

File No. 120732

Committee Item No. 2

Board Item No. 14

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 7/11/12

Board of Supervisors Meeting

Date 7/24/12

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

- | | | |
|-------------------------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong

Date 7/6/12

Completed by: L.W.

Date 7/12/12

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

1 [Reappointment, Planning Commission – Michael Antonini]

2
3 **Motion approving/rejecting the Mayor’s nomination of Michael Antonini to the Planning**
4 **Commission term ending July 1, 2016.**

5
6 WHEREAS, Pursuant to Charter Section 4.105, the Mayor has submitted a
7 communication notifying the Board of Supervisors of the nomination of Michael Antonini to the
8 Planning Commission, received by the Clerk of the Board on July 2, 2012; and

9 WHEREAS, The Board of Supervisors, by Motion 02-80 established a process to
10 review the Mayor’s nomination to the Planning Commission; now, therefore, be it

11 MOVED, That the Board of Supervisors hereby approves/rejects the Mayor’s
12 nomination of Michael Antonini to the Planning Commission term ending July 1, 2016.

OFFICE OF THE MAYOR
SAN FRANCISCO



Orig. JOY BOS-11
COB, Leg Deputy
Efile, cpage, etc
EDWIN M. LEE *Atty*
MAYOR

Notice of Appointment

July 2, 2012

San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUL -2 PM 3:39
llp

Honorable Board of Supervisors:

Pursuant to Chart Section 4.105, I hereby make the following nominations to the San Francisco Planning Commission:

Michael Antonini, for a term ending June 30, 2016,

Richard Hillis, assuming the seat held by Ron Miguel, for a term ending June 30, 2016.

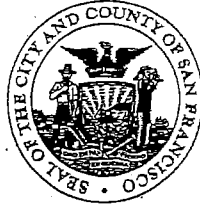
I am confident that Mr. Antonini and Mr. Hillis, both CCSF electors, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of these appointments.

Sincerely,

Edwin M. Lee
Edwin M. Lee
Mayor

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

July 2, 2012

Angela Calvillo
Clerk of the Board, Board of Supervisors
San Francisco City Hall
1 Carlton B. Goodlett Place
San Francisco, CA 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUL -2 PM 3:39
FLB

Dear Ms. Calvillo,

Pursuant to Chart Section 4.105, I hereby make the following nominations to the San Francisco Planning Commission:

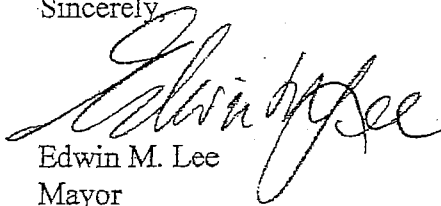
Michael Antonini, for a term ending June 30, 2016,

Richard Hillis; assuming the seat held by Ron Miguel, for a term ending June 30, 2016.

I am confident that Mr. Antonini and Mr. Hillis, both CCSF electors, will serve our community well. Attached are their qualifications to serve, which will demonstrate how these appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of these appointments.

Sincerely,


Edwin M. Lee
Mayor

Michael J. Antonini, D.D.S.

Franklin Street
San Francisco, CA 94123
(415) _____ Fax (415) 776-5504 C (415) _____
_____ .1@aol.com

Personal

- Born Livermore, California, 1946
- Married – Linda Madigan 1973
- Children – John, 1978; Peter, 1981-2002; Gina, 1984
- Residence – 110 Broadmoor Drive, San Francisco, CA 94132

Education

- University of Santa Clara, Santa Clara, 1968 – B.A., Major: History Minor: Biology
- University of the Pacific School of Dentistry, San Francisco, CA 1972, D.D.S.

Memberships

- American Dental Association 1972 – present
- California Dental Association 1972 – present
- San Francisco Dental Society, President 1986-87, Editor 1982-84, Trustee Finance Committee 2000 – present
- California State Board of Dental Examiners, Examining Committee 1982-96
- St. Brendan Men's Club, President 1992-93
- St. Brendan Parish Advisory Board, President 1997-98
- St. Ignatius College Preparatory, Fathers Club
- Olympic Club
- Lakeside Property Owners Association
- San Francisco Italian Athletic Club
- San Francisco History Association
- DSE Running Club
- Mechanics Institute
- American Institute of Architects (A.I.A.)

Positions – Elected or Appointed

- San Francisco Dental Political Action Committee, President 2001 – present
- San Francisco City and County Planning Commission, Member 2002 – present, Vice-President 2002-04
- San Francisco Republican County Central Committee, Member, 12th Assembly District 2003 – present

Awards

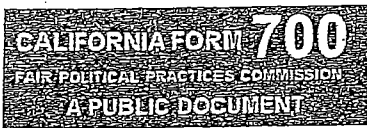
- Certificate of Merit – City and County of San Francisco 1994
- Best Editorial Newsletter – California Dental Association 1983, 1984
- Tau Kappa Omega – Dental Honor Society, 1972
- Annual Honoree Coalition of San Francisco Neighbors, 2004

Hobbies

- Running, creative writing, gardening

Community Service

- San Francisco District 7 Advisory Council, Vice-President 2001-present
- West of Twin Peaks, Neighborhood leader – graffiti removal
- Sisters of The Missionaries of Charity – probono dentistry



STATEMENT OF ECONOMIC INTERESTS

REC'D Date Received Official Use Only

COVER PAGE FILED

MAR 26 2012

Please type or print in ink

12 MAR 28 PM 1:36 CITY & COUNTY OF S.F.

NAME OF FILER (LAST) ANTONINI (FIRST) MICHAEL JOSEPH

1. Office, Agency, or Court

Agency Name: CITY and County of PLANNING COMMISSION - SAN FRANCISCO
Your Position: COMMISSIONER

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

Agency: Position:

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

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

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

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

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 19 nineteen

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
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 MARCH 25, 2012 Signature

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.



