

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 BO | OARD 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 | | | | |
| | 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 | | | |
| Form 700 is required to accompany your application. Have yo | ou attached the Form 700? ■ Yes □ No | | | |
| A person shall not be eligible for nomination for members a minimum of five years' professional experience in this sor public accountant; (2) licensed real estate broker; (3) attorn recognized professional organization, or property appraiser of the State Board of Equalization. Documentation of qualifying This requirement does not apply to incumbent board members. | ney; or (4) property appraiser accredited by a nationally ertified by either the Office of Real Estate Appraiser or by experience must be submitted with this application form. | | | |
| Please state your qualifications (including occupation and ed | ucation if applicable): | | | |
| As an independent finance professional with a CFP6 School of Management at Northwestern University, a Berkeley and a CPA license upon completion of the Earlier in my professional career, I held positions at the National Basketball Association. I worked as an College of San Francisco where I taught real estate, and developed new curriculum. Finally, I am a licen | a BS from the Haas School of Business at UC required experience with Deloitte & Touche. noteworthy organizations including Microsoft and adjunct faculty member for fifteen years at City entrepreneurship and other business courses | | | |

| Please state relevant business and/ | or professional exper | ience: | | | |
|--|---|---|--|--|--|
| With extensive professional exp multiple professional credential their resources in pursuit of the matters of fianncial planning, in Gabriella, we cofoudned Prime oversee the business side of th vision of providing the highest of environment that focuses unwa | s, I help ensure thir goals. I serve a vestment manage ros Pasos® Spanie operations where | at my adviso s a trusted, li ement and re ish immersio reas Gabriell mersion edu | ry clients are able to censed consultant to ated disciplines. Alc n daycare and presc a applies her extensi | optimize of my clients ong with months of the whole for white experies | use of s on y wife, nich I help |
| Please state civic activities: | | | | | |
| As a life-long San Franciscan, I committed to helping all of us the roles and am active in a number Citizen Police Advisory Born Francisco Italian Athlem ITAL Foundation Board - Italian Caucus of Californi Archbishop Riordan High Order of Malta (Global Hu | nrive in a safe, we er of organizations pard – SFPD's Ing etic Club Foundat Treasurer a - Treasurer School Board of T | Icoming and , guiding the leside Precin ion Board - T | vibrant urban setting m in their pursuit of s ct reasurer | j. I hold le service to d | adership others: |
| Would you be able to attend Day M | eetings? ■ Yes | □ No | Evening Meetings? | ■ Yes | □ No |
| How many days a week would you | | ngs? 1 | How many evenings | a week? | 1 |
| Have you attended an Assessment | | | s 🗆 No | | |
| An appearance before the Rules Co Supervisors considering the recommendate scheduled public hearing. Date: 09/25/25 PLEASE NOTE: This application will be retained. | mended appointment. . Applicant's Signatur | Applications sl | frames (10) frame | o) days prior h nplete name): name, you a signature) | to the |
| FOR OFFICE USE ONLY: | | | | | |
| Appointed to Seat #: | Term Expires: | | Date Vacated: _ | | |



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

| Please type or p | ини ит инк. | | | | | |
|------------------------------|--|--|------------------------------------|--|------------------------------------|----------------------------------|
| AME OF FILER | Ciralli | (LAST) | Ero | (FIRST) | | (MIDDLE) |
| | Cirelli | | FIA | HCU | | |
| . Office, Ag | ency, or Cour | t | | | | |
| | e (Do not use acro | | | _ | | |
| | ment Appeal | | | | ard Member | |
| Division, Boa | rd, Department, Dis | trict, if applicable | | Your Position | | |
| ► If filing fo | r multiple positions, | list below or on an attachmen | nt. (Do not use | acronyms) | | |
| Agency: | | | | Position: | | |
| . Jurisdict | ion of Office (| Check at least one box) | | | | |
| State | | | | Judge, Retire (Statewide Ju | - | ge, or Court Commissioner |
| Multi-Cou | inty | | | County of | | |
| City of | San Francisco | | | Other | | |
| | | ck at least one box) | | _ | | |
| | | d is January 1, 2024, through | 1 | Leaving Of | fice: Date Left | ircle below.) |
| -or- | The period covere December 31, 202 | ed is | , through | leaving | | 1, 2024, through the date of |
| Assumi | ng Office: Date as | sumedJ | | | od covered is/_ of leaving office. | , through |
| Candida | te: Date of Electio | nand o | ffice sought, if | different than Part 1: | | |
| . Schedule | Summary (re | equired) > To | otal number | of pages includi | ng this cover pag | e: |
| Schedul | es attached | | | | | |
| Sche | edule A-1 - Investm | ents – schedule attached | T | Schedule C - Incor | ne, Loans, & Business | Positions - schedule attached |
| Sche | edule A-2 - Investm | ents - schedule attached | | Schedule D - Incor | ne – Gifts – schedule a | attached |
| Sche | edule B - Real Prop | perty - schedule attached | | Schedule E - Incor | ne – Gifts – Travel Pay | ments - schedule attached |
| -or- | | | | | | |
| ☐ No | ne - No reporta | ble interests on any sch | edule | | | |
| . Verification | on | | | | | |
| MAILING ADDR | | EET | CITY | | STATE | ZIP CODE |
| , | pency Address Recommer mount Street | | San F | rancisco | CA | 94131 |
| | PHONE NUMBER | | Odiii | E-MAIL ADDRESS | | |
| (415) | 269-1692 | | | francocirelli@ | gmail.com | |
| I have used herein and in | all reasonable dilige n any attached sche | nce in preparing this statemer edules is true and complete. | nt. I have review I acknowledge | wed this statement and this is a public docum | d to the best of my kno- ent. | wledge the information contained |
| I certify und | der penalty of perju | ury under the laws of the Si | tate of Californ | ia that the foregoing | is true and correct. | |
| | . 09/25/25 | | • | Q+ 7 | medicall' | |
| Date Signed | | nlh. dav. year) | Si | ignature J 1740 (File | the originally signed paper states | ment with your filing official.) |

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Investments must be itemized. Do not attach brokerage or financial statements. ▶ NAME OF BUSINESS ENTITY ▶ NAME OF BUSINESS ENTITY Apple GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Multinational Technology Company FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 \$2,000 - \$10,000 \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Other __ Stock Other _ (Describe) (Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: _/_24__ ____ / 24 DISPOSED ACQUIRED ACQUIRED NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY Qunice Therapeutics GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Biotech FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 Over \$1,000,000 \$2,000 - \$10,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Other ___ Stock Other __ (Describe) (Describe) Partnership Income Received of \$0 - \$499 Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED ACQUIRED Filer's Verification NAME OF BUSINESS ENTITY Print Name Franco Cirelli GENERAL DESCRIPTION OF THIS BUSINESS Office, Agency
Assessment Appeals Board or Court __ FAIR MARKET VALUE \$10,001 - \$100,000 Statement Type 2024/2025 Annual Assuming Leaving \$2,000 - \$10,000 _____Annual Candidate Over \$1,000,000 \$100,001 - \$1,000,000 I have used all reasonable diligence in preparing this statement. I have NATURE OF INVESTMENT reviewed this statement and to the best of my knowledge the information Stock Other contained herein and in any attached schedules is true and complete. Partnership Income Received of \$0 - \$499 I certify under penalty of perjury under the laws of the State of Income Received of \$500 or More (Report on Schedule C) California that the foregoing is true and correct. IF APPLICABLE, LIST DATE: 09/25/25 Date Signed J24 JISPOSED (month, day, year) ACQUIRED

