

File No. 130006

Committee Item No. 3  
Board Item No. 15

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 1/17/13

Board of Supervisors Meeting

Date January 29, 2013

**Cmte Board**

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

**OTHER**

(Use back side if additional space is needed)

- Form 700
- 
- 
- 
- 

Completed by: Linda Wong  
Completed by: L.W.

Date 1/14/13  
Date 1/23/13

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

1 [Appointments – Assessment Appeals Board No. 1]

2

3 **Motion appointing Joseph Tham, Mark Watts, Scott Spertzel, and Donna Crowder,**  
4 **terms ending September 7, 2015, to the Assessment Appeals Board No. 1.**

5

6 MOVED, That the Board of Supervisors of the City and County of San Francisco does  
7 hereby appoint the hereinafter designated persons to serve as members of the Assessment  
8 Appeals Board No. 1, pursuant to the provisions of the Revenue and Taxation Code, Section  
9 1623, and the San Francisco Administrative Code, Sections 2B.1 through 2B.11, for the terms  
10 specified:

11 Joseph Tham, seat 2, succeeding Alec Lambie, term expired, must meet the eligibility  
12 criteria set forth in Section 1624.05 of the California Revenue and Taxation Code. Must have  
13 a minimum of five years professional experience in the State of California as one of the  
14 following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate  
15 Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional  
16 organization, or a Property Appraiser certified by the Office of Real Estate Appraisers; or as a  
17 current member of the Assessment Appeals Board, for the unexpired portion of a three-year  
18 term ending September 7, 2015.

19 Mark Watts, seat 5, succeeding Lawrence Lee, term expired, must meet the eligibility  
20 criteria set forth in Section 1624.05 of the California Revenue and Taxation Code. Must have  
21 a minimum of five years professional experience in the State of California as one of the  
22 following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate  
23 Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional  
24 organization, or a Property Appraiser certified by the Office of Real Estate Appraisers; or as a  
25

1 current member of the Assessment Appeals Board, for the unexpired portion of a three-year  
2 term ending September 7, 2015.

3 Scott Spertzel, seat 6, (ALTERNATE /HEARING OFFICER), succeeding Mark Watts,  
4 term expired, must meet the eligibility criteria set forth in Section 1624.05 of the California  
5 Revenue and Taxation Code. Must have a minimum of five years professional experience in  
6 the State of California as one of the following: Certified Public Accountant (CPA) or Public  
7 Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by  
8 a nationally recognized professional organization, or a Property Appraiser certified by the  
9 Office of Real Estate Appraisers; or as a current member of the Assessment Appeals Board,  
10 for a three-year term ending September 7, 2015.

11 Donna Crowder, seat 8, (ALTERNATE /HEARING OFFICER), succeeding Scott  
12 Spertzel, term expired, must meet the eligibility criteria set forth in Section 1624.05 of the  
13 California Revenue and Taxation Code. Must have a minimum of five years professional  
14 experience in the State of California as one of the following: Certified Public Accountant (CPA)  
15 or Public Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser  
16 accredited by a nationally recognized professional organization, or a Property Appraiser  
17 certified by the Office of Real Estate Appraisers; or as a current member of the Assessment  
18 Appeals Board, for a three-year term ending September 7, 2015.

19  
20  
21  
22  
23  
24  
25

**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**

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

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

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

City: San Francisco State: CA Zip code: 94121

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: 415 \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_ E-Mail Address: Yahoo.com

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

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

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

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

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

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

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

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

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

Other Personal Information (optional) \_\_\_\_\_

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

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

Have you attended an Assessment Appeals Board meeting?  Yes  No

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

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

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

*Joseph K. Tham*

*(415)*

email: \_\_\_\_\_ @hotmail.com

\_\_\_\_\_ 8<sup>th</sup> Street, San Francisco, CA 94114

**OBJECTIVE**

To serve the public and represent various community groups

**EDUCATION**

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

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

**COMMUNITY  
ACTIVITIES**

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

**WORK EXPERIENCE**

**Commercial Real Property Officer**

7-00 to 07-12

San Francisco Public Utilities Commission, San Francisco, CA

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

**Real Estate Appraiser / Consultant**

6-94 to 6-00

Great Pacific Appraisal Associates, San Francisco, CA

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

**Appraisal Manager, Northern California Region**

6-93 to 5-94

Union Bank of California, Oakland, CA

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

**Regional Appraisal Auditor / Senior Appraiser**

09-86 to 2-92

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

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

STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE

Date Received  
 Official Use Only

FILED  
 12 MAR 30 PM 5:03

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 2012 MAR 30 PM 2:35

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

- State
- Multi-County \_\_\_\_\_
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other \_\_\_\_\_

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

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

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 \_\_\_\_\_ San Francisco CA 94103  
 DAYTIME TELEPHONE NUMBER \_\_\_\_\_ 3 (OPTIONAL)  
 \_\_\_\_\_ @yahoo.com

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

I certify under penalty of perjury under the laws of the State of California that the foregoing

Date Signed 03/16/2012 Signature \_\_\_\_\_  
 (month, day, year) (File the originally signed statement with your filing official.)