Name
Michael J. Antonini

NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

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

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

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

NAME OF BUSINESS ENTITY: Antonini Family 1997 Trust
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Michael J. Antonini subtrust as separate property

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

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

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

NAME OF BUSINESS ENTITY: profit sharing plan
Michael J. Antonini, DDS, Inc
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

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

NATURE OF INVESTMENT
 Stock Other second deed of trust 3225-3227 20th Street San Francisco, CA
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY: profit sharing plan
Michael J. Antonini, DDS, Inc
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000 at beginning of 2011
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other second deed of trust 400-410 Edc St S.F. Robert MacPhee
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 11 7/27/11
 ACQUIRED DISPOSED final payment of fully amortized second deed of trust

NAME OF BUSINESS ENTITY: profit sharing plan
Michael J. Antonini, DDS, Inc
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retirement Plan

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000 at beginning of 2011
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other second deed of trust 2604-2608 Third St S.F. Robert MacPhee
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 11 7/30/11
 ACQUIRED DISPOSED final payment of fully amortized second deed of trust

NAME OF BUSINESS ENTITY: _____
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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

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

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

Comments: _____

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.



Name: Michael J. Antonini

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc plan
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

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

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

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

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

IF APPLICABLE, LIST DATE:
5 / 31 / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

IF APPLICABLE, LIST DATE:
5 / 25 / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY profit sharing plan
Michael J. Antonini, DDS, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

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

NAME OF BUSINESS ENTITY
ANTONINI FAMILY 1997 Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Michael J. Antonini subtrust
as separate property.

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

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

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

Comments: _____

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.



Name
Michael J. Antonini

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Linda Antonini Trust - Mary Pezzola trustees

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

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

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TRUST - Linda Antonini, Mary Pezzola - trustees

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

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

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini, Mary Pezzola - trustees

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

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

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Trust - Linda Antonini, Mary Pezzola - trustees

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

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

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

NAME OF BUSINESS ENTITY
Gina Marie M. Antonini Trust
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Linda Antonini Trust - Mary Pezzola - trustees

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

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

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

NAME OF BUSINESS ENTITY
Michael J. Antonini, profit sharing plan
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

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

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

Comments: _____

**SCHEDULE A-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 <u>Michael J. Antonini</u> |

| | |
|--|--|
| NAME OF BUSINESS ENTITY <u>JOHN M. ANTONINI TRUST</u> | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>TRUST - Linda Antonini Mary Pezzola trustees</u> | |
| FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>McKesson Corp</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) | |
| IF APPLICABLE, LIST DATE: _____ / _____ / 11 _____ / _____ / 11 ACQUIRED DISPOSED | |

| | |
|---|--|
| NAME OF BUSINESS ENTITY <u>JOHN M. ANTONINI TRUST</u> | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>TRUST - Linda Antonini Mary Pezzola trustees</u> | |
| FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>Cherron Corp</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) | |
| IF APPLICABLE, LIST DATE: _____ / _____ / 11 _____ / _____ / 11 ACQUIRED DISPOSED | |

| | |
|---|--|
| NAME OF BUSINESS ENTITY <u>John M. Antonini Trust</u> | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Trust - Linda Antonini Mary Pezzola - trustees</u> | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>Oracle Corporation</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) | |
| IF APPLICABLE, LIST DATE: _____ / _____ / 11 _____ / _____ / 11 ACQUIRED DISPOSED | |

| | |
|---|--|
| NAME OF BUSINESS ENTITY <u>John M. Antonini Trust</u> | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Trust - Linda Antonini Mary Pezzola - trustees</u> | |
| FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>Charles Schwab Corp.</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) | |
| IF APPLICABLE, LIST DATE: _____ / _____ / 11 _____ / _____ / 11 ACQUIRED DISPOSED | |

| | |
|--|--|
| NAME OF BUSINESS ENTITY <u>John M. Antonini Trust</u> | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Trust - Linda Antonini Mary Pezzola - trustees</u> | |
| FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>Wells Fargo & Co.</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) | |
| IF APPLICABLE, LIST DATE: _____ / _____ / 11 _____ / _____ / 11 ACQUIRED DISPOSED | |

| | |
|--|--|
| NAME OF BUSINESS ENTITY <u>John M. Antonini Trust</u> | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Trust - Linda Antonini Mary Pezzola - trustees</u> | |
| FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>United Parcel Service</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) | |
| IF APPLICABLE, LIST DATE: _____ / _____ / 11 _____ / _____ / 11 ACQUIRED DISPOSED | |

Comments: _____

**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
Michael J. Antonini

NAME OF BUSINESS ENTITY Profit sharing
Michael J. Antonini, DDS, Inc. - plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

NATURE OF INVESTMENT
 Stock Other Bank of America mortgage securities
(Describe)

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

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

NAME OF BUSINESS ENTITY Profit sharing
Michael J. Antonini, DDS, Inc. plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Plan

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

NATURE OF INVESTMENT
 Stock Other Countrywide Asset
lians trust backed
(Describe)

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

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

NAME OF BUSINESS ENTITY Profit sharing plan
Michael J. Antonini, DDS, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock Other California State
taxable munibonds
(Describe)

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

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

NAME OF BUSINESS ENTITY Profit sharing
Michael J. Antonini, DDS, Inc plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock Other GNMA Govt backed
GMO Securities
(Describe)

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

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

NAME OF BUSINESS ENTITY Profit sharing plan
Michael J. Antonini, DDS, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock Other GSR MIB securities
mortgage backed
(Describe)

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

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

NAME OF BUSINESS ENTITY Profit sharing plan
Michael J. Antonini, DDS, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT Plan

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

NATURE OF INVESTMENT
 Stock Other Class A US Govt
fund securities
(Describe)

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

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

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

1. BUSINESS ENTITY OR TRUST

Name Antonini Family Properties, LLC

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY rental ownership, administration properties

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

IF APPLICABLE, LIST DATE:
1/11 / 1/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership limited liability company
Other

YOUR BUSINESS POSITION member, administrator

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

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

my pro-rata share was about \$69,500

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

see attached page

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 see attached

all properties held by this entity are outside the boundaries of the city and County of San Francisco

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

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

IF APPLICABLE, LIST DATE:
1/11 / 1/11
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining Other limited liability company

Check box if additional schedules reporting investments or real property are attached my ownership in Antonini Family Properties is 50%

Comments The other 50% is owned by my sister Cardyn Cardinali

1. BUSINESS ENTITY OR TRUST

Name A-3, Inc. Michael Antonini

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY ranching, farm property rental

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

IF APPLICABLE, LIST DATE:
1/11 / 1/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership "S" Corporation
Other