Comments: _

Filer's Signature

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

| ► 1. BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST |
|---|---|
| Primeros Pasos® LLC | Check one box: |
| Name | ☐ INVESTMENT ■ REAL PROPERTY |
| 18 Fairmount Street, San Francisco CA 94131 | Orsi d'Oro LLC |
| Address (Business Address Acceptable) | Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property |
| Check one | |
| ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 | 901 Bayshore Blvd. #101 San Francisco CA 94 |
| GENERAL DESCRIPTION OF THIS BUSINESS Education | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE |
| NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION | NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA | Leasehold Other |
| SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | Check box if additional schedules reporting investments or real property are attached |
| \$0 - \$499 \$10,001 - \$100,000 | |
| \$500 - \$1,000 WI OVER \$100,000 | |
| \$1,001 - \$10,000 | |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | |
| None or Names listed below | |
| TBD | Comments: |
| | |
| | |
| | ======================================= |
| Filer's Verification | |
| Print Name Franco Cirelli | |
| Office, Agency or Court Assessment Appeals Board | |
| Statement Type 2024/2025 Annual Annual As | suming Leaving Candidate |
| I have used all reasonable diligence in preparing this statement. I have rev contained herein and in any attached schedules is true and complete. | iewed this statement and to the best of my knowledge the information |
| I certify under penalty of perjury under the laws of the State of Ca | alifornia that the foregoing is true and correct. |
| | @ P. 00. |
| Date Signed 09/25/25 Filer's S | Signature Francolirelli |
| (month, day, year) | • |

SCHEDULE C Income, Loans, & Business Positions



(Other than Gifts and Travel Payments)

| ▶ 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Franco Cirelli, CPA, CFP® | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 18 Fairmount Street San Francisco, CA 94 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Financial Planning & Investment Managen | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Licensed Finance Consultant | |
| | GROSS INCOME RECEIVED No Income - Business Position Only |
| 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 | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other | Other |
| (Describe) | (Describe) |
| 0 | |
| Comments: | ERIOR |
| | on, or any indebtedness created as part of a retail installment or credit |
| card transaction, made in the lender's regular course of business on to | erms available to members of the public without regard to your official |
| status. Personal loans and loans received not in a lender's regular co | urse of business must be disclosed as follows: |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | % None |
| ADDRESS (Business Address Acceptable) | |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | Real Property |
| WOULEST BALANCE DUDING DESCRIPTING REPUGD | Real PropertyStreet address |
| HIGHEST BALANCE DURING REPORTING PERIOD | |
| | City |
| <u> </u> | City |
| \$1,001 - \$10,000 | City Guarantor |
| | Guarantor |
| \$1,001 - \$10,000 | |
| \$1,001 - \$10,000 \$10,001 - \$100,000 | Guarantor |
| \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification | Guarantor |
| \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Assur | Guarantor |
| \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Annual Assurting Annual Assurting this statement. I have recontained herein and in any attached schedules is true and complete. | Guarantor Other (Describe) gency or Court Assessment Appeals Board Iming Leaving Candidate reviewed this statement and to the best of my knowledge the information |
| \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Annual Assultance in preparing this statement. I have recontained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Cal | Guarantor Other (Describe) gency or Court Assessment Appeals Board Iming Leaving Candidate reviewed this statement and to the best of my knowledge the information ifornia that the foregoing is true and correct. |
| \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Franco Cirelli Statement Type 2024/2025 Annual Annual Assurting this statement. I have recontained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Call | Guarantor Other (Describe) gency or Court Assessment Appeals Board Iming Leaving Candidate reviewed this statement and to the best of my knowledge the information |

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

| ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS |
|---|--|
| 16 - 18 Fairmount Street | |
| CITY | CITY |
| San Francisco | |
| Call I Talleloco | A. |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 ACQUIRED DISPOSED | \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Marship/Deed of Trust Easement | Ownership/Deed of Trust Easement |
| Leasehold Other | Leasehold Other |
| 110 | |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 | IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 |
| \$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 | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of |
| interest, list the name of each tenant that is a single source of income of \$10,000 or more. | income of \$10,000 or more. |
| None | None |
| | |
| Taylor Cummings 16 Fairmount Street | |
| Taylor Cummings - 16 Fairmount Street | |
| laylor Cummings - 16 Fairmount Street | |
| l aylor Cummings - 16 Fairmount Street | |
| laylor Cummings - 16 Fairmount Street | |
| You are not required to report loans from a commerce business on terms available to members of the public | cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: |
| You are not required to report loans from a commercial | c without regard to your official status. Personal loans and siness must be disclosed as follows: |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business. | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* | c without regard to your official status. Personal loans and siness must be disclosed as follows: |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business. | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification Print Name Franco Cirelli Office, Agency Assessment Appeals Board |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable) | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification Print Name Franco Cirelli Office, Agency or Court Assessment Appeals Board |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable) | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Acceptable ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |
| You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 | c without regard to your official status. Personal loans and siness must be disclosed as follows: Filer's Verification |



