Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)
■ Board 1 or ❑ Board 1 Alternate
■ Board 2 or ❑ Board 2 Alternate
■ Board 3 or ❑ Board 3 Alternate

Full Name: Franco Cirelli

[redacted] Zip Code: 94131

Occupation: Finance Consultant

Work Phone: 4158304182 Employer: Franco Cirelli, CPA, CRP®

Business Address: 18 Fairmount Street Zip Code: 94131

Business Email: francocirelli@gmail.com Home E[redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ■ Yes ❑ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

As an independent finance professional with a CFP® credential, I earned an MBA from the Kellogg School of Management at Northwestern University, a BS from the Haas School of Business at UC Berkeley and a CPA license upon completion of the required experience with Deloitte & Touche. Earlier in my professional career, I held positions at noteworthy organizations including Microsoft and the National Basketball Association. I worked as an adjunct faculty member for fifteen years at City College of San Francisco where I taught real estate, entrepreneurship and other business courses and developed new curriculum. Finally, I am a licensed real estate broker in Claifornia.

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

With extensive professional experience in organizations ranging from startups to large enterprises and multiple professional credentials, I help ensure that my advisory clients are able to optimize use of their resources in pursuit of their goals. I serve as a trusted, licensed consultant to my clients on matters of fianncial planning, investment management and related disciplines. Along with my wife, Gabriella, we cofoudned Primeros Pasos® Spanish immersion daycare and preschool for which I help oversee the business side of the operations whereas Gabriella applies her extensive experience and vision of providing the highest quality Spanish immersion education to young children in an environment that focuses unwaveringly on them.

Please state civic activities:

As a life-long San Franciscan, I consider myself an active community builder in our city and remain committed to helping all of us thrive in a safe, welcoming and vibrant urban setting. I hold leadership roles and am active in a number of organizations, guiding them in their pursuit of service to others:

- Citizen Police Advisory Board – SFPD's Ingleside Precinct
- San Francisco Italian Athletic Club Foundation Board - Treasurer
- ITAL Foundation Board - Treasurer
- Italian Caucus of California - Treasurer
- Archbishop Riordan High School Board of Trustees
- Order of Malta (Global Humanitarian, Medical & Social Assistance Providers) - Western US Association

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? 1 How many evenings a week? 1

Have you attended an Assessment Appeals Board meeting? ■ Yes ❑ No

---

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 09/25/25. Applicant's Signature: Franco Cirelli

(Manually sign or type your complete name).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST): Cirelli (FIRST): Franco (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Assessment Appeals Board — Division, Board, Department, District, if applicable

Board Member — Your Position

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

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

- ■ **Annual:** The period covered is January 1, 2024, through December 31, 2024.
  -or-
  The period covered is ____/____/____, through December 31, 2024.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle below.)*
  - ☐ The period covered is January 1, 2024, through the date of leaving office.
  - -or-
  - ☐ 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 (required)

► ***Total number of pages including this cover page:*** _____

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 STREET *(Business or Agency Address Recommended - Public Document)*: 18 Fairmount Street

CITY: San Francisco

STATE: CA

ZIP CODE: 94131

DAYTIME TELEPHONE NUMBER: (415) 269-1692

E-MAIL ADDRESS: francocirelli@gmail.com

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

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

Date Signed 09/25/25 *(month, day, year)*

Signature Franco Cirelli *(File the originally signed paper statement with your filing official.)*

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF BUSINESS ENTITY
Apple

GENERAL DESCRIPTION OF THIS BUSINESS
Multinational Technology Company

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Qunice Therapeutics

GENERAL DESCRIPTION OF THIS BUSINESS
Biotech

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

Filer's Verification

Print Name Franco Cirelli

Office, Agency or Court Assessment Appeals Board

Statement Type ■ 2024/2025 Annual ☐ Assuming ☐ Leaving
☐ ____ (yr) Annual ☐ Candidate

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

Date Signed 09/25/25 *(month, day, year)*

Filer's Signature Franco Cirelli

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
AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Primeros Pasos® LLC
Name

18 Fairmount Street, San Francisco CA 94131
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Education

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
■ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 24 ACQUIRED
__/__/ 24 DISPOSED

NATURE OF INVESTMENT
Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION CFO

▶ 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

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

☐ None or ■ Names listed below

TBD

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

Check one box:
☐ INVESTMENT ■ REAL PROPERTY

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

901 Bayshore Blvd. #101 San Francisco CA 94
Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
__/__/ 24 ACQUIRED
__/__/ 24 DISPOSED