YOUR BUSINESS POSITION President, shareholder

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

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

my pro-rata share of gross income was \$3,500

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

Mrs and Mr Mike Mc Cafferty
5531 Mines Rd
Livermore CA 94550

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 see attached

all properties held by this entity are located outside the city and County of San Francisco

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

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

IF APPLICABLE, LIST DATE:
1/11 / 1/11
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining Other "S" Corporation

Check box if additional schedules reporting investments or real property are attached I own 100 shares of corporate stock jointly with my sister

Comments FPPC Form 700 (2011/2012) Sch. A-2
Cardyn Cardinali, a total of 300 shares of A-3, Inc stock exist

FORM 700 - MICHAEL J.
ANTONINI

SCHEDULE A-2

INVESTMENTS, INCOME ASSETS OF BUSINESSES,
ENTITIES, TRUSTS

ANTONINI FAMILY PROPERTIES, LLC

ITEM 3 - names of each reportable source
of income of \$10,000 or more in
2011 to ANTONINI FAMILY PROPERTIES
LLC

- RON ANDRE - STATE FARM INSURANCE
[REDACTED] - \$ 16,134⁰⁰
LIVERMORE, CA 94550
- CATHY PASOT-GRAHAM - STATE FARM INSURANCE
[REDACTED] - \$ 16,169⁰⁰
LIVERMORE, CA 94550
- JOHNSON/LOGAN
FAMILY - [REDACTED] - \$ 13,200⁰⁰
PLEASANTON, CA -
94566
- SHERYL LOCKWOOD - [REDACTED] - \$ 10,800⁰⁰
PLEASANTON CA
94566
- CHRISTINE CARDULLO - [REDACTED] - \$ 10,800⁰⁰
PLEASANTON, CA -
94566
- CAMPIOTTI FAMILY - [REDACTED] - \$ 16,800⁰⁰
PLEASANTON CA
94566
- ROB PALASSOV - [REDACTED] - \$ 12,000⁰⁰
PLEASANTON CA 94566
- STEVE WOLESKI [REDACTED] - \$ 12,000⁰⁰
PLEASANTON CA 94566
- Steve, Jeanne KOPPEL - [REDACTED] - \$ 15,600⁰⁰
PLEASANTON, CA
94566

additional properties held by Antonini Family
Properties, LLC from which less than \$10,000⁰⁰
from a single source was received in 2011

[REDACTED] } PLEASANTON, CA 94566

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
Michael J. Antonini

1. BUSINESS ENTITY OR TRUST

Name Michael J. Antonini, DDS, Inc
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
dental practice

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

IF APPLICABLE, LIST DATE:
1/11 / 7/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Corporation
Other

YOUR BUSINESS POSITION chairman

1. BUSINESS ENTITY OR TRUST

Name Antonini Family 1997 Trust
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
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
1/11 / 1/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

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

my share of gross income was my salary \$5,500

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

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

I receive none of this income

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

Ann Donnelly, DDS

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

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

Check one box
 INVESTMENT REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
1/11 / 7/11
ACQUIRED DISPOSED

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

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

Comments: jointly with my wife, Linda, a part of the Antonini 1997 family Trust

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 educational trust

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

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

IF APPLICABLE, LIST DATE:
1/11 / 1/11
ACQUIRED DISPOSED

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

Check box if additional schedules reporting investments or real property are attached reportable holdings are listed in schedule A-1

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
Michael J. Antonini

BUSINESS ENTITY OR TRUST

Name
Antonini Family 1997 Trust

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: | |
| <input type="checkbox"/> \$0 - \$1,999 | | |
| <input type="checkbox"/> \$2,000 - \$10,000 | | |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input checked="" type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

I receive none of this income

LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet for each source)

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
trust terminated in 2004. some trust holdings remain reported in trust

Description of Business Activity or City or Other Precise Location of Real Property
 [Redacted]

| | | |
|--|---------------------------|--|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | | |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> 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 *holdings reported in schedule A-1*

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: | |
| <input type="checkbox"/> \$0 - \$1,999 | | |
| <input type="checkbox"/> \$2,000 - \$10,000 | | |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet for each source)

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: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | | |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

BUSINESS ENTITY OR TRUST

Name Antonini Family 1997 Trust

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 _____

BUSINESS ENTITY OR TRUST

Name Antonini Family 1997 Trust

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 _____

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

Trust's pro rata share of rent is about \$25,000 gross

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

Trust's pro rata share of rent is about 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 J. Antonini, DDS, Inc.
Kevin C. Gowney, DDS, Inc.

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

Sumit Kapur
John Kristensen

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
[Redacted]

Description of Business Activity or City or Other Precise Location of Real Property
[Redacted]

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

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
[Redacted]

Description of Business Activity or City or Other Precise Location of Real Property
[Redacted]

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: See attached

See attached

SCHEDULE A-2

FORM 700

MICHAEL ANTONINI

INVESTMENTS, INCOME and

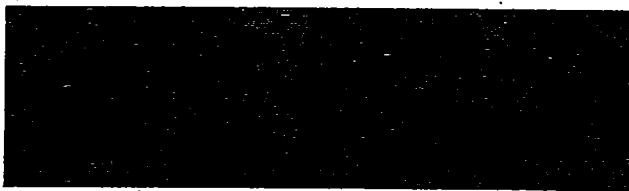
ASSETS of

BUSINESS ENTITIES / TRUSTS

ANTONINI FAMILY 1997

TRUST

DENTAL BUILDING-



OWNERSHIP IS AS FOLLOWS:

75%

ANTONINI FAMILY 1997
TRUST

LINDA and MICHAEL
ANTONINI, TRUSTEES

25%
Jointly

GINA MARIE M. ANTONINI
a single woman

and
JOHN MICHAEL ANTONINI
a married man as separate
property



ownership is AS FOLLOWS:

75%

JOHN MICHAEL ANTONINI
a married man

25%

ANTONINI FAMILY 1997
TRUST

Linda and Michael Antonini
trustees

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

GALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Kevin C. Grouner, DDS, PC

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry

YOUR BUSINESS POSITION
Administrative Assistant

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 Linda Antonini wife
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental income, list each source of \$10,000 or more
 Other _____
(Describe)

INCOME RECEIVED

NAME OF SOURCE OF INCOME
City and County of ^{San} Francisco

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 [REDACTED]

YOUR BUSINESS POSITION
Commissioner
 City and County Planning Commission

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)

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 instalment 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* Pension plan
Michael J. Antonini, DDS, INC

INTEREST RATE 5 % None

TERM (Months/Years) 60 months

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF LENDER
Retirement plan administration

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

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other vested account balance of borrower in profit sharing plan
(Describe)

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Michael J. Antonini, DDS, Inc.

