: (510) 986-(30)
Pager #: E-Mail Address: )acl. Com
Are your 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 You (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:  The contract of the following:  Catteria. The catterial public accountant and an assessment appeals board unless he accountant to the following:  Catteria. The catterial public accountant and accountant as one of the following: certified by a the following:  Catterial public accountant, licensed real estate broker, attorney, or property appraiser accredited by a national public accountant or public accountant or public accountant accountant or public accountant accountant or property appraiser accredited by a national public accountant or pub
Please state your business and/or professional experience: There been a professional experience: There been a professional experience of the state o
Occupation: Detorute  Education: Juris Dectorute
Civic Activities: Volunteer, Aids 1294 referral formel.
Ethnicity (optional): Sex (optional): M F
Other Personal Information (optional)
Would you be able to attend Day Meetings?   No Night meetings?   No
How many days a week would you be available for hearings? 2-3
Have you attended an Assessment Appeals Board meeting?
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 / 19.612 Applicant's Signature: Applicant

For Office Use Only: Appointed Board #: Seat #:

Term Expires:

# SHAWN RIDGELL — BRODERICK STREET SAN FRANCISCO, CA 04117 TELEPHONE (415

Email: '\_\_\_\_ aaot.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

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMPISSION, A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

Mease type of print in Ink.	(FIRST) (MIDDLC)
WALL OF FILER PRICE (LAST)	Shaun
. Office, Agency, or Court	Acceleration
Agency Name ASSESSMENT. APK	Peuls Bourd
Division, Board, Department, District, if applicable	Your Position Board Member
► If filling for multiple positions, list below or on an ettachmen	nt.
Agency:	Position:
. Jurisdiction of Office (Chack at least one box) .	
State	
Multi-County San Francisc	County of
Edit of San 1-72006(30	O Other
. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2011, through December 31, 2011.	(Greck one)
The period covered is	
Assuming Office: Date assumed	The period covered is, through the date of leaving office.
Candidate: Election YearOffice	ce sought, if different than Part 1:
I. Schedule Summary	in a land of the court page.
Check applicable schedules of "None."	➤ Total number of pages including this cover page:
Schedule A-1 - Invosunants - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attack
☐ Schedule A-2 - <i>Investments</i> – schedule attached☐ Schedule B - <i>Real Property</i> ~ schedule attached	<ul> <li>☐ Schedule D · Income - Gills - schedule attached</li> <li>☐ Schedule E · Income - Gills · Travel Payments - schedule attache</li> </ul>
L) Schoolie B - Keai Properly - Schedule attached	-Or-
None - No t	reportable interests on any schedule
5. Verification	AAA
MAILING ADDRESS STREET (SCOMMONDO & Plub & Document)	CHY STATE XPCODE  Oakture CA 94612
513	E-MAIL ADORESS (OPTIONAL)
have used all reasonable diligence in preparing this stateme herein and in any attached schedules is true and complete.	ent. I have reviewed this statement and to the best of my knowledge the information cont.  I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the S	State of California that the foregoing is true and correct.
1/10/13	for Digle
Date Signed	· Signature (File the organity signers station on with your king official)

#### 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. 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