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

Comments:

Filer's Verification

Print Name Franco Cirelli

Office, Agency or Court Assessment Appeals Board

Statement Type ■ 2024/2025 Annual ☐ _____ (yr) Annual ☐ Assuming ☐ Leaving ☐ Candidate

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

Date Signed 09/25/25 *(month, day, year)*

Filer's Signature Franco Cirelli

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Franco Cirelli, CPA, CFP®

ADDRESS *(Business Address Acceptable)*
18 Fairmount Street San Francisco, CA 941

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Planning & Investment Managem

YOUR BUSINESS POSITION
Licensed Finance Consultant

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

Comments: _____

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Filer's Verification

Print Name Franco Cirelli **Office, Agency or Court** Assessment Appeals Board

Statement Type ■ 2024/2025 Annual ☐ _____ *(yr)* Annual ☐ Assuming ☐ Leaving ☐ Candidate

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

Date Signed 09/25/25 *(month, day, year)* **Filer's Signature** Franco Cirelli

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
16 - 18 Fairmount Street

CITY
San Francisco

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

Taylor Cummings - 16 Fairmount Street

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Filer's Verification

Print Name Franco Cirelli

Office, Agency or Court Assessment Appeals Board

Statement Type
- ■ 2024/2025 Annual
- ☐ Assuming
- ☐ Leaving
- ☐ _____ (yr) Annual
- ☐ Candidate

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

Date Signed 09/25/25 (month, day, year)

Filer's Signature Franco Cirelli

Comments: _____

Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)

- ☐ Board 1 or ☐ Board 1 Alternate
- ☒ Board 2 or ☐ Board 2 Alternate
- ☐ Board 3 or ☐ Board 3 Alternate

Full Name: John M. Lee

[redacted] San Francisco, CA Zip Code: 94121

[redacted] Occupation: Real Estate Broker

Work Phone: 415-465-0505 Employer: Compass

Business Address: 1699 Van Ness Avenue, San Francisco, CA Zip Code: 94109

Business Email: john.lee@compass.com Home Email: [redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ☒ Yes ☐ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

Real estate broker since 1987. Current incumbent board member since 2013.

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

Real estate broker since 1987. Served on the Board of Directors of several real esstate organizations.

Please state civic activities:

Served on boards on non-profits. Real estate monthly columnist for the Richmond ReView and Sunset Beacon.

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? 1-2 How many evenings a week? 0

Have you attended an Assessment Appeals Board meeting? ☒ Yes ☐ No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 8/28/2025. Applicant's Signature: DocuSigned by: John Lee

(*Manually sign or type your complete name*).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

docusign

Certificate Of Completion

Envelope Id: 3619091C-3BC3-41B4-B323-B739D58C8211
Status: Completed
Subject: Complete with Docusign: Board Member App Fillable 8.29.25.pdf, J. Lee Reappointment.pdf
Phone Number:
Source Envelope:
Document Pages: 5
Signatures: 1
Certificate Pages: 1
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
John Lee
90 Fifth Ave, Flr 3
New York, NY 10011
john.lee@compass.com
IP Address: 2601:646:4200:5

Record Tracking

Status: Original
8/28/2025 10:42:57 PM
Holder: John Lee
john.lee@compass.com
Location: DocuSign

Signer Events	Signature	Timestamp
John Lee john.lee@compass.com Broker Compass Security Level: Email, Account Authentication (None)	DocuSigned by: John Lee E3CC0BC43592425... Signature Adoption: Pre-selected Style Using IP Address: 2601:646:4200:585:ecea:bee:88d:32cb	Sent: 8/28/2025 10:53:37 PM Viewed: 8/28/2025 10:53:48 PM Signed: 8/28/2025 10:54:07 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/28/2025 10:53:37 PM
Certified Delivered	Security Checked	8/28/2025 10:53:48 PM
Signing Complete	Security Checked	8/28/2025 10:54:07 PM
Completed	Security Checked	8/28/2025 10:54:07 PM

Payment Events	Status	Timestamps

060600029-NFH-0029 1699310

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.

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

Lee, John M.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City and County of San Francisco

Division, Board, Department, District, if applicable — Your Position

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

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

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is ____/____/____, through December 31, 2024.