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry

YOUR BUSINESS POSITION
chairman/employee dentist

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
Michael J. Antonini, DDS, Inc.

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry

YOUR BUSINESS POSITION
administrative assistant

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)

Linda Antonini wife

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*
Lawrence S. Witter ^{Jean} Witter

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF LENDER
retired

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

INTEREST RATE
6.0 % None

TERM (Months/Years)
7 years (5 remain as of 1-1-2012)

SECURITY FOR LOAN
 None Personal residence
 Real Property [REDACTED]

 City _____
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J Antonini

NAME OF SOURCE: Strada
Michael Cohen, Jessie Blout Investments

ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
real estate investment & development

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|-----------------------------------|
| <u>1/12/11</u> | <u>\$50⁰⁰</u> | <u>lunch</u> <u>onc Market</u> |
| <u> / / </u> | <u> </u> | <u> </u> |
| <u> / / </u> | <u> </u> | <u> </u> |

NAME OF SOURCE: SKS
Dan Kingsley - Investments

ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
real estate development

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|--------------------------------------|
| <u>1/18/11</u> | <u>\$65⁰⁰</u> | <u>dinner</u> <u>Palto D'Acti</u> |
| <u> / / </u> | <u> </u> | <u> </u> |
| <u> / / </u> | <u> </u> | <u> </u> |

NAME OF SOURCE: Saint Ignatius College Preparatory

ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
collegc
secondary education - preparatory

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------------------|---|
| <u>1/28/11</u> | <u>\$60⁰⁰</u> | <u>scholarship</u> <u>dinner</u> |
| <u>10/15/11</u> | <u>\$140⁰⁰</u> | <u>President's</u> <u>cabinet dinner</u> |
| <u> / / </u> | <u> </u> | <u> </u> |

NAME OF SOURCE: JOSEPH Green, D.M.D.

ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
dentistry - Endodontics

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|-------------------------------------|
| <u>2/5/11</u> | <u>\$50⁰⁰</u> | <u>dinner</u> <u>The Brixton</u> |
| <u> / / </u> | <u> </u> | <u> </u> |
| <u> / / </u> | <u> </u> | <u> </u> |

NAME OF SOURCE: Loeven and Assoc, LLC
Lewis W. Loeven

ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
land use consultant

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------|--|
| <u>2/11/11</u> | <u>\$100</u> | <u>dinner for two</u> <u>Empress of China</u> <u>chinese American Veterans</u> |
| <u> / / </u> | <u> </u> | <u> </u> |
| <u> / / </u> | <u> </u> | <u> </u> |

NAME OF SOURCE: Lee
William Lee - Family

ADDRESS (Business Address Acceptable): [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE:
Asian
Director - tourism
City/County SF
personal friend

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|---|
| <u>3/13/11</u> | <u>\$60⁰⁰</u> | <u>dinner</u> <u>Lee family dinner</u> |
| <u> / / </u> | <u> </u> | <u> </u> |
| <u> / / </u> | <u> </u> | <u> </u> |

Comments: _____

SCHEDULE D
 Income - Gifts

NAME OF SOURCE
Frank Dal Santo, DDS, MD
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, oral surgery

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|---------------------------|------------------------|
| <u>3/22/11</u> | <u>\$ 50⁰⁰</u> | <u>lunch Scalal's</u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |

NAME OF SOURCE
Heller, Manus
Jeffrey Heller Architects
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
architecture, design

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|---------------------------|----------------------------------|
| <u>3/16/11</u> | <u>\$ 60⁰⁰</u> | <u>dinner Prospect</u> |
| <u>8/25/11</u> | <u>\$ 84⁰⁰</u> | <u>Giants-Cubs baseball game</u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |

NAME OF SOURCE
San Francisco
Jim Mercurio Forty Niners
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
personal security Vice President stadium operations, friend

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|---------------------------|--|
| <u>3/21/11</u> | <u>\$ 60⁰⁰</u> | <u>dinner Hayes St Grill</u> |
| <u>9/3/11</u> | <u>\$ 50⁰⁰</u> | <u>football ticket Cal vs Fresno State</u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |

NAME OF SOURCE
Missio Merchants
Phil Lesser Association
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
mission promotion, consultant District

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|---------------------------|------------------------|
| <u>4/12/11</u> | <u>\$ 50⁰⁰</u> | <u>dinner Specchio</u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |

NAME OF SOURCE
Doug Freeman JETSETS
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
patents set design, personal friend

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|---------------------------|------------------------|
| <u>3/25/11</u> | <u>\$ 50⁰⁰</u> | <u>lunch Perry's</u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |

NAME OF SOURCE
Trinity
Angelo, Jim Sangiacomo Properties
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real property ownership development

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|---------------------------|------------------------|
| <u>4/13/11</u> | <u>\$ 50⁰⁰</u> | <u>lunch Funi Cafe</u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |
| <u> / / </u> | <u> \$ </u> | <u> </u> |

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE University of the Pacific
Patrick Ferrillo - Dugoni School of Dentistry
 ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dean of the dental school

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|----------------------------|
| <u>6/27/11</u> | <u>\$65⁰⁰</u> | <u>dinner Olympic Club</u> |
| <u>8/17/11</u> | <u>\$70⁰⁰</u> | <u>dinner Elite Cafe</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE
Good/Sears Orthodontics
 ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, orthodontics

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|----------------------------------|
| <u>6/24/11</u> | <u>\$55⁰⁰</u> | <u>office cocktail reception</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE
Kevin Grouney, DDS
 ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry - general

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------------------|-----------------------------------|
| <u>10/28/11</u> | <u>\$160⁰⁰</u> | <u>dinner for two Park Tavern</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE
E. Dennis Normandy
 ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
member patient, personal friend, service commission