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

| | Complete and return this application | n to the Assessr | ment . | Appeal | ls Board | |
|---|---|--|---|---|--|---|
| | Application for Appointment to: (Please check one) | □ Board 1 □ Board 2 □ Board 3 | or or | □ Boa | ard 1 Alterna ard 2 Alterna ard 3 Alterna | ate |
| ull Name: | John M. Lee | | | | | |
| | San Francisco | o, CA | | | Zip Code | 94121 |
| | | Occupation: | Re | eal Esta | ate Broker | |
| Nork Phone: | 415-465-0505 | Employer: | Co | mpass | | |
| Business Address: | 1699 Van Ness Avenue, San Fran | 100000 | | | Zip Code: | 94109 |
| Business Email: | john.lee@compass.com | Home Email: | | | | |
| Form 700 is required | d to accompany your application. Have | wall attached the | Form | 7002 | ☑ Yes | □ No |
| Pursuant to Ordinal A person sha as a minimum of fiver public accountant: | d to accompany your application. Have a new No. 393-98 the following qualifical all not be eligible for nomination for mention years' professional experience in this is (2) licensed real estate broker; (3) attoward organization, or property appraises the professional experience in the professional organization. | ations are require mbership on an as state as one of the proey; or (4) prope | ed: ssessi he follo erty ap | ment ap owing: opraiser | opeals board (1) certified caccredited | d unless he or public accoun by a nationally |
| Pursuant to Ordinal A person sha as a minimum of five ar public accountant; accognized profession and the State Board of E | nce No. 393-98 the following qualifica all not be eligible for nomination for men re years' professional experience in this | ntions are require on bership on an as a state as one of the orney; or (4) prope certified by either g experience mus | ed: ssessi he follo erty ap the O st be s | ment apowing: opraiser ffice of cubmitte | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |
| Pursuant to Ordinal A person sha as a minimum of five ar public accountant; accognized profession and the State Board of Ed This requirement does | nce No. 393-98 the following qualifical all not be eligible for nomination for mende years' professional experience in this (2) licensed real estate broker; (3) attoinal organization, or property appraiser of qualization. Documentation of qualifying | ntions are require mbership on an as a state as one of the arney; or (4) prope certified by either g experience mus ers nominated for a | ed: ssessi he follo erty ap the O st be s appoi | ment ap owing: praiser ffice of submitte intment | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |
| A person sha A person sha as a minimum of five or public accountant; ecognized profession the State Board of Ed This requirement does | nce No. 393-98 the following qualifical all not be eligible for nomination for mente years' professional experience in this (2) licensed real estate broker; (3) attoinal organization, or property appraiser qualization. Documentation of qualifying es not apply to incumbent board member | ations are required imbership on an asset as one of the inney; or (4) proper certified by either great | ed: ssessi he follo erty ap the O st be s appoi | ment apowing: praiser ffice of submitte ntment | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |
| A person sha A person sha as a minimum of five or public accountant; ecognized profession the State Board of Ed This requirement does | nce No. 393-98 the following qualification and not be eligible for nomination for member years' professional experience in this (2) licensed real estate broker; (3) attoinal organization, or property appraiser of qualization. Documentation of qualifying es not apply to incumbent board member qualifications (including occupation and experience) | ations are required in the state as one of the state as one of the state as one of the state are one of the state as one of the state as one of the state are state as one of the state are state as a state are state are state are state as a state are | ed: ssessi he follo erty ap the O st be s appoi | ment apowing: praiser ffice of submitte ntment | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |
| A person sha A person sha as a minimum of five or public accountant; ecognized profession the State Board of Ed This requirement does | nce No. 393-98 the following qualification and not be eligible for nomination for member years' professional experience in this (2) licensed real estate broker; (3) attoinal organization, or property appraiser of qualization. Documentation of qualifying es not apply to incumbent board member qualifications (including occupation and experience) | ations are required in the state as one of the state as one of the state as one of the state are one of the state as one of the state as one of the state are state as one of the state are state as a state are state are state are state as a state are | ed: ssessi he follo erty ap the O st be s appoi | ment apowing: praiser ffice of submitte ntment | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |
| A person sha A person sha as a minimum of five or public accountant; ecognized profession the State Board of Ed This requirement does | nce No. 393-98 the following qualification and not be eligible for nomination for member years' professional experience in this (2) licensed real estate broker; (3) attoinal organization, or property appraiser of qualization. Documentation of qualifying es not apply to incumbent board member qualifications (including occupation and experience) | ations are required in the state as one of the state as one of the state as one of the state are one of the state as one of the state as one of the state are state as one of the state are state as a state are state are state are state as a state are | ed: ssessi he follo erty ap the O st be s appoi | ment apowing: praiser ffice of submitte ntment | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |
| A person sha A person sha as a minimum of five or public accountant; ecognized profession the State Board of Ed This requirement does | nce No. 393-98 the following qualification and not be eligible for nomination for member years' professional experience in this (2) licensed real estate broker; (3) attoinal organization, or property appraiser of qualization. Documentation of qualifying es not apply to incumbent board member qualifications (including occupation and experience) | ations are required in the state as one of the state as one of the state as one of the state are one of the state as one of the state as one of the state are state as one of the state are state as a state are state are state are state as a state are | ed: ssessi he follo erty ap the O st be s appoi | ment apowing: praiser ffice of submitte ntment | opeals board (1) certified accredited Real Estate ad with this a | d unless he or public accoun by a nationally Appraiser or application for |

| 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? 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. |
| 8/28/2025 Date: Applicant's Signature: John Lu |
| (Manually Signature). (Manually Signature). (Manually Signature) (Manually Signature) (Manually 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: |



Certificate Of Completion

Envelope Id: 3619091C-3BC3-41B4-B323-B739D58C8211

Subject: Complete with Docusign: Board Member App Fillable 8.29.25.pdf, J. Lee Reappointment.pdf

Phone Number: Source Envelope:

Document Pages: 5

Certificate Pages: 1

AutoNav: Enabled Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 1 Initials: 0

Envelope Originator:

John Lee

Status: Completed

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

John Lee john.lee@compass.com

Broker Compass

Security Level: Email, Account Authentication

(None)

Signature

Docusigned by:

John Lu —E30008043592425

Signature Adoption: Pre-selected Style

Using IP Address:

2601:646:4200:585:ecea:bee:88d:32cb

Timestamp

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 |
| | | |

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Rebeifed

A PUBLIC DOCUMENT

| Ple | ease type or print in ink. | | |
|-----|--|-------------------------------|---|
| NA | ME OF FILER (LAST) | (FIRST) | (MIDDLE) |
| L | ee, John M. | | |
| 1. | Office, Agency, or Court | | |
| | Agency Name (Do not use acronyms) | | |
| | City and County of San Francis | co | |
| | Division, Board, Department, District, if app | licable | Your Position |
| | Assessment Appeals Board | | Member |
| | ▶ If filing for multiple positions, list below | or on an attachment, (Do no | t use acronyms) |
| | Agency | | Position: |
| | Agency. | | 1 Oslicon. |
| 2. | Jurisdiction of Office (Check at I | east one box) | |
| | State | | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| | Multi-County | | X County of San Francisco |
| | City of | | Other |
| _ | | | |
| 3. | Type of Statement (Check at leas | t one box) | |
| | X Annual: The period covered is Janua December 31, 2024. | ry 1, 2024, through | Leaving Office: Date Left/(Check one circle below.) |
| | The period covered is December 31, 2024. | _/, throug | The period covered is January 1, 2024, through the date of leaving office. |
| | Assuming Office: Date assumed | | The period covered is, through the date of leaving office. |
| | Candidate: Date of Election | and office sou | ight, if different than Part 1: |
| , | Color I. I. Communication of | | |
| 4. | Schedule Summary (required) | ► Total numi | ber of pages including this cover page: |
| | Schedules attached | | |
| | X Schedule A-1 - Investments - sche | | X Schedule C - Income, Loans, & Business Positions – schedule attached |
| | X Schedule A-2 - Investments - sche | | Schedule D - Income – Gifts – schedule attached |
| | Schedule B - Real Property - sche | edule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| | or - None Ne reportable inter | anta an any anhadula | |
| _ | or- None - No reportable intere | isis on any schedule | |
| ວ. | Verification | CITY | STATE ZIP CODE |
| | MAILING ADDRESS STREET (Business or Agency Address Recommended - Public | | STATE ZII GODE |
| | 1 Dr. Carlton B. Goodlett Place | ce, Room 405 San | Francisco CA 94102 |
| | (415) 465-0505 | | john.lee@compass.com |
| | | paring this statement. I have | reviewed this statement and to the best of my knowledge the information contained |
| | herein and in any attached schedules is tr | ue and complete. I acknowle | dge this is a public document. |
| | I certify under penalty of perjury under | the laws of the State of Cal | ifornia that the foregoing is true and correct. |
| | Data Circuit | | Signature - 1 1 1 1 |
| | Date Signed 02/12/2025 (month, day, year) | | Signature John M. Lee (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 |
| | Lee, John M. |