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

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ 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 (required)

► ***Total number of pages including this cover page:*** 12

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 STREET *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

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

DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS

(415) 465-0505 | john.lee@compass.com

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

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

Date Signed 02/12/2025 *(month, day, year)*

Signature John M. Lee *(File the originally signed paper statement with your filing official.)*

060600029-NFH-0029

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lee, John M.

► NAME OF BUSINESS ENTITY
Time Warner
GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership [ ] Income Received of $0 - $499
[ ] Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

► NAME OF BUSINESS ENTITY
Oracle
GENERAL DESCRIPTION OF THIS BUSINESS
Software
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership [ ] Income Received of $0 - $499
[ ] Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

► NAME OF BUSINESS ENTITY
Merck
GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership [ ] Income Received of $0 - $499
[ ] Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
__/__/24 ACQUIRED __/__/24 DISPOSED

► NAME OF BUSINESS ENTITY
IBM
GENERAL DESCRIPTION OF THIS BUSINESS
Conmputers
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership [ ] Income Received of $0 - $499
[ ] Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
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:
__/__/24 ACQUIRED __/__/24 DISPOSED

Comments: _____

060600029-NFH-0029

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
Lee, John M.

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

6167-027
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 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

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

1526-021
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

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

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

Comments: _____

060600029-NFH-0029

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: Lee, John M.

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

2821-023
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 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

---

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

3476-014
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

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

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

Comments: _____

060600029-NFH-0029

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
Lee, John M.

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

1453-017
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 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

▶ 1. BUSINESS ENTITY OR TRUST

John M Lee and Lily T Lee Revocable Trust (CONTINUATION)
Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

1733-035
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

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

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

Comments: _____

Additional Single Sources of Income of $10,000 or more for John M Lee and Lily T Lee Revocable Trust

James Gutierrez
Daniel Figueroa
Rosa Espinoza
Marta Espinoza Alas
Jore Avalos
Travis Jenkins
Elena Tambriz
Juan Ambrocio
Manuel Tambriz
Abrianna Lopez
Elijah Pena
Jake Gibson
Jayda San Gabriel
Tommaso Lillo
Jake Larratt
Ryan Willett
John Lucier
Christina Kwan
Tahoe Kim
Sal Elkhatib
Teresa Regalia
Xiomara Melgar
Rafael Ruiz
Hind Nijem
Venkatesan Padmanabhan
Jonathon Wilson
Ethan Carr
Matthew Conlin-Elsen
Suzzane Yao
Anna Mironov
Aleksei Mironov
Sergei Mironov
Lance Johnson
Ethan Carr
Jonathon Wilson
Matthew Conlin-Elsen
Melanie Ann Pinson
Joseph Lyle
Kevin Prochnow
Heather Santomieri
Mariea Santiago
Lerocman Hall
Heather McCabe
Raymond Hsu

Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)

- ☐ Board 1 or ☐ Board 1 Alternate
- ☒ Board 2 or ☐ Board 2 Alternate
- ☐ Board 3 or ☐ Board 3 Alternate

Full Name: Jose Edimilson Sobral

[redacted] Zip Code: 94127

Home Phone: N/A Occupation: Mortgage Loan Officer

Work Phone: 415-672-3203 Employer: T.I.M.E. Lending/Fenero Capital

Business Address: 1212 Broadway Plaza, Walnut Creek, CA Zip Code: 94596

Business Email: ed@fenerocap.com Home Email: [redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ■ Yes ☐ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

NMLS LIC# 483459

PROFESSIONAL EXPERIENCE: I have been working for 21 years as Mortgage Loan Officer, specializing in one-to-four unit properties. I work with prospects and clients on every stage of the process, including having an initial consultation and evaluate pre-approval eligibility. As part of the pre-approval process, I help clients with the application and request and thorough review all supporting documents, including Income, Assets and Credit report in order to submit for underwriting review. Next, I work with clients to provide the underwriting conditions for mortgage approval. Finally, once the client gets in contract, I coordinate the appraisal process and manage final underwriting requirements, facilitating a timely closing and helping clients achieve homeownership.

EDUCATION: BA in Business Administration and MBA with concentration in Personal Finance from Golden Gate University, 2002.