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------------------|--|
| <u>6/12/11</u> | <u>\$120⁰⁰</u> | <u>dinner for two City Hall Phillipine Day Nat'l</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE
Adir Carlo DeVita Restaurants
 ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
restaurant ownership

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|------------------------|
| <u>5/3/11</u> | <u>\$30⁰⁰</u> | <u>lunch Perry's</u> |
| <u>11/28/11</u> | <u>\$55⁰⁰</u> | <u>dinner Perry's</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE
Blattess David Blattess Realty
 ADDRESS (Business Address Acceptable) [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
commercial real property - flat rental

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|------------------------------------|
| <u>8/25/11</u> | <u>\$60⁰⁰</u> | <u>lunch St Francis Yacht Club</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

Comments: _____

**SCHEDULE D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Antonini

▶ NAME OF SOURCE
Alfonso Favstino

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
personal friend

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|------------------------|
| <u>7/12/11</u> | <u>\$65⁰⁰</u> | <u>dinner Perbacco</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
Antonio Cucalon, DDS, MS

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry, orthodontics

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------------------|----------------------------------|
| <u>2/20/11</u> | <u>\$280⁰⁰</u> | <u>4 tickets Giants vs. Cubs</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
Dean Duncan, DDS

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentistry oral surgery

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------------------|-------------------------------------|
| <u>11/20/11</u> | <u>\$256⁰⁰</u> | <u>2 tickets 49ers vs Cardinals</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
Keith Hall - State Farm Insurance

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
insurance agent

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------------|------------------------|
| <u>12/20/11</u> | <u>\$55</u> | <u>lunch Perry's</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
H.M.S. Marcia Smolens Associates

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
land use consultant

see above

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|------------------------|
| <u>11/30/11</u> | <u>\$50⁰⁰</u> | <u>lunch Absinthe</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
Sam Singer and Asso.

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
public affairs & communications

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------------------------|---------------------------------|
| <u>12/9/11</u> | <u>\$50⁰⁰</u> | <u>Mouse Lunch Hilton Hotel</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
Len A. Idstunov, DMD
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
dentist, oral surgeon

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|------------------|---------------------------|---------------------------|
| <u>12, 2, 11</u> | <u>\$ 55⁰⁰</u> | <u>cocktail reception</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
Academy of Art
Lisa Stephens University
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
educational institution

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-------------------|---------------------------|---|
| <u>11, 21, 11</u> | <u>\$ 50⁰⁰</u> | <u>cocktail reception classic autos mascone</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 ___/___/___ \$ _____
 ___/___/___ \$ _____
 ___/___/___ \$ _____

▶ NAME OF SOURCE
Jason O Malley
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
patient, personal friend

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------------------|---------------------------------------|
| <u>8, 8, 11</u> | <u>\$ 65⁰⁰</u> | <u>baseball ticket Giants Pirates</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 ___/___/___ \$ _____
 ___/___/___ \$ _____
 ___/___/___ \$ _____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 ___/___/___ \$ _____
 ___/___/___ \$ _____
 ___/___/___ \$ _____

Comments: _____



SAN FRANCISCO
CHAMBER OF COMMERCE

*Received
7/11/12 - jaw.*

July 10, 2012

Hon. Jane Kim

Chair, Rules Committee

Board of Supervisors

City Hall

San Francisco, CA 94102

RE: Planning Commission Nominees

Dear Sup. Kim:

The San Francisco Chamber of Commerce, representing over 1,500 local businesses, urges the Rules Committee to approve the reappointment of Cindy Wu and Michael Antonini and the appointment of Richard Hillis to the Planning Commission.

The Planning Commission is truly the "public's commission" and has been well served by Cindy Wu and Michael Antonini. They devote long hours to permit and zoning issues that come before that commission on a weekly basis. While not always agreeing, they proponents and opponents a fair hearing.

Richard Hillis has served the city and the non-profit community for many years. He has negotiated numerous development projects on behalf of the city and is now overseeing Ft. Mason Center, a great historic resource for our arts and cultural communities. Rich will make a great addition to the Commission.

The Chamber urges the Rules Committee to recommend that the full Board confirm these nominees to the Planning Commission.

Sincerely,

JIM LAZARUS

Sr. Vice President

File 120732
received in Committee
7/11/12

The San Francisco Neighborhood Network

July 11, 2012
Rules Committee
San Francisco Board of Supervisors
City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Subject: Planning Commission Appointments

Dear Supervisor Kim, Supervisor Farrell and Supervisor Campos:

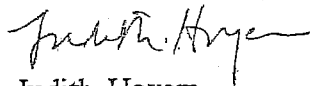
For the past 9 years, the San Francisco Neighborhood Network, with members from all 11 districts of San Francisco, has focused on encouraging good planning and good government. We've commented on proposals before the Planning Commission as it deals with the myriad items that come before it - from small residential projects to neighborhood plans and procedural questions.

After careful consideration, and by consensus of those meeting about today's agenda items, we support Mayor Lee's nomination of Mr. Richard Hillis to the Commission. Several of our members have served on committees or otherwise worked with Mr. Hillis in various roles. The consensus opinion is that he understands the complexities of development projects and land use at a variety of scales and will work to develop broad support of projects reviewed and voted upon by the Planning Commission.

We also found consensus on the following: We're disappointed that Commissioner Ron Miguel has not been reappointed and regret that we cannot support the re-nomination of Commissioner Michael J. Antonini. We believe that Commissioner Miguel has demonstrated a better understanding of the complex issues that come before the Planning Commission. One example is the subject of affordable housing; Commissioner Miguel has consistently demonstrated a greater understanding of the various challenges that San Francisco faces in providing housing to the low income community.

We encourage you to request that Mayor Lee reconsider his choice of which Commissioner to renominate and which to replace. If Mr. Miguel leaves the Planning Commission, his engagement in this area and others of importance to the City's citizens will be missed.

Sincerely yours,


Judith Hoyem

for The San Francisco Neighborhood Network



Fw: A Note in Support of Mike Antonini
Nicole Wheaton to: Linda Wong

07/11/2012 09:14 AM

For Commissioner Antonini's file. Thanks!