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

Name  
 THAM, Joseph K.

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

CITY  
 San Francisco

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

ACQUIRED      /      / 11      DISPOSED      /      / 11

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

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

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

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

CITY  
 San Francisco

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

ACQUIRED      /      / 11      DISPOSED      /      / 11

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

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

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

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

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

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

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

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

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



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

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

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

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

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

Name: MARK WATTS Home Address: LINARES AVENUE

City: SAN FRANCISCO State: CA Zip code: 94116

Business Address: 595 MARKET ST 2230 City: SF State: CA Zip Code: 94105

Home Phone 415 Work Phone: 415 777-2666 ext 107 Fax #: 415 977-0555

Pager #: \_\_\_\_\_ E-Mail Address: WCBPAPPRAISAL.COM

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

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

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

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

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

Please state your qualifications: I AM AN ALTERNATE MEMBER BOARD 1 ASSESSMENT APPEALS.

Please state your business and/or professional experience: MORE THAN 25-YEARS OF REAL ESTATE APPRAISAL AND REAL ESTATE INVESTING.

Occupation: COMMERCIAL REAL ESTATE APPRAISER Education: BA - UC DAVIS

Civic Activities: BOARD MEMBER STONESTOWN YMCA

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

Other Personal Information (optional) \_\_\_\_\_

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

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

Have you attended an Assessment Appeals Board meeting?  Yes  No

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

Date: 8/27/12 Applicant's Signature: Mark Watts

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



## QUALIFICATIONS OF MARK A. WATTS

Mark A. Watts is a Partner with Carnegie-Blum & Partners, Inc.

Following is a brief summary of his background and experience:

### EXPERIENCE

#### Commercial Real Estate Appraisal Experience

Mr. Watts joined Carnegie-Blum & Partners, Inc. in 1987, and has over 20 years experience in the analysis of commercial real estate. He has completed valuation assignments on a variety of projects, including industrial facilities, residential subdivisions, apartments, shopping centers, cemeteries and recreational facilities. He has also performed feasibility studies and assisted owners in making asset management decisions.

Mr. Watts has provided litigation support and served as an expert witness in court. He has also served in arbitrations as an expert witness. He has been qualified as an expert in San Francisco and San Mateo County Superior Courts.

He currently serves on the City and County of San Francisco Assessment Appeals Board.

#### Commercial Real Estate Investment Experience

Simultaneous to his work as a commercial appraiser, Mr. Watts has been an active real estate investor/developer. He is experienced in the acquisition, redevelopment and management of commercial properties. He has witnessed and experienced many real estate cycles and stays abreast of current trends. His personal experience as an investor makes him uniquely qualified to appraise commercial real estate.

Over the last 20 years he has completed more than 30 investment real estate transactions, an average of 1.5 transactions per year. He has negotiated with buyers and sellers directly as a principal. He has completed nearly a dozen 1031 exchanges. Beginning with a small initial capital investment, he has built a large real estate portfolio. Based on his ownership experience, Mr. Watts is keenly aware that the success or failure of an acquisition is closely related to its location. Likewise, he is sensitive to locational differences in the appraisal of real estate.

Mr. Watts has broad experience with the construction, maintenance and repair of real estate. He has demolished and re-built two structures from the ground up. He has completed fire damage repairs and remediated toxic mold. He has remodeled kitchens and baths. He has replaced foundations on structures, made additions, and made other improvements. As the quality and condition of real estate has a strong correlation with its value, his experience enables superior judgement of these attributes in his work as a commercial real estate appraiser.

#### Health Club Experience

Mr. Watts has served on the Board of Managers of the Stonestown Family YMCA since 2002. This is an approximately 30,000 square foot health club facility. He is active on the Facilities Committee. He served as the Board Chair in 2008. He is a member of the Olympic Club in San Francisco.