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

I began my career in finance in 1999 at Banc of America Investment Services, where I worked as a Financial Advisor and later as a Premier Client Manager. In these roles, I assisted affluent clients with their banking, deposit, and credit needs, which led to my direct involvement in the mortgage industry and appraisal valuations. In 2004, I transitioned to an independent mortgage broker where I navigated through the mortgage meltdown of 2008 and following years when perhaps the most important part of closing escrow on a mortgage, was having the valuation needed. In order to be successful, I actively participated not only on all phases of the mortgage process but also prior to offer submission as I helped advise the Realtor and Borrower on the fair estimated market value of the property. Also, as is common when Real Estate valuations are declining, many appraisals came in below the purchase price. To address this, we developed a process/method for submitting a

Please state civic activities:

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 How many evenings a week? 2

Have you attended an Assessment Appeals Board meeting? ■ Yes ❑ No

---

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 09/10/2025. Applicant's Signature: _____ Digitally signed by 20eb7b5c-b4b7-4d80-8124-9f06737c91b3 Date: 2025.09.10 22:25:42 -07'00'

(Manually sign or type your complete name).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SOBRAL	JOSE	EDMILSON

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

BOARD OF SUPERVISORS — BOARD MEMBER

Division, Board, Department, District, if applicable — Your Position

ASSESSMENT APPEALS BOARD

▶ 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
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☒ City of SAN FRANCISCO
- ☐ Other _____

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

- ☐ **Annual:** The period covered is January 1, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☒ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) — Total number of pages including this cover page: 3

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
	820 JOOST ST.	SAN FRANCISCO	CA	94127

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(415) 672-3203	SOBRAL.EDE@GMAIL.COM

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

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

Date Signed 09/17/2025 *(month, day, year)*

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

Print Clear

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ **NAME OF BUSINESS ENTITY**

CHARLES SCHWAB

GENERAL DESCRIPTION OF THIS BUSINESS

BROKERAGE / INVESTMENTS

FAIR MARKET VALUE

☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other ______ (Describe)
☐ Partnership ☐ Income Received of $0 - $499 ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

12 / 06 / 21 JGL ACQUIRED ___/___/21 DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/21 ACQUIRED ___/___/21 DISPOSED

Comments: ______

Print Clear

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

▶ 1. BUSINESS ENTITY OR TRUST

META TOP PAVING STONES

Name

820 JOOST AVE. SAN FRANCISCO, CA 94127

Address *(Business Address Acceptable)*

Check one

__ Trust, *go to 2* X Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
PAVING STONES INSTALATION

FAIR MARKET VALUE
__ $0 - $1,999
__ $2,000 - $10,000
X $10,001 - $100,000
__ $100,001 - $1,000,000
__ Over $1,000,000

IF APPLICABLE, LIST DATE:
01/22/24 (24 yrs)
ACQUIRED
__/__/21
DISPOSED

NATURE OF INVESTMENT
__ Partnership Sole Proprietorship X S-CORP (Other)

YOUR BUSINESS POSITION PRESIDENT

▶ 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
X OVER $100,000

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

X None or __ Names listed below

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

Check one box:

__ INVESTMENT __ REAL PROPERTY

NONE

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

META TOP PAVING STONES

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

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one

__ Trust, *go to 2* __ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
__ $0 - $1,999
__ $2,000 - $10,000
__ $10,001 - $100,000
__ $100,001 - $1,000,000
__ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INVESTMENT
__ Partnership __ Sole Proprietorship ____ (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

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

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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
__ $2,000 - $10,000
__ $10,001 - $100,000
__ $100,001 - $1,000,000
__ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

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

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

Comments: ____

Print Clear

Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)
- ☐ Board 1 or ☐ Board 1 Alternate
- ☒ Board 2 or ☐ Board 2 Alternate
- ☐ Board 3 or ☐ Board 3 Alternate

Full Name: MERVIN I. CONLAN

[redacted] Zip Code: 94118

Occupation: REAL EST BROKER/APR

Work Phone: 415 386-7524 Employer: SELF

Business Address: 333 16TH AVE Zip Code: 94118

Business Email: MERVCONLAN@GMAIL.C Home Ema[redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ☐ Yes ☐ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

UNIV of CALIF. Berkeley AB ECONOMICS
Lic REAL ESTATE Broker STATE of CALIF; OVER 30yrs

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

I maintained a Real Estate Appraisal office in San Francisco for over 40 yrs. I employed 5 other Licensed Appraisers & Brokers performing Appraisals on Residential, Commercial, industrial properties in the City. ALL Types from Single family, multires, mixeduse, commerial, industrial to vacant lotes. Appraisals submitted to civic, individuals, corporations

Please state civic activities:

Registered voter EVERY YEAR

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

---

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 9/2/25. Applicant's Signature: Merrill Conlan

(Manually sign or type your complete name).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Conlan	Mervin	Ignatius