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/11/2012 09:14 AM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org,
Date: 07/10/2012 10:53 PM
Subject: Fwd: A Note in Support of Mike Antonini

From: EDavis@bergdavis.com
To: Mark.Farrell@sfgov.org, david.campos@sfgov.org, jane.kim@sfgov.org
Sent: 7/10/2012 9:15:50 P.M. Pacific Daylight Time
Subj: A Note in Support of Mike Antonini

Dear Supervisor Kim, and members of the Rules Committee,
I am writing to lend my support and encouragement to reappoint Mike Antonini to the Planning Commission. As a professional who works with the San Francisco government family, I have worked with all manner of people during my almost 13 years in public affairs. I find Mike to be one of the most transparent, ethical and honest people I have known. I have observed that as a Commissioner he comes prepared for each hearing, is knowledgeable about the Planning Code, and treats everyone with respect. He has always been a courteous member of the Commission, even when his views do not match that of his colleagues.

I believe his hard work merits another term as a Commissioner.
Thank you for taking my comments into consideration.
Sincerely,
Evette Davis

Evette Davis
BergDavis Public Affairs
150 Post Street, Suite 740
San Francisco, CA 94108
(415) 788-1000 x201
edavis@bergdavis.com
www.bergdavis.com



Fw: Please reappoint Michael Antonini
Nicole Wheaton to: Linda Wong

07/11/2012 09:13 AM

For Commissioner Antonini's file. Thanks!

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/11/2012 09:14 AM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org,
Date: 07/11/2012 09:08 AM
Subject: Fwd: Please reappoint Michael Antonini

From: mawindisch@hotmail.com
To: jane.kim@sfgov.org, mark.farrell@sfgov.org, david.campos@sfgov.org
Sent: 7/11/2012 7:03:23 A.M. Pacific Daylight Time
Subj: Please reappoint Michael Antonini

Dear Supervisors,

I have attended numerous planning commission meetings on my own behalf as well as support for several neighbors. Mr. Antonini, in my opinion, has been the fairest of commissioners. As a mother of three young children trying to raise a family in San Francisco, he represents values that are important to the City, and has tried to encourage keeping families living in the city and making homes livable for growing families. As an example, when I appeared in front of planning, Mr. Antonini was the ONLY commissioner that offered to come to my property to review the situation first hand, while most other commissioners relied solely on prepared briefs. He was also the only commissioner that recognized we were trying to expand our home to accommodate our growing family, while others were quick to say maybe we should move to another neighborhood if we wanted a bigger home.

Once again, I strongly encourage Mr. Antonini's re-appointment.

Michelle W. Hughes

=



**Fw: July 11th Rules Committee - Special Meeting - Planning Commissioner
Appointments**

Nicole Wheaton to: Linda Wong

07/11/2012 09:00 AM

Good morning Linda,

This is for Commissioner Antonini's file.

Thank you,
Nicole

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/11/2012 09:01 AM —

From: "planning@rodneymfong.com" <planning@rodneymfong.com>
Subject: **July 11th Rules Committee - Special Meeting - Planning Commissioner
Appointments**
Date: July 10, 2012 9:55:20 PM HST
To: Jane.Kim@sfgov.org, Mark.Farrell@sfgov.org, david.campos@sfgov.org
Cc: Rodney Fong <planning@rodneymfong.com>, Linda Avery-Herbert <linda.avery@sfgov.org>

Dear Supervisors Kim, Farrell and Campos,

I ask for your support of the two Planning Commissioner reappointments; Vice President Cindy Wu and Commissioner Antonini. In addition, the appointment of Nominee Rich Hillis to the Planning Commission.

As you know, the role of a San Francisco Planning Commissioner requires many facets; technical ability to understand code, building cycles, economics, architecture, passion for San Francisco and most importantly, compassion for the residents of San Francisco.

Vice President Wu has been a tremendous asset to the Planning Commission. She has taken to the Planning Commission with speed and ease, largely in part to her technical experience working with transportation and housing related issues in San Francisco. As the current President of the Planning Commission, working along side Vice President Wu has been a delight as we come from different backgrounds and I believe offer a balanced direction for the Commission.

Commissioner Antonini is a dedicated San Franciscan. His many years on the Planning Commission serve the entire Commission well as he is well versed with the institutional history, technical knowledge and a great passion for architecture.

Planning Commission Nominee Rich Hillis is in my opinion an excellent choice for a Planning Commissioner. I have had personal working experience with Mr. Hillis when he was at MOEWD

and I was serving on the Port Commission. Following, we have worked closely together in his role with the Fort Mason Center and my role with Fisherman's Wharf. Mr. Hillis would come to the Commission with a development background, passion for San Francisco and I believe the appropriate skills and personality to round out the Commission.

Thank you for the consideration in advance and please feel free to call me with any questions on my mobile phone 415-307-6106.

Rodney Fong
President, San Francisco Planning Commission



Fw: Dr. Mike Antonini/ confirmation Planning Commission
Nicole Wheaton to: Linda Wong

07/10/2012 08:58 AM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/10/2012 08:58 AM —

-----Original Message-----

From: Donna B. Hurowitz [<mailto:donnabhurowitz@comcast.net>]

Sent: Monday, July 09, 2012 9:04 PM

To: 'Mark.Farrell@sfgov.org'

Cc: 'Jane.Kim@sfgov.org'; 'David.Campos@sfgov.org'

Subject: Dr. Mike Antonini/ confirmation Planning Commission

My colleague Michael Antonini will appear on July 11 for your consideration of a re-appointment and confirmation to our Planning Commission. I urge you to confirm Dr. Antonini. He has always displayed an enormous knowledge of our city's past and present. I have watched him many times on channel 26 and have observed his command and value on this commission. Michael Antonini works diligently on his local assignment. He deserves a new term.

Donna Hurowitz



Fw: SUPPORT Reappointment of Commissioner Mike Antonini
Nicole Wheaton to: Linda Wong

07/10/2012 08:59 AM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/10/2012 08:59 AM —

From: wordweaver21@aol.com
To: nicole.wheaton@sfgov.org
Date: 07/09/2012 07:04 PM
Subject: Fwd: SUPPORT Reappointment of Commissioner Mike Antonini

—Original Message—

From: tim colen <tim@sfhac.org>
To: jane.kim <jane.kim@sfgov.org>
Sent: Mon, Jul 9, 2012 6:22 pm
Subject: SUPPORT Reappointment of Commissioner Mike Antonini

Dear Supervisor Kim,

I respectfully urge you to reappoint Mike Antonini to the Planning Commission.