### EDUCATION

Bachelor of Arts, University of California, Davis

### PROFESSIONAL AFFILIATION

State Accredited Affiliate of the Appraisal Institute  
State of California Certified General Real Estate Appraiser No. AG015362

STATE OF CALIFORNIA

Business, Transportation & Housing Agency

OFFICE OF REAL ESTATE APPRAISERS

REAL ESTATE APPRAISER LICENSE



MARK A. WATTS

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

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

OREA APPRAISER IDENTIFICATION NUMBER AG015362

Date Issued: August 16, 2011

Date Expires: August 15, 2013

Director: OREA

Bob Clark

Audit No. 134694

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO SEE "SAFE" AND "VERIFY FIRST"

2 MAR 30 PM 5:07 COVER PAGE

2012 MAR 30 PM 2:42

Please type or print in ink.

NAME OF FILER (LAST, FIRST, MIDDLE) WATTS Mark Allen (RN)

1. Office, Agency, or Court

Agency Name: Assessment Appeals Board  
Your Position: Alternate Board Member

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

Agency: Position:

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

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

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

- Annual: The period covered is January 1, 2011, through December 31, 2011. Leaving Office: Date Left, The period covered is January 1, 2011, through the date of leaving office. This period covered is through the date of leaving office. Assuming Office: Date assumed, Candidate: Election Year, Office sought, if different than Part 1.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 2. Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule.

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE SF. CA 94116

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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

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

Date Signed 3/27/12 Signature

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Mark Watts

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

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

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

Comments: N/A

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



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

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

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

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

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

Name: Scott Spertzel Home Address: 7th Ave

City: San Francisco State: CA Zip code: 94122

Business Address: 21 Columbus Ave Suite 211 City: San Francisco State: CA Zip Code: 94111

Home Phone 415 Work Phone: 415-894-5254 Fax #:

Pager #: E-Mail Address: @spertzelconsulting.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: Certified Public Accountant and three years experience on Assessment Appeals Board

Please state your business and/or professional experience: Consultant and Accountant with over 15 years of accounting and valuation experience. Three year board experience

Occupation: consultant Education: Bachelor of Science

Civic Activities:

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

Other Personal Information (optional)

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

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

Have you attended an Assessment Appeals Board meeting?  Yes  No

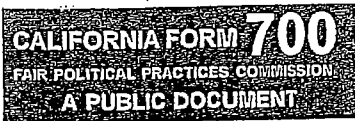
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

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

Date: 8/8/12

Applicant's Signature: [Signature]

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



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
Date Received  
Official Use Only

2012 MAR 30 PM 4:11

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SPERTZEL SCOTT ALBERT

1. Office, Agency, or Court

Agency Name: Board of Supervisors  
Division, Board, Department, District, if applicable: Assessment Appeals Board  
Your Position: Alternate Board Member  
Agency: \_\_\_\_\_ Position: \_\_\_\_\_

FILED  
12 MAR 30 PM 5:05  
SAN FRANCISCO  
ETHICS COMMISSION

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

State  
 Multi-County \_\_\_\_\_  
 City of \_\_\_\_\_  
 Judge or Court Commissioner (Statewide Jurisdiction)  
 County of San Francisco  
 Other \_\_\_\_\_

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

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

4. Schedule Summary

Check applicable schedules or "None."  
Total number of pages including this cover page: 4  
 Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[Redacted] San Francisco CA 94111  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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

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

Date Signed 3/29/12 Signature [Redacted]

**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  
Scott Spertzel

**BUSINESS ENTITY OR TRUST**

Name Spertzel Consulting LLC

Address (Business Address Acceptable) SF, CA 94111

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Consulting

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

ACQUIRED      /      / 11 DISPOSED      /      / 11

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  LLC Other     

YOUR BUSINESS POSITION Founder / CEO

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

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

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

Five Corners Consulting Group  
Ocean Tomo  
Seiler, LLP

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

Check one box:  
 INVESTMENT  REAL PROPERTY

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

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

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

ACQUIRED      /      / 11 DISPOSED      /      / 11

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

Comments: \_\_\_\_\_

**BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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

ACQUIRED      /      / 11 DISPOSED      /      / 11

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other     

YOUR BUSINESS POSITION \_\_\_\_\_

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

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

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

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

Check one box:  
 INVESTMENT  REAL PROPERTY

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

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

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

ACQUIRED      /      / 11 DISPOSED      /      / 11

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

FPPC Form 700 (2011/2012) Sch. A-2  
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1735 7th Ave

CITY  
San Francisco

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

ACQUIRED     /     / 11      DISPOSED     /     / 11

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED     /     / 11      DISPOSED     /     / 11