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, 2024, through December 31, 2024.
  -or-
  The period covered is ____/____/____, through December 31, 2024.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle below.)*
  - ☐ The period covered is January 1, 2024, through the date of leaving office.
  - -or-
  - ☐ 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 (required)

► ***Total number of pages including this cover page:*** 3

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
333 16th Ave	San Francisco	Calif	94118

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(415) 386 7524	mervconlan@gmail.com

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

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

Date Signed 09/03/2025 *(month, day, year)*

Signature Mervin I Conlan *(File the originally signed paper statement with your filing official.)*

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY
Ed Jones Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Advisors

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 Stocks/Bonds/Mutual Funds (Describe)
☐ Partnership ☒ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/24 ACQUIRED __/__/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/24 ACQUIRED __/__/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/24 ACQUIRED __/__/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/24 ACQUIRED __/__/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/24 ACQUIRED __/__/24 DISPOSED

Comments: ____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

333 16th Ave

CITY

San Francisco

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED __/__/24 DISPOSED

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

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org

ASSESSMENT APPEALS BOARD MEMBER APPLICATION

Complete and return this application to the Assessment Appeals Board

Application for Appointment to: (Please check one)

- ☐ Board 1 or ☐ Board 1 Alternate
- ■ Board 2 or ☐ Board 2 Alternate
- ☐ Board 3 or ☐ Board 3 Alternate

Full Name: Susan Elizabeth "Betsy" Miller

[redacted] San Francisco, CA Zip Code: 94115

Occupation: Lawyer

Work Phone: Employer: Phillips Spallas & Angstadt

Business Address: 560 Mission Street, San Francisco, CA Zip Code: 94105

Business Email: Home Email: [redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ☐ Yes ☐ No

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 appointments to their same seats.

Please state your qualifications (including occupation and education if applicable):

Law degree and over 5 years of practice as an attorney in the state of California.

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

I have worked as an attorney in landlord/tenant and real estate litigation for 10 years.

Please state civic activities:

Fostering dogs, participate in NOPNA neighborhood association, provide pro bono legal advice to members of community, former HOA board member.

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? 1-2 How many evenings a week? 2

Have you attended an Assessment Appeals Board meeting? ■ Yes ❑ No

---

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: October 2, 2025. Applicant's Signature: S. Elgut

(Manually sign or type your complete name).

NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)

PLEASE NOTE: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received

E-Filed
03/31/2025
03:26:08

Filing ID
214025396

Please type or print in ink.

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

Miller, S. Elizabeth

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City and County of San Francisco

Division, Board, Department, District, if applicable — Your Position

Assessment Appeals Board — 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 _____
- ☐ 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, 2024, through December 31, 2024.

-or-

The period covered is ____/____/____, through December 31, 2024.

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

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

- ☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

- ☐ 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 (required)

► ***Total number of pages including this cover page:*** 4

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 STREET *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

San Francisco | CA | 94102

DAYTIME TELEPHONE NUMBER | EMAIL 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 03/31/2025 *(month, day, year)*

Signature S. Elizabeth Miller *(File the originally signed paper statement with your filing official.)*

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Miller, S. Elizabeth

▶ NAME OF BUSINESS ENTITY

Northwest Mutual

GENERAL DESCRIPTION OF THIS BUSINESS

IRA Investment

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other ____________ (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**24** ACQUIRED ___/___/**24** DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/**24** ACQUIRED ___/___/**24** DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/**24** ACQUIRED ___/___/**24** DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/**24** ACQUIRED ___/___/**24** DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/**24** ACQUIRED ___/___/**24** DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:

___/___/**24** ACQUIRED ___/___/**24** DISPOSED

Comments: ____________

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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
Miller, S. Elizabeth

▶ 1. BUSINESS ENTITY OR TRUST

Trinity Law, P.C.
Name

San Francisco, CA 94117
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Professional Corporation ☐ Other

YOUR BUSINESS POSITION President

▶ 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

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

☒ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ 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

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

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/24 ACQUIRED
__/__/24 DISPOSED

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

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

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Miller, S. Elizabeth

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

(Describe)

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

(Describe)

- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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*

SF Fire Credit Union

ADDRESS *(Business Address Acceptable)*

San Francisco, CA 94118

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE: 8.175 % ☐ None

TERM (Months/Years): 25 Years

SECURITY FOR LOAN
- ☐ None ☐ Personal residence
- ☒ Real Property _____ *Street address*

Oakland, CA *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____