| • | NAME OF BUSINESS ENTITY | • | NAME OF BUSINESS ENTITY |
|----------|--|----------|--|
| | Time Warner | | Oracle |
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Entertainment | 5 | Software FAIR MARKET VALUE |
| | FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 | | \$2,000 - \$10,000 X \$10,001 - \$100,000 |
| | X \$2,000 - \$10,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | \$100,001 - \$1,000,000 | | |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | X Stock Other (Describe) | | X Stock Other(Describe) |
| | Partnership Income Received of \$0 - \$499 | | Partnership Income Received of \$0 - \$499 |
| | ☐ Income Received of \$500 or More (Report on Schedule C) | | Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | | |
| | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| - | NAME OF BUSINESS ENTITY | I | NAME OF BUSINESS ENTITY |
| | | | |
| | Merck | 0 | GENERAL DESCRIPTION OF THIS BUSINESS |
| | GENERAL DESCRIPTION OF THIS BUSINESS | 1 | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Pharmaceutical | | |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 | | \$2,000 - \$10,000 \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | X Stock Other | | Stock Other (Describe) |
| | (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE | | IF APPLICABLE, LIST DATE: |
| | | | |
| | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| <u> </u> | NAME OF BUSINESS ENTITY | - | NAME OF BUSINESS ENTITY |
| | IBM | | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | 2 | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Conmputers | | |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | x \$10,000 - \$100,000 | | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | X Stock Other | | Stock Other |
| | (Describe) | | (Describe) |
| | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | / /24 / /24 | | / /24 / /24 |
| | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| | | | |
| | | | |
| C | omments: | | |

Comments: ___

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Lee, John M.

| ▶ 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| John M Lee and Lily T Lee Revocable | John M Lee and Lily T Lee Revocable |
| Trust (CONTINUATION) Name | Trust (CONTINUATION) |
| Name | Trains |
| | I |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 | ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| GENERAL BESONII HON OF THIS BOSINESS | 02.12.17.12.02.00.17.17.17.17.17.17.17.17.17.17.17.17.17. |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | \$0 - \$1,999 |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 ACQUIRED DISPOSED | \$10,001 - \$100,000 ACQUIRED DISPOSED |
| \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| | =- |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship Other | Partnership Sole ProprietorshipOther |
| | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| | |
| ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA |
| SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| \$0 - \$499 \$10,001 - \$100,000 | \$0 - \$499 \$10,001 - \$100,000 |
| \$500 - \$1,000 OVER \$100,000 | \$500 - \$1,000 OVER \$100,000 |
| \$1,001 - \$10,000 | \$1,001 - \$10,000 - |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) |
| None or Names listed below | None or Names listed below |
| More Of Lightness listed polow | |
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| | |
| ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR | ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST |
| LEASED BY THE BUSINESS ENTITY OR TRUST | Check one box: |
| Check one box: | |
| INVESTMENT X REAL PROPERTY | INVESTMENT X REAL PROPERTY |
| 6167-027 | 1526-021 |
| Name of Business Entity, if Investment, or | Name of Business Entity, if Investment, or |
| Assessor's Parcel Number or Street Address of Real Property | Assessor's Parcel Number or Street Address of Real Property |
| Rental Property | Rental Property |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{24}\$ | \$2,000 - \$10,000 \$10,001 - \$100,000 |
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| \$2,000 - \$10,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 X Over \$1,000,000 NATURE OF INTEREST X Property Ownership/Deed of Trust Stock Partnership Leasehold Other |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |

Comments: _

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

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|------|------|----|--|--|
| Nam | ie | | | |
| Lee, | John | Мъ | | |

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|--|
| John M Lee and Lily T Lee Revocable | John M Lee and Lily T Lee Revocable |
| Trust (CONTINUATION) | Trust (CONTINUATION) |
| Name | Name |
| Add a 100 minus Address Association | Address (Business Address Acceptable) |
| Address (Business Address Acceptable) | |
| Check one | Check one Trust, go to 2 Business Entity, complete the box, then go to 2 |
| ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 | ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$0 - \$1,999 | \$0 - \$1,999 |
| \$2,000 - \$10,000// 24 // 24 | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 ACQUIRED DISPOSED | \$10,001 - \$100,000 ACQUIRED DISPOSED |
| \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| NATURE OF INVESTMENT Partnership Sole Proprietorship | Partnership Sole Proprietorship |
| Partnership Sole Proprietorship Other | Partite strip Sole Proprietorship |
| LACUE BURNIEGO BOOTTION | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA |
| SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| | |
| \$0 - \$499 | \$0 - \$499 |
| \$500 - \$1,000 OVER \$100,000 | |
| \$1,001 - \$10,000 | \$1,001 - \$10,000 |
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below |
| None or Names listed below | None or Names listed below |
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| ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR | ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR |
| LEASED BY THE BUSINESS ENTITY OR TRUST | LEASED BY THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| ☐ INVESTMENT X REAL PROPERTY | INVESTMENT X REAL PROPERTY |
| 2821-023 | 3476-014 |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, or |
| Assessor's Parcel Number or Street Address of Real Property | Assessor's Parcel Number or Street Address of Real Property |
| Rental Property | Rental Property |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 | \$10,001 - \$100,000 |
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| X Over \$1,000,000 | X Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| X Property Ownership/Deed of Trust Stock Partnership | X Property Ownership/Deed of Trust Stock Partnership |
| | |
| Leasehold Other | Leasehold Other |
| Yrs. remaining | Yrs, remaining |
| X Check box if additional schedules reporting investments or real property | X Check box if additional schedules reporting investments or real property |
| are attached | are attached |
| | LI |

