Assessment Appeals Board
City and County of San Francisco
(415) 554-6778 Fax (415) 554-6775

City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: *(Please circle one)*

Board 1 *or* **Board 1 Alternate**
Board 2 *or* **Board 2 Alternate**
Board 3 *or* **Board 3 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: Shawn Ridgell Home Address: [redacted]

City: San Francisco State: CA Zip code: 94117

Business Address: 2128 Broadway City: Oakland State: CA Zip Code: 94612

[redacted] Work Phone: (510) 986-1300 Fax #: (510) 986-1301

Pager #: N/A E-Mail Address: [redacted]

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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: I have over 20 years experience as an attorney and 8 years on the assessment appeals Board.

Please state your business and/or professional experience: over 20 years experience as an attorney, and 8 years on the assessment appeals board.

Occupation: Attorney Education: USF School of Law

Civic Activities: USF Alumni Board (Past)

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

Other Personal Information (optional) _____

Would you be able to attend Day Meetings? ☑ **Yes** ☐ **No** Evening meetings? ☑ **Yes** ☐ **No**

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

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: 9/2/2022 Applicant's Signature: [signature]

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

Revised February 25, 2019

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed
03/24/2022
15:40:28

Filing ID:
203020127

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Ridgell,	Shawn	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Assessment Appeals Board

Your Position

Member

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

☒ **Annual:** The period covered is January 1, 2021 through December 31, 2021.

-or-

The period covered is ____/____/____, through December 31, 2021.

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

☐ **Leaving Office:** Date Left ____/____/____

(Check one circle)

○ The period covered is January 1, 2021 through the date of leaving office.

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

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

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
		Oakland	CA	94612

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 03/24/2022 *(month, day, year)*

Signature Shawn Ridgell *(File the originally signed paper statement with your filing official.)*

Assessment Appeals Board
City and County of San Francisco
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Board 2	*or*	**Board 2 Alternate**
Board 3	*or*	**Board 3 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: JAMES REYNOLDS Home Address: [redacted]

City: San Francisco State: CA Zip code: 94119

Business Address: 200 McAllister St. #11 City: S.F. State: CA Zip Code: 94118

[redacted] Work Phone: 415-359-9660 Fax #: _____

Pager #: _____ E-Mail Address: [redacted]

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

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

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Please state your qualifications: 10 years on the Assessment Appeal Board & 20 years as Residential Real Estate Appraiser

Please state your business and/or professional experience: Same as above

Occupation: REAL ESTATE APPRAISER Education: B.S. in Business - Real Estate

Civic Activities: ADB

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

Other Personal Information (optional) _____

Would you be able to attend Day Meetings? ☒ **Yes** ☐ **No** Evening meetings? ☒ **Yes** ☐ **No**
How many days a week would you be available for hearings? 5 How many evenings a week? 5
Have you attended an Assessment Appeals Board meeting? ☒ **Yes** ☐ **No**

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: _____ Applicant's Signature: _____

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

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed
03/21/2022
20:43:49

Filing ID:
202918573

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Reynolds,	James	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Assessment Appeals Board

Your Position

Member

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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- ☐ State
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- ☐ City of _____
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☐ **Leaving Office:** Date Left ___/___/___
(Check one circle)

○ The period covered is January 1, 2021 through the date of leaving office.

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

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

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

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-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
	San Francisco	CA	94118

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 03/21/2022 *(month, day, year)*

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