There are few members of ANY commission in the City that are as well prepared and work as hard as Mr. Antonini. He is unfailingly accessible and fair-minded. Finally, he is notable to us for how much his views on urban issues, housing and planning have evolved over the years. It demonstrates an active mind that is open to change and new ideas.

He has richly earned and deserves his reappointment.

Many thanks!

Tim Colen, Executive Director
San Francisco Housing Action Coalition
95 Brady Street
San Francisco, CA 94103
Office: 415-541-9001
Mobile: 415-601-1709
www.sfhac.org

"The SF Housing Action Coalition advocates for the creation of well-designed,

well-located housing, at ALL levels of affordability, to meet the needs of San Franciscans, present and future."



Fw: Confirmation of Michael Antonini
Nicole Wheaton to: Linda Wong

07/10/2012 08:59 AM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/10/2012 09:00 AM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org
Date: 07/09/2012 06:12 PM
Subject: Fwd: Confirmation of Michael Antonini

From: LarryN@nibbi.com
To: david.campos@sfgov.org
Sent: 7/9/2012 3:26:32 P.M. Pacific Daylight Time
Subj: Confirmation of Michael Antonini

Dear Supervisor Campos, I am sending you this E-mail in support of the confirmation of Mike Antonini to the San Francisco Planning Commission. As you know Mike has done an outstanding job as a planning commissioner for 10 years and I support his confirmation. He has been an excellent Commissioner and has always served for the betterment of San Francisco. Mike has always been fair to the citizens of our City. no matter what side of an issue they supported or opposed. I hope to see Mike Antonini confirmed.

Larry Nibbi
CEO
(415) 863-1820 Ext.
143
Fax: (415) 863-7488
<http://www.nibbi.com>



NIBBI BROTHERS
GENERAL CONTRACTORS
180 HUBBELL STREET
SAN FRANCISCO, CA
94107



Fw: Email in support of Mike Antonini's confirmation of Planning Commission ...

Nicole Wheaton to: Linda Wong

07/10/2012 09:00 AM

Linda,

For Commissioner Antonini's file.

Thanks,
Nicole

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/10/2012 09:00 AM —

From: lpeter@globalgeneralcounsel.com
To: Jane.Kim@sfgov.org, Mark.Farrell@sfgov.org, David.Campos@sfgov.org
CC: wordweaver21@aol.com
Sent: 7/9/2012 3:06:14 P.M. Pacific Daylight Time
Subj: Email in support of Mike Antonini's confirmation of Planning Commission Reappointment

Dear Ms. Kim and Mssrs. Farrell and Campos –

As a long-time resident of San Francisco and owner of a small business, I would like to express my strong support for confirmation of Dr. Mike Antonini's reappointment to the Planning Commission. He is not only diligent and conscientious in fulfilling his duties, but he also brings an important perspective from the small business community to this commission. His intelligence and business background have, and will only continue, to help this important commission make good decisions that will shape the physical look of the City and ultimately the future living environment and business opportunities here. I urge you and your fellow supervisors to reconfirm his appointment.

Thank you.

Laura Peter

Laura A. Peter | Email: lpeter@globalgeneralcounsel.com | Tel. 415 205 5826

Admitted to practice law in California | Solicitor of the Supreme Court of England and Wales

Global General Counsel

Website: www.globalgeneralcounsel.com

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attachments immediately. Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.



Fw: Please reappoint Michael Antonini
Nicole Wheaton to: Linda Wong

07/10/2012 09:00 AM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/10/2012 09:01 AM —

From: justin@phillyfin.com
To: Jane.Kim@sfgov.org, Mark.Farrell@sfgov.org, David.Campos@sfgov.org
Sent: 7/9/2012 2:55:30 P.M. Pacific Daylight Time
Subj: Please reappoint Michael Antonini

Dear Supervisors,

I have attended numerous planning commission meetings and spent hours watching presentations and rulings. Mr. Antonini, in my opinion, has been the fairest of commissioners. As a professional working in San Francisco, he represents values that are important to the City, rather than bowing to well-funded special interest groups. As an example, when I appeared in front of planning, Mr. Antonini was the ONLY commissioner that offered to come to my property to review the situation first hand, while most other commissioners relied solely on prepared briefs.

Once again, I strongly encourage Mr. Antonini's re-appointment,

Justin Hughes

File 120732



Fw: Please re-appoint Mike Antonioni to the Planning commission
Nicole Wheaton to: Linda Wong

07/09/2012 01:49 PM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671

Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/09/2012 01:50 PM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org
Date: 07/09/2012 01:41 PM
Subject: Fwd: Please re-appoint Mike Antonioni to the Planning commission

From: jordan@phillyfin.com
To: Jane.Kim@sfgov.org, Mark.Farrell@sfgov.org, David.Campos@sfgov.org
Sent: 7/9/2012 1:10:05 P.M. Pacific Daylight Time
Subj: Please re-appoint Mike Antonioni to the Planning commission

Dear supervisors,

I am writing to encourage you to re-nominate Mike Antonioni to the planning commission. I have known Mike for 15 years. He is professional, fair, and takes his job very seriously. He tries to balance what's good for the city's unique mandate with the need for growth and economic development. Moreover, he is an honest broker and fair listener in disputes. Finally, he is a great dentist. I think Mike is a good public servant who deserves re-nomination.

Sincerely,

Jordan Hymowitz

Richmond resident

File # 120732



Fw: Please Confirm the Reappointment of Michael Antonini to the Planning Com...

Nicole Wheaton to: Linda Wong

07/09/2012 01:49 PM

Linda,

For Commissioner Antonini's file.

Thanks,
Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/09/2012 01:49 PM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org
Date: 07/09/2012 01:46 PM
Subject: Fwd: Please Confirm the Reappointment of Michael Antonini to the Planning Com...

From: tloscotoff@mac.com
To: jane.kim@sfgov.org, mark.farrell@sfgov.org, david.campos@sfgov.org
Sent: 7/9/2012 1:28:13 P.M. Pacific Daylight Time
Subj: Please Confirm the Reappointment of Michael Antonini to the Planning Commission

Dear Rules Committee Members,

Thank you for your service to the City of San Francisco.