Comments: _

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Lee, John M. |

| ▶ 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| John M Lee and Lily T Lee Revocable | John M Lee and Lily T Lee Revocable |
| Trust (CONTINUATION) | Trust (CONTINUATION) |
| Name | Name |
| | |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 | ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| SERENTE DESCRIPTION OF THIS DESCRIPTION | |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$0 - \$1,999 | \$0 - \$1,999 |
| \$2,000 - \$10,000//24//24/ | \$2,000 - \$10,000/ 24 / 24 |
| \$10,001 - \$100,000 ACQUIRED DISPOSED | \$10,001 - \$100,000 ACQUIRED DISPOSED |
| \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| NATURE OF INVESTMENT Partnership Sole Proprietorship | Bedeership Sele Prescietorship |
| Partnership Sole Proprietorship Cither Other | Other |
| Lyana anamasa agairian | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA | ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA |
| SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| 1 1 | T en euro |
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| \$500 - \$1,000 OVER \$100,000 | \$500 - \$1,000 OVER \$100,000 |
| \$1,001 - \$10,000 | |
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below |
| None or Names listed below | Notice of Traines listed below |
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| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: | Check one box: |
| _ | INVESTMENT X REAL PROPERTY |
| INVESTMENT X REAL PROPERTY | INVESTMENT A REAL PROPERTY |
| 1453-017 | 1733-035 |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property |
| NAMES STATISTICS SERVICES | |
| Rental Property | Rental Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity or City or Other Precise Location of Real Property |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 | \$10,001 - \$100,000 |
| \$100,001 \$1,000,000 | \$1,000,001 - \$1,000,000 ACQUIRED DISPOSED X Over \$1,000,000 |
| X Over \$1,000,000 | |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Property Ownership/Deed of Trust Stock Partnership | X Property Ownership/Deed of Trust Stock Partnership |
| | C Other |
| Leasehold Other | Leasehold Other |
| X Check box if additional schedules reporting investments or real property | X Check box if additional schedules reporting investments or real property |
| are attached | are attached |
| | |
| | |

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 BO | OARD MEMBER APPLICATION | | | |
|--|--|--|--|--|
| Complete and return this application | to the Assessment Appeals Board | | | |
| Application for Appointment to: (Please check one) | □ Board 1 or □ Board 2 or □ Board 2 Alternate □ Board 3 or □ Board 3 Alternate | | | |
| Full Name: Jose Edimilson Sobral | | | | |
| | 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 Cre | eek, CA Zip Code: 94596 | | | |
| Business Email: ed@fenerocap.com | Home Email: | | | |
| Form 700 is required to accompany your application. Have yo | ou 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 M Golden Gate University, 2002. | BA with concentration in Personal Finance from | | | |

| Please state relevant business and/or professional experience: | |
|--|--|
| I began my career in finance in 1999 at Banc of America Financial Advisor and later as a Premier Client Manage their banking, deposit, and credit needs, which led to mand appraisal valuations. In 2004, I transitioned to an innavigated through the mortgage meltdown of 2008 and important part of closing escrow on a mortgage, was has successful, I actively participated not only on all phases offer submission as I helped advise the Realtor and Bothe property. Also, as is common when Real Estate valuables. | er. In these roles, I assisted affluent clients with my direct involvement in the mortgage industry independent mortgage broker where I following years when perhaps the most aving the valuation needed. In order to be so of the mortgage process but also prior to rrower on the fair estimated market value of |
| Please state civic activities: | |
| Would you be able to attend Day Meetings? ■ Yes □ No | o Evening Meetings? ■ Yes □ No |
| | 2 How many evenings a week?2 |
| How many days a week would you be available for hearings? | |
| Have you attended an Assessment Appeals Board meeting? | ■ Yes □ No |
| An appearance before the Rules Committee may be required at Supervisors considering the recommended appointment. Applica scheduled public hearing. Date: 09/10/2025 Applicant's Signature: | Digitally signed by 20eb7b5c-bdb7-4d80-8124-906737c31b3 Date 2025 09 10 22:25 42-0700 (Manually sign or type your complete name). NOTE: by typing your complete name, you are hereby consenting to use of electronic signature) |
| | |
| FOR OFFICE USE ONLY: | Data Manada da |
| Appointed to Seat #: Term Expires: | Date Vacated: |



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

| lease type or print in ink. | | |
|--|--|---|
| AME OF FILER (LAST) | (FIRST) | (MIDDLE) |
| SOBRAL | 201€ | EDIMILSON |
| Office, Agency, or Court | | |
| Agency Name (Do not use acrony | ms) | |
| BOARD OF SUI | | BOARD MEMBER |
| Division, Board, Department, District | ct, if applicable | Your Position |
| TW3 m 2232A | APPEALS BOARD | |
| | t below or on an attachment. (Do not use | acronyms) |
| Agency: | | Position: |
| | | |
| . Jurisdiction of Office (ca | reck at least one box) | |
| State | | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| Multi-County | | County of |
| | C#100 | Other |
| . Type of Statement (Check | k at least one box) | |
| Annual: The period covered | | Leaving Office: Date Left/ |
| December 31, 2021 | | (Check one circle.) |
| The period covered | is, through | The period covered is January 1, 2021, through the date of |
| December 31, 2021 | | leaving office. |
| * Assuming Office: Date ass | umed | The period covered is, through the date of leaving office. |
| Candidate: Date of Election | and office sought | , if different than Part 1: |
| . Schedule Summary (mu | st complete) & 5102 number | of pages including this cover page: 3 |
| Schedules attached | , | or pages managing and cores pages. |
| ✓ Schedule A-1 - Investment | nte – echadula attachesi | Schedule C - Income, Loans, & Business Positions - schedule attached |
| ★ Schedule A-2 - Investment | | Schedule D - Income - Gifts - schedule attached |
| Schedule B - Real Proper | | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| | | |
| -or None - No reportab | le interests on any schedule | |
| . Verification 820 | JOOST ST. SAN | FRANCISCO CA 94127 |
| MAILING ADDRESS STREI (Business or Agency Address Recommend | | STATE ZIP CODE |
| DAYTIME TELEPHONE NUMBER | | EMAIL ADDRESS |
| (415) 672-32 | 03 | SOBRAL. ED & EMA#L.COM |
| I have used all reasonable diligend | | ewed this statement and to the best of my knowledge the information contained |
| I certify under penalty of perjur | y under the laws of the State of Califor | rnia that the foregoing is true and correct. |
| | | Signature (File the originally served PSPer stylement with your filing official.) |
| (more | t, day, year) | (Line nie cyclyten) zekwer heber zakraineur-ein zon mud ouirran) |
| Print Clea | r | FPPC Form 700 - Cover Page (2021/2 advice@fppc.ca.gov • 856-275-3772 • www.fppc.ca |

SCHEDULE A-1 Investments

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

| CALIFORNIA FOR | |
|------------------------|----------------|
| FAIR POLITICAL PRACTIC | CES COMMISSION |
| Name | |

| | Investments must be itemized. Do not attach brokerage or financial statements. |
|-------------------------|---|
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |

| _ | CHANES SCHWAB | |
|------------|--|--|
| G | ENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| 1 | 3rokerase) Involuent | |
| _ | AIR MARKET VALUE | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| = | \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| _ | | |
| 200 | ATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT |
| | (Describe) | Stock Other(Describe) |
| - | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| 15 | APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| - 1 | 2 106 124 21 | |
| (*): | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► N | AME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| | | I IVINE OF BOOMEOU CHITT |
| (| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| F | AIR MARKET VALUE | FAIR MARKET VALUE |
| - | \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| - | \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | | WATER OF THE PARTY |
| N | ATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other |
| | (Describe) | (Describe) |
| _ | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| 17 | F APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | , 21 , 21 | |
| - | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| | IAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| P N | MME OF BUSINESS ENTITY | P NAME OF BOSINESS ENTITY |
| G | ENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| - | AIR MARKET VALUE | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| - | \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | ATURE OF INVESTMENT | NATURE OF INVESTMENT |
| ^ | Stock Other | Stock Other |
| - | (Describe) | (Describe) |
| - | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C |
| IF | F APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| _ | | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED |

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

| CALIFORNIA FORM | 700 |
|-----------------|-----|
| Name | |

| 73. No. 400. 10 | San Street pattered. |
|---|---|
| ▶ 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST CONTROL OF TRUST CONTROL O |
| META TOP PAUJUB STOWES | |
| Name 820 JOOST AVE. SAN BANGESG. 494127 | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| PAVING STONES TUSTALATEON | 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 | FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship X 5-COR P | Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION PUESTBOUT | YOUR BUSINESS POSITION |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IO THE ENTITY/TRUST) | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| \$0 - \$499 | \$0 - \$499 |
| None or Names listed below | 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 | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: REAL PROPERTY |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |



Comments:





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 BO | ARD MEM | IBER A | PPLICATION |
|--|--|--|---|
| Complete and return this application t | o the Assessme | ent Appeal | s Board |
| Application for Appointment to: (Please check one) | □ Board 1 or ■ Board 2 or □ Board 3 or | r □ Boa | rd 1 Alternate rd 2 Alternate rd 3 Alternate |
| Full Name: MERVIN I. CONLAN | | | |
| | | | Zip Code: 9 4/18 |
| | Occupation: K | CAL ES | t Broker/APR |
| Work Phone: 415 386.7524 | Employer: | 5266 | |
| Business Address: 333 16 th AVE | | | Zip Code: 94118 |
| Business Email: MERV CONLAN WE MAIL. | C _{Home Ema} | | |
| Form 700 is required to accompany your application. Have you | u attached the Fo | orm 700? | □ Yes □ No |
| nas a minimum of five years' professional experience in this start public accountant; (2) licensed real estate broker; (3) attorned to ecognize professional organization, or property appraiser centric State Board of Equalization. Documentation of qualifying earths requirement does not apply to incumbent board members | ey; or (4) property rtified by either th experience must l | y appraiser ie Office of be submitte | Real Estate Appraiser or by a with this application form. |
| Please state your qualifications (including occupation and edu | cation if applicab | ole): | |
| UNIV of CALIF. Berkeley AB Lic Real ESTATE Broker STATE | ECONED TO STATE | mics Fjore | ER 30415 |

| I MAINTAINED A REAL ESTATE Appraisal office in SAN Francisco for over 40 yrs. I Employed 5 other Licensed Approisers & Brokers performing Appraisals Licensed Approlisers & Brokers performing Appraisals ON Residential, Commercial, industrial properties on Residential, Commercial, industrial properties in the City. All Types from Single Family, multiples, mixeduse, commercial, industrial to Vacant sites, 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? How many evenings a week? 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: Applicant's Signature: |
| FOR OFFICE USE ONLY: |
| Appointed to Seat #: Term Expires: Date Vacated: |

Please state relevant business and/or professional experience:



÷ 4,5

10

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

| Ple | ase type or print in ink. | | | | |
|---------|---|-----------------------|------------------------|---|----------------------------------|
| NAN | ME OF FILER (LAST) (FIR | ST) | | (MIDDLE) | |
| Co | onlan M | ervin | | Ignatius | |
| 1. | Office, Agency, or Court | | | | |
| | Agency Name (Do not use acronyms) | | | | |
| | City and County of San Francisco | | | | |
| | Division, Board, Department, District, if applicable | | Your Positi | on | |
| | Assessment Appeals Board | | Memb | er | |
| | ▶ If filing for multiple positions, list below or on an atta | chment. (Do not use | acronyms) | | |
| | Agency: | | Position: _ | | |
| <u></u> | Jurisdiction of Office (Check at least one bo | x) | | | ** |
| | State | | | etired Judge, Pro Tem Judo e Jurisdiction) | ge, or Court Commissioner |
| | Multi-County | | County o | San Francisco | |
| | City of San Francisco | | Other | · | |
| _ | Torre of Statement (St. J. Mark and Land | | | | |
| 3. | Type of Statement (Check at least one box) | | | Office Date Laft | |
| | Annual: The period covered is January 1, 2024, 5 December 31, 2024. | hrough | | Office: Date Left/ (Check one circle) | le below.) |
| | The period covered is/ | , through | | period covered is January ing office. | 1, 2024, through the date of |
| | Assuming Office: Date assumed | | ☐ The | period covered is | , through |
| | Candidate: Date of Election | _ and office sought, | if different than P | art 1: | |
| 741 | | | | | 2 |
| 4. | • , . , | ► lotal number | or pages incli | iding this cover page | e: |
| | Schedules attached | _ | | | |
| | Schedule A-1 - Investments - schedule attache | | | | Positions - schedule attached |
| | Schedule A-2 - Investments - schedule attache | od L | | come - Gifts - schedule a | |
| | ✓ Schedule B - Real Property – schedule attache | ed L | 」Schedule E - In | come – Gitts – Travel Payi | ments - schedule attached |
| L | or- None - No reportable interests on an | v schedule | | | |
| _ | Or- <u>None</u> - No reportable interests on an Verification | y schedule | | | |
| 5. | MAILING ADDRESS STREET | CITY | | STATE | ZIP CODE |
| | (Business or Agency Address Recommended - Public Document) | 0 5 | | O-lif | 04449 |
| | 333 16th Ave DAYTIME TELEPHONE NUMBER | San Fr | ancisco EMAIL ADDRESS | Calif | 94118 |
| | DAME BRACKS | | 17 NASCASTA | mail com | |
| | (415) 386 7524 I have used all reasonable diligence in preparing this st | atomost I have revie | mervconlan@g | | wledge the information contained |
| | herein and in any attached schedules is true and com | plete. I acknowledge | this is a public do | cument. | wiedge are information contained |
| | I certify under penalty of perjury under the laws of | the State of Californ | nia that the foreg | oing is true and correct. | 00 |
| | Date Signed 09/03/2025 | | - //// | lan . l. | Conlar |
| | Date Signed 09/03/2025 (month, day, year) | | Signature // // | (File the originally signed paper state) | ment with your liling 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 / UU | | | |
|---|-------------------------------------|--|--|--|
| | FAIR POLITICAL PRACTICES COMMISSION | | | |
| S | Name | | | |

| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| Ed Jones Inc | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Investment Advisors | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| NATURE OF INVESTMENT Stock Other Stocks/Bonds/Mutual Funds | Stock Other(Describe) |
| (Describe) Partnership ■ Income Received of \$0 - \$499 | Partnership Income Received of \$0 - \$499 |
| Partnership income Received of \$0 - \$495 | ☐ Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| //24//24 | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| | |
| FAIR MARKET VALUE | FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000 | \$2,000 - \$10,000 \$10,000 = \$100,000 Over \$1,000,000 |
| S100,001 - \$1,000,000 Over \$1,000,000 | 411111111111111111111111111111111111111 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT Stock Other |
| Stock Other (Describe) | (Describe) |
| Partnership Income Received of \$0 - \$499 | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| Income Received of \$500 or More (Report on Schedule C) | Income Received of \$500 of More (Report of Consolid Sy |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| //24//24 | / /24//24 |
| //24 | ACQUIRED DISPOSED |
| | ► NAME OF BUSINESS ENTITY |
| NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| · | GENERAL DESCRIPTION OF THIS BUSINESS |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Describe (Describe) | Stock Other (Describe) |
| Partnership Income Received of \$0 - \$499 | Partnership Income Received of \$0 - \$499 |
| ☐ Income Received of \$500 or More (Report on Schedule C) | ☐ Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| | |