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

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

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

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_ %       None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_ %       None

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



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Scott Spertzel

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Spertzel Consulting LLC

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting

YOUR BUSINESS POSITION  
Founder / CEO

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

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

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
JAMS

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Salary

YOUR BUSINESS POSITION  
Practice Development Manager

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

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

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_ %     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None     Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**Assessment Appeals Board**  
**City and County of San Francisco**  
 (415) 554-5184 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 2 or

**Board 1 alternate**  
 Board 2 alternate

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

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

Name: DOONIA CREODER Home Address: — GLENBROOK

City: SAN FRANCISCO State: CA Zip code: 94114

Business Address: 1699 VAN NESS City: SF State: CA Zip Code: 94109

Home Phone: 415 Work Phone: 415 229 1399 Fax #: 415 771 1264

Pager #: N/A E-Mail Address: — creoder.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: Have served two consecutive terms and currently serving in same position. 35 year real estate broker

Please state your business and/or professional experience: Currently Assistant manager TR1 Caldwell Banker, past co-owner Creoder Assoc.

Occupation: Realtor Education: 4 years college

Civic Activities: past president SFAR, past president TPIA, past president Victoria

Ethnicity (optional): Caucasian Sex (optional):  M  F Sundraser/woman of the year SF

Other Personal Information (optional) Mother Retired Real Estate Broker Family Service

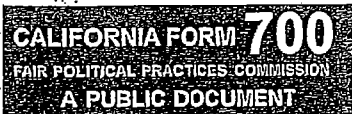
Would you be able to attend Day Meetings?  Yes  No Night meetings?  Yes  No Abroad

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

Have you attended an Assessment Appeals Board meeting?  Yes  No

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

Date: 9/15/12 Applicant's Signature: [Signature]



STATEMENT OF ECONOMIC INTERESTS

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO

COVER PAGE 2012 MAR 30 PM 3:05

2012 MAR 30 PM 2:37

Please type or print in ink.

NAME OF FILER (LAST) CROWDER (MIDDLE) K SAN FRANCISCO ETHICS COMMISSION DONNA

1. Office, Agency, or Court

Agency Name Assessment Appeals Board BY Your Position ALTERNATE Board Member

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

Agency: Position:

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

- State, Multi-County, City of, Judge or Court Commissioner, County of SAN FRANCISCO, Other

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

- Annual: The period covered is January 1, 2011, through December 31, 2011. Leaving Office: Date Left, The period covered is January 1, 2011, through the date of leaving office. Assuming Office: Date assumed, Candidate: Election Year, Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 4

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

DIRECT TELEPHONE NUMBER OPTIONAL DONNA.CROWDER.COM

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

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

Date Signed 3/28/12 (month, day, year)

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Donna Crowder

**1. BUSINESS ENTITY OR TRUST**

Name Donna Crowder SFCA 94109

Address (Business Address Acceptable)  
 [Redacted]

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

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

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION Trustee/revocable 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

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

Citrine Salon  
Fillmore Counseling

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

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

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

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

Comments: \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable)  
 \_\_\_\_\_

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

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

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

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

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

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Donna Crowder

1. INCOME RECEIVED	2. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Tri Colonial Banker</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>[Redacted] SF, CA 94109</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>broker associate / real estate sales</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

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

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name: Donna Crowder

- 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  
SF Assoc Realtors

ADDRESS (Business Address Acceptable)  
 [REDACTED]

CITY AND STATE  
SF CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Rep to Cal. Assoc Realtors

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 2350  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
reimbursement for travel expenses

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: \_\_\_\_\_

San Francisco  
BOARD OF SUPERVISORS

Date Printed: January 8, 2013

Date Established: December 24, 1998

Active

**ASSESSMENT APPEALS BOARD NO. 1**

**Contact and Address:**

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**Authority:**

Administrative Code Chapter 2B et seq.; 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. 1 consists of eight members, five regular members, and three alternate members all appointed by the Board of Supervisors. The regular members of Assessment Appeals Board No. 1 shall serve ex officio as the regular members of Assessment Appeals Board No. 3 concurrent with their service on Assessment Appeals Board No. 1.

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 Appraisers; or he or she is a current member of an assessment appeals board.

"R Board Description" (Screen Print)

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

It shall be the duty of each Assessment Appeals Board to equalize the valuation of the taxable property within the City and County for the purposes of taxation in the manner and subject to the limitations contained in Article XIII of the California State Constitution and Assessment Appeals Board 1 shall have jurisdiction to hear applications for reduction affecting any property on the secured or unsecured rolls without limitation.

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