We are writing you today to ask that you please confirm the reappoint Michael Antonini to another term on the Planning Commission. Dr. Antonini is tireless public servant with an incredibly vast institutional knowledge of the City's planning issues. He is a voice of reason and often able to bring a unique perspective to the group's proceedings. He is remarkably accessible and always has the best interest of San Francisco residents at heart.

Thank you!

Trudi and Kevin Loscotoff

757 North Point Street #5
San Francisco, CA 94109

File 120732



Fw: Support Confirmation of Michael Antonini to Planning Commission
Nicole Wheaton to: Linda Wong

07/09/2012 01:50 PM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671

Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/09/2012 01:50 PM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org
Date: 07/09/2012 01:41 PM
Subject: Fwd: Support Confirmation of Michael Antonini to Planning Commission

From: deedeeworkman@yahoo.com
To: jane.kim@sfgov.org, mark.farrell@sfgov.org, David.Campos@sfgov.org
Sent: 7/9/2012 1:07:05 P.M. Pacific Daylight Time
Subj: Support Confirmation of Michael Antonini to Planning Commission.

Hello Supervisors,

I am writing to urge you to confirm the reappointment of Mike Antonini to the Planning Commission when this comes before you at the Rules Committee Wednesday July 11, 2012.

Commissioner Antonini has been a very effective and reasonable voice on the Commission for a long time. I have always found him to be informed, engaged and non-partisan on issues that come before the Commission. His experience and knowledge of San Francisco planning issues is very valuable to the residents of this city, and it would be a terrible loss should he not be reconfirmed. I therefore ask that you vote to confirm his reappointment and send the Committee's vote of support to the full Board of Supervisors.

Thank you very much,

Dee Dee Workman
(Resident of D9)

File 120732



Fw: Mike Antonini
Nicole Wheaton to: Linda Wong

07/09/2012 01:51 PM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/09/2012 01:52 PM —

From: Wordweaver21@aol.com
To: nicole.wheaton@sfgov.org
Date: 07/09/2012 12:50 PM
Subject: Fwd: Mike Antonini

From: jimsod1750@yahoo.com
To: Jane.Kim@sfgov.org, Mark.Farrell@sfgov.org, David.Campos@sfgov.org
CC: wordweaver21@aol.com
Sent: 7/9/2012 9:51:34 A.M. Pacific Daylight Time
Subj: Mike Antonini

RE: MAYOR LEE NOMINATES RICH HILLIS & MICHAEL ANTONINI TO PLANNING COMMISSION

Dear San Francisco Supervisors Jane, Mark, and David,

It is with great respect and honor for Michael Antonini that I would like to add my support to that of San Francisco Mayor Ed Lee, to retain Mike as a member of the San Francisco Planning Commission.

Thank you for your consideration of my request on this item.

Jim Soderborg
San Francisco resident 35 years
Past Member of the Pacific Stock Exchange

File 120732



Fw: Mike Antonini -- reappointment to the SF Planning Commission
Nicole Wheaton to: Linda Wong

07/09/2012 01:51 PM

Linda,

For Commissioner Antonini's file.

Thanks,

Nicole Wheaton
Commissions & Appointments
Office of Mayor Edwin M. Lee
P: (415) 554-7940
F: (415) 554-6671
Email: Nicole.Wheaton@sfgov.org

— Forwarded by Nicole Wheaton/MAYOR/SFGOV on 07/09/2012 01:52 PM —

From: <Ricciello>, John Ricciello <John@ea.com>
To: "Mark.Farrell@sfgov.org" <Mark.Farrell@sfgov.org>, "Jane.Kim@sfgov.org" <Jane.Kim@sfgov.org>
>, "David.Campos@sfgov.org" <David.Campos@sfgov.org>
Subject: Mike Antonini -- reappointment to the SF Planning Commission

Ms. Jane Kim, Mr. Mark Farrell, Mr. David Campos,

I understand that on July 11 you will be voting on the reappointment of Mike Antonini to the SF Planning Commission. I want to encourage you to be sure to vote yes, and ensure Mike remains on the commission.

I am a resident of San Francisco, presently living at 737 Buena Vista West and soon to move to 260 Green Street. I met Mike in regards to some work I am planning at our home at 260 Green. I was introduced to Mike via a mutual acquaintance and asked for his advice. He took time out of his weekend, and met me at my property for 2 hours that same Saturday. His input was invaluable to me and I am happy to say our project is moving along smoothly thanks to his good advice and the insights I gained from speaking with Mike. Frankly, it is amazing to see someone so dedicated in such an important role as a planning commissioner.

Feel free to reach out to me directly if you have any questions.

Best,

John Ricciello

737 Buena Vista Avenue West and 260 Green Street
Work # 650 628-7522
Cell # 650 743-9177

San Francisco
BOARD OF SUPERVISORS

Date Printed: July 6, 2012

Date Established:

July 1, 2002

Active

PLANNING COMMISSION

Contact and Address:

Linda Avery
Planning Department
1660 Mission Street
San Francisco, CA 94103

Phone: (415) 558-6415

Fax: (415) 558-6409

Email: linda.avery@sfgov.org

Authority:

Charter Section 4.105- per Prop D. Election March 5, 2002

Board Qualifications:

The Planning Commission consists of seven voting members.

The President of the Board of Supervisors shall nominate three members to the commission.

The Mayor shall nominate four members to the commission.

Each nomination of the President of the Board of Supervisors and the Mayor is subject to the approval of the Board of Supervisors, and shall be the subject of a public hearing and vote within 60 days. If the Board fails to act on the nomination within 60 days of the date the nomination is transmitted to the Clerk of the Board of Supervisor the nominee shall be deemed approved.

The mission of the City Planning Department is to guide the orderly and prudent use of land, in both the natural and built environment, with the purpose of improving the quality of life and embracing the diverse perspectives of those who live in, work in, and visit San Francisco. The Commission shall periodically recommend to the Board of Supervisors for approval or rejection proposed amendments to the General Plan.

Report: The Commission shall periodically recommend to the Board of Supervisors for approval or rejection proposed amendments to the General Plan.

Sunset Date: None

"R Board Description" (Screen Print)