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

| ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS |
|---|--|
| 333 16th Ave | |
| CITY | CITY |
| San Francisco | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED Over \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Ownership/Deed of Trust Easement | Ownership/Deed of Trust Easement |
| Leasehold Other | Leasehold Other |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED | IF RENTAL PROPERTY, GROSS INCOME RECEIVED |
| \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 | \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 OVER \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None | 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 business on terms available to members of the public loans received not in a lender's regular course of business. | I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: |
| NAME OF LENDER* | NAME OF LENDER* |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | BUSINESS ACTIVITY, IF ANY, OF LENDER |
| INTEREST RATE TERM (Months/Years) | INTEREST RATE TERM (Months/Years) |
| % | % |
| HIGHEST BALANCE DURING REPORTING PERIOD | HIGHEST BALANCE DURING REPORTING PERIOD |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 OVER \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| Guarantor, if applicable | Guarantor, if applicable |
| Comments: | III |



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

| Complete and return this appli | ication to the Assess | sment | Appea | Is Board | |
|--|--|--|--|--|--|
| Application for Appointment (Please check one) | t to: Board 1 Board 2 Board 3 | or or or | ☐ Boa | ard 1 Alterna ard 2 Alterna ard 3 Alterna | ate |
| Full Name: Susan Elizabeth "Betsy" Miller | | | | 1 | |
| | San Francisco, CA | ٩ | | Zip Code | 94115 |
| | Occupation | Law | yer | | |
| Nork Phone: | Employer: F | Phillip | s Spal | llas & Ang | stadt |
| Business Address: 560 Mission Street, San Fra | ancisco, CA | | | Zip Code: | 94105 |
| Business Email: | Home Emai | il: | | | |
| Form 700 is required to accompany your application. | Have you attached the | e Form | 1 700? | ☐ Yes | □ No |
| Pursuant to Ordinance No. 393-98 the following qua A person shall not be eligible for nomination for as a minimum of five years' professional experience in the public accountant: (2) licensed real estate broker: (3) | alifications are requinor membership on an ain this state as one of | red: assess the fol | sment a llowing: | ppeals boar (1) certified | d unless he or public accoun |
| A person shall not be eligible for nomination fo | alifications are required or membership on an a sign this state as one of all attorney; or (4) propraiser certified by either alifying experience mu | red: assess the fol erty a er the C ust be | sment a llowing: ppraise Office of submitt | ppeals boar (1) certified r accredited f Real Estate ed with this a | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appropers to State Board of Equalization. | alifications are required or membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience munimated for a state of the alifying experience and a state of the alifying experie | red: assess the fol perty a er the C ust be r appo | sment a llowing: ppraise Office of submitt sintment | ppeals boar (1) certified r accredited f Real Estate ed with this a | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appraise State Board of Equalization. Documentation of qualify to incumbent board missing requirement does not apply to incumbent board missing a missing process. | alifications are required to membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience municipality in and education if applications. | red: assess the fol perty a or the C ust be or appo- cable) | sment a llowing: ppraise Office of submitt sintment | ppeals board (1) certified r accredited f Real Estate ed with this a ts to their sa | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appraise State Board of Equalization. Documentation of qualities requirement does not apply to incumbent board multiple please state your qualifications (including occupation). | alifications are required to membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience municipality in and education if applications. | red: assess the fol perty a or the C ust be or appo- cable) | sment a llowing: ppraise Office of submitt sintment | ppeals board (1) certified r accredited f Real Estate ed with this a ts to their sa | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appraise State Board of Equalization. Documentation of qualities requirement does not apply to incumbent board multiple please state your qualifications (including occupation). | alifications are required to membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience municipality in and education if applications. | red: assess the fol perty a or the C ust be or appo- cable) | sment a llowing: ppraise Office of submitt sintment | ppeals board (1) certified r accredited f Real Estate ed with this a ts to their sa | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appraise State Board of Equalization. Documentation of qualities requirement does not apply to incumbent board multiple organization. | alifications are required to membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience municipality in and education if applications. | red: assess the fol perty a or the C ust be or appo- cable) | sment a llowing: ppraise Office of submitt sintment | ppeals board (1) certified r accredited f Real Estate ed with this a ts to their sa | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appraise State Board of Equalization. Documentation of qualities requirement does not apply to incumbent board multiple please state your qualifications (including occupation). | alifications are required to membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience municipality in and education if applications. | red: assess the fol perty a or the C ust be or appo- cable) | sment a llowing: ppraise Office of submitt sintment | ppeals board (1) certified r accredited f Real Estate ed with this a ts to their sa | d unless he or public account by a nationally a Appraiser or l application for |
| A person shall not be eligible for nomination for as a minimum of five years' professional experience in public accountant; (2) licensed real estate broker; (3) ecognized professional organization, or property appraise State Board of Equalization. Documentation of qualities requirement does not apply to incumbent board multiple please state your qualifications (including occupation). | alifications are required to membership on an area in this state as one of all attorney; or (4) propraiser certified by either alifying experience municipality in and education if applications. | red: assess the fol perty a or the C ust be or appo- cable) | sment a llowing: ppraise Office of submitt sintment | ppeals board (1) certified r accredited f Real Estate ed with this a ts to their sa | d unless he or public account by a nationally a Appraiser or l application for |

| Please state relevant business and/or professional experience: | |
|--|--|
| I have worked as an attorney in landlord/tenant and rea | l estate litigation for 10 years. |
| Please state civic activities: | |
| Fostering dogs, participate in NOPNA neighborhood as members of community, former HOA board member. | sociation, provide pro bono legal advice to |
| 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 Supervisors considering the recommended appointment. Applica scheduled public hearing. Date: October 2, 2025 Applicant's Signature: PLEASE NOTE: This application will be retained for one year. Once completed, and the supervisors of the | (Manually sign or type your complete name). NOTE: by typing your complete name, you are hereby consenting to use of electronic signature) |
| FOR OFFICE USE ONLY: | |
| Appointed to Seat #: Term Expires: | Date Vacated: |

060600029-NFH-0029

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received 00/31/2025 E3126 08

| Please type o | r print in ink. | | | 4025396 |
|--------------------------|---|--|---|-------------------|
| NAME OF FILER | (LAST) | (FIRST) | (MIDDLE) | |
| Miller, S | . Elizabeth | | | |
| | Agency, or Court | | | |
| | me (Do not use acronyms) | | | |
| | d County of San Francisco pard, Department, District, if applicabl | е | Your Position | |
| | ent Appeals Board | | Member | |
| ► If filing | for multiple positions, list below or on | an attachment. (Do not use a | acronyms) | |
| Agency: _ | | | Position: | |
| 2. Jurisdio | ction of Office (Check at least | one box) | | |
| State | | | Judge, Retired Judge, Pro Tem Judge, or Court Co (Statewide Jurisdiction) | nmmissioner |
| ☐ Multi-C | ounty | | X County of San Francisco | |
| City of | | | Other | |
| 3. Type of | Statement (Check at least one | box) | | |
| • • | al: The period covered is January 1, December 31, 2024. | | Leaving Office: Date Left | |
| -0 | The period covered is/ December 31, 2024. | , through | The period covered is January 1, 2024, throug leaving office. | th the date of |
| Assu | ming Office: Date assumed | | The period covered is/ | through |
| Cand | date: Date of Election | and office sought, if | different than Part 1: | |
| 4. Schedu | le Summary (required) | ► Total number o | f pages including this cover page: 4 | |
| | ıles attached | | | |
| X Sc | hedule A-1 - Investments – schedule | attached X | Schedule C - Income, Loans, & Business Positions - sche | edule attached |
| X Sc | hedule A-2 - Investments - schedule | allaurieu | Schedule D - Income - Gifts - schedule attached | |
| ☐ Sc | hedule B - Real Property - schedule | attached | Schedule E - Income - Gifts - Travel Payments - schedu | ile attached |
| A | lone. No see aboble falamente | an any ashadula | | |
| | lone - No reportable interests | on any schedule | | |
| 5. Verifica | | CITY | STATE ZIP CODE | E |
| | Agency Address Recommended - Public Docum | | | |
| DAYTIME TE | ELEPHONE NUMBER | San Fran | ncisco CA 94102 MAIL ADDRESS | |
| (|) | | | |
| I have use herein and | d all reasonable diligence in preparing in any attached schedules is true ar | this statement. I have reviewed to complete. I acknowledge the | ed this statement and to the best of my knowledge the inforis is a public document. | rmation contained |
| I certify u | nder penalty of perjury under the | aws of the State of California | a that the foregoing is true and correct. | |
| Date Sign | ed 03/31/2025 | Sia | nature S. Elizabeth Miller | |
| 2 340 O.g. | (month, day, year) | | (File the originally signed paper statement with your filing of | fficial.) |

Comments: _

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 | ▶ | NAME OF BUSINESS ENTITY |
|----------|--|------|--|
| | Northwest Mutual | Ш | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | Ш | GENERAL DESCRIPTION OF THIS BUSINESS |
| | | | |
| 7 | IRA Investment | | |
| | FAIR MARKET VALUE | Ш | FAIR MARKET VALUE |
| | <u>x</u> \$10,001 - \$100,000 | Ш | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | Ш | NATURE OF INVESTMENT |
| | X Stock Other | Ш | Stock Other(Describe) |
| | (Describe) | Ш | Partnership Income Received of \$0 - \$499 |
| | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | | Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | П | |
| | | Ш | |
| | ACQUIRED DISPOSED | I | |
| • | NAME OF BUSINESS ENTITY | ^ | NAME OF BUSINESS ENTITY |
| | | Ш | THE PLANT OF THE PUBLIC OF |
| | GENERAL DESCRIPTION OF THIS BUSINESS | Ш | GENERAL DESCRIPTION OF THIS BUSINESS |
| | | Ш | |
| | | Ш | |
| | FAIR MARKET VALUE | Ш | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 | П | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | П | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | Ш | NATURE OF INVESTMENT |
| | Stock Other | П | Stock Other(Describe) |
| | (Describe) Partnership Income Received of \$0 - \$499 | Ш | Partnership Income Received of \$0 - \$499 |
| | Income Received of \$500 or More (Report on Schedule C) | П | Income Received of \$500 or More (Report on Schedule C) |
| | | Ш | |
| | IF APPLICABLE, LIST DATE: | Н | IF APPLICABLE, LIST DATE: |
| | | Ш | / /24 / /24 |
| | // 24 | П | |
| | ACQUIRED DISPOSED | | AGGGIRED BIGI GOES |
| - | NAME OF BUSINESS ENTITY | Ⅱ▶ | NAME OF BUSINESS ENTITY |
| | | Ш | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | Ш | GENERAL DESCRIPTION OF THIS BUSINESS |
| | GENERAL DESCRIPTION OF THIS BUSINESS | Ш | GENERAL DESCRIPTION OF WHO BOSINESS |
| | | Ш | |
| | FAIR MARKET VALUE | Ш | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | П | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | П | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | Ш | NATURE OF INVESTMENT |
| | Stock Other | Ш | Stock Other |
| | (Describe) | П | (Describe) |
| | Partnership Income Received of \$0 - \$499 | Ш | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| | ☐ Income Received of \$500 or More (Report on Schedule C) | П | |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | H | |
| | ACQUIRED DISPOSED | П | ACQUIRED DISPOSED |
| | | e 10 | |

Comments: __

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | | | | |
|---|---|---------|------|--|
| Name | | | | |
| M/ 11 | 0 | D1 deal | o th | |

| ▶ 1. BUSINESS ENTITY OR TRUST | ▶ 1. BUSINESS ENTITY OR TRUST |
|---|--|
| Trinity Law, P.C. | Name |
| San Francisco, CA 94117 Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one Trust, go to 2 Business Entity, complete the box, then go to 2 | Check one Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Law Firm | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 |
| NATURE OF INVESTMENT Partnership Sole Proprietorship X Professional Corporation Other | NATURE OF INVESTMENT Partnership Sole Proprietorship Olher |
| YOUR BUSINESS POSITION President | YOUR BUSINESS POSITION |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) |
| \$0 - \$499 | \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 |
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | ► 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 |
| X None or Names listed below ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| NVESTMENT REAL PROPERTY | INVESTMENT REAL PROPERTY |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity or City or Other Precise Location of Real Property | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED |
| Property Ownership/Deed of Trust Stock Partnership | Property Ownership/Deed of Trust Stock Partnership Leasehold Other |
| Leasehold Yrs, remaining Other Check box if additional schedules reporting investments or real property are attached | Leasehold Other Check box if additional schedules reporting investments or real property are attached |
| | <u>I I</u> |

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 | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| a retail installment or credit card transaction, made in to members of the public without regard to your official | al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender' |
| regular course of business must be disclosed as follown NAME OF LENDER* | WS: INTEREST RATE TERM (Months/Years) |
| SF Fire Credit Union ADDRESS (Business Address Acceptable) | |
| San Francisco, CA 94118 BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN None Personal residence |
| HIGHEST BALANCE DURING REPORTING PERIOD | X Real Property |
| \$500 - \$1,000 | Oakland, CA |
| \$1,001 - \$10,000 | City |
| X \$10,001 - \$100,000 | Guarantor |
| OVER \$100,000 | Other(Describe) |
| Comments: | |