File No.	130006
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Committee Item No.	- \ <i>3</i>
Board Item No.	

#### **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Committee: _Rules	Date <u>1/17/12</u>
Board of Supervisors Meeting	Date
Cmte Board	
Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Youth Commission Report Introduction Form (for hear Department/Agency Cover MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence	• /
OTHER (Use back side if additional	space is needed)
Completed by: Linda Wong Completed by:	Date <u>1/14/12</u> Date

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



City Half Room 244

1 Dr. Carlton B. Goodlett Place
San Francisco? CA 94102-4697

Co. 3 manufactures
Complete and return this original Application to the Clerk of the Board of Supervisors
Application for Appointment to: Board 1 or Board 1 alternate (Please circle one) Board 2 or Board 2 alternate
Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address; telephone number and e-mail address in lieu of your home address or other personal contact information.
Do you authorize release of your private/personal information?  yes  no Name:  Home Address:
City: Zip code:
City: State; Zip code: Zip code: State: Zip code:
Home Phone Work Phone: 415-883-0799 Fax #: 415-572-2945
Pager # E-Mail Address: ORsacRealestate. Com
Are you a United States citizen; or a resident alien who is eligible for and has applied for citizenship? 📈 Yes. 🔲 No
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?   Yes  No  (If yes, please attacts a statement describing the offense(s) for which you have been convicted,
the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required:
he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.
Please, state your qualifications: Reg litote Soffer, Member of 900 danding
Please state your pusiness and/or professional experience: Indeplude I heaf katale Butinere
Occupation: Peal Estate Broken Education: BROKER, Masters Vegree LL.
Civic Activities: Public Decess Televisia Hort Real Estate Show.
Ethnicity (optional): The Dance Sex (optional): MM DF
Other Personal Information (optional) Excellent Connerated & Versand Reference upon Reg
Would you be able to attend Day Meetings?
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
Please Note: Your application will be retained for one year //
Date: /// Applicant's Signature:
For Office Use Only: Appointed to Board #: Seat #: Term Expires:
red Time Oct. 21. 2012 3:24PM No. 0615 Thank For this opportunity.

For Office Use Only: Appointed to Board #:



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

Complete and return this original Application to the Clerk of the Board of Supervisors Application for Appointment to: Board 1 Board 1 alternate or (Please circle one) Board 2 or Board 2 alternate Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information. Do you authorize release of your private/personal information? HAM Home Address: State: Zip code: State: \_\_\_\_\_ Zip Code: Business Address: City: Home Phone Vork Phone: Fax #: E-Mail Address: Pager #: Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? 🔀 Yes 🗌 No Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state. would be a felony? Yes No (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.) Pursuant to Ordinance No. 393-98 the following qualifications are required: A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats. Please state your qualifications: 14 lease state your business and/or professional experience: Civic Activities: TAOI Ethnicity (optional): Sex (optional): Other Personal Information (optional) Y Yes Night meetings? Would you be able to attend Day Meetings? How many days a week would you be available for hearings?\_ Have you attended an Assessment Appeals Board meeting? Yes Yes Appearance before the RULES COMMITTEE is a requirement before any appointment can be made. Please Note: Your application will be retained for one year. Applicant's Signature:\_

Seat #:

Term Expires:

Revised May 2008

— 8th Street, San Francisco, CA 94114

**OBJECTIVE** 

To serve the public and represent various community groups

**EDUCATION** 

B.A. degree:

University of California, Berkeley, CA

Major subjects:

Political Economics and Business Law

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

**COMMUNITY ACTIVITIES** 

Member, San Francisco Assessment Appeals Board Member, Small Property Owners of San Francisco Member, San Francisco Neighbors Association

Project Safe - Crime Prevention Specialist; Bilingual in Chinese

Delegate, IFPTE Local 21-At Large Chapter

#### WORK EXPERIENCE

Commercial Real Property Officer

7-00 to 07-/2

San Francisco Public Utilities Commission, San Francisco, CA

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

Real Estate Appraiser / Consultant

6-94 to 6-00

Great Pacific Appraisal Associates, San Francisco, CA

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

Appraisal Manager, Northern California Region

6-93 to 5-94

Union Bank of California, Oakland, CA

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

Regional Appraisal Auditor / Senior Appraiser

09-86 to 2-92

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

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

Date Received Official Use Only

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS FILED COVER PAGE

Please type or print in ink.	12 MAR 30 PH 5: 03
NAME OF FILER (LAST)	(FIRST) SANCISCO (MIDDLE)
THAM	oseph SAN FRANCISCON COMMISSION COMMISSION
1. Office, Agency, or Court	Sy Sy
Agency Name	BY ZOM
San Francisco Assessment Appeals Board	
Division, Board, Department, District, if applicable	Your Position
	Alternate Member
▶ If filing for multiple positions, list below or on an attachment.	N: GO VISO
Agency:	Position:
Agency:	T OUTON
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	☑ County of San Francisco
☐ City of San Francisco	Other
3. Type of Statement (Check at least one box)	∠ Leaving Office: Date Left 09 / 16 / 2011
Annual: The period covered is January 1, 2011, through December 31, 2011.	(Check one)
The period covered is, through the period covered is	ough Solution The period covered is January 1, 2011, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is, through the date of leaving office.
Candidate: Election Year Office sough	it, if different than Part 1:
4. Schedule Summary	<u></u>
Check applicable schedules or "None."	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule atlached
Schedule A-2 - Investments – schedule attached	☐ Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
None - No reportable	le interests on any schedule
5. Verification	AND ARREST
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	an Francisco CA 94103
DAYTIME TELEPHONE NUMBER	3 (OPTIONAL)  @yahoo.com
I have used all reasonable diligence in preparing this statement. I have	ve reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknow	wledge this is a public docume
I certify under penalty of perjury under the laws of the State of	California that the foregoing
03/16/2012	Clanatura
Date Signed(month, day, year)	Signature(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
THAM, Joseph K.

SSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 2694-035
	CITY
CITY	San Francisco
San Francisco	
AIR MARKET VALUE   IF APPLICABLE, LIST DATE:    \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater nterest, list the name of each tenant that is a single source on come of \$10,000 or more.	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.
business on terms available to members of the pulloans received not in a lender's regular course of b	
business on terms available to members of the pul	blic without regard to your official status. Personal loans and
business on terms available to members of the pulloans received not in a lender's regular course of b	blic without regard to your official status. Personal loans and business must be disclosed as follows:
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business on terms available to members of the pulloans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
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business on terms available to members of the pulloans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Months/Years)  None	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  None
business on terms available to members of the pulloans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the pulloans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD  \$1,001 - \$10,000
business on terms available to members of the pulloans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
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#### City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors Application for Appointment to: Board 1 or Board 1 alternate (Please circle one) Board 2 Board 2 alternate Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information. Do you authorize release of your private/personal information? MARK WATTS Home Address: SAN FRANCISCO State: \_ C A \_ Zip code: \_ 9 4/11 6 Business Address: 595 MARKET ST 230 City: SF State: CA Zip Code: 94105 Work Phone: Y(5 )77-2666 121 107 415-977 - 05 ut CBPAPPRAGAL. CO Pager#: E-Mail Address: Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? 🗹 Yes 🔲 No Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Tes X No (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.) Pursuant to Ordinance No. 393-98 the following qualifications are required: A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats. Please state your qualifications: I Am AN ALTERNATE MEMBER BOHRD ASSESSMENT ASSEALS. Please state your business and/or professional experience: More THAN 25-YEARS REAL ESTATE APPLACEM AND REAL ESTATE INVESTING. Occupation: COMMERCIAL REAL ESTATE APPRAISER BOARD MEMBER STONESTOWN Civic Activities: Ethnicity (optional): WHITE Sex (optional): Other Personal Information (optional) \_\_\_ Would you be able to attend Day Meetings? 🛮 Yes 🗌 No Night meetings? Yes How many days a week would you be available for hearings? Have you attended an Assessment Appeals Board meeting? X Yes No Appearance before the RULES COMMITTEE is a requirement before any appointment can be made. Please Note: Your application will be retained for one year.

Applicant's Signature:\_///

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

Term Expires:

#### **QUALIFICATIONS OF MARK A. WATTS**

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

Following is a brief summary of his background and experience:

#### **EXPERIENCE**

#### Commercial Real Estate Appraisal Experience

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

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

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

#### Commercial Real Estate Investment Experience

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

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

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

#### Health Club Experience

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

#### **EDUCATION**

Bachelor of Arts, University of California, Davis

#### PROFESSIONAL AFFILIATION

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

# **SETATE OF CALIFORNIA**



Business, Transportation & Housing Agency

# OFFICE OF REAL ESTATE APPRAISERS

REAL ESTATE APPRAISER LICENSE

# WARK A, WATTS

iii<sub>aliph</sub>

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

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

REA APPRAISER IDENTIFICATION-NUMBER AG015362

Date Issued: August 16, 2011

Date Expires: August 15, 2013

Director, OREA

Audit No. 134694

THE POSITION OF THE WATERWAND HOLD HEATTH SEE "SAND AND THE FIRST."

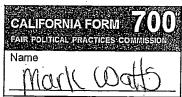
# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS RECEIVED Received BOARD OF SUPERVISORS SAN FRANCISCO

2 MAR 30 PM 5: 07 COVER PAGE

Please type or print in ink.	<u> </u>	201	2HAR 30 PH 2:	42
NAME OF FILER LAST CONTROL LAST	SSION Allen		(MIDDLE)	
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Agency Name  As SESS Ment Aspectle  Division, Board, Department, District, if applicable	Bonel Your P	osition	rnate Board	Mundo
				<del></del>
► If filling for multiple positions, list below or on an attachment	at.			
Agency:	Positio	on:		<del></del>
2. Jurisdiction of Office (Check at least one box)			• • • • • • • • • • • • • • • • • • • •	<del></del>
☐ State	☐ Judg	e or Court Commissioner (	Statewide Jurisdiction)	
☐ Multi-County	Othe	•		
O. T. a. F.OSafa manuf. Ch. J. Ch. J. Ch.		<del></del>		
<ol> <li>Type of Statement (Check at least one box)</li> <li>Annual: The period covered is January 1, 2011, through December 31, 2011.</li> </ol>		ving Office: Date Left eck one)	<u></u>	
-or- The period covered is//	through	The period covered is Janu leaving office.	uary 1, 2011, through the da	ate of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	_ <i>J</i> , th	rough
☐ Candidate: Election Year Office	e sought, if different than Par	t 1;		<u> </u>
4. Schedule Summary Check applicable schedules or "None."	► Total number of	f pages including thi	s cover page: $\frac{2}{2}$	
<ul> <li>□ Schedule A-1 - Investments - schedule attached</li> <li>□ Schedule A-2 - Investments - schedule attached</li> <li>□ Schedule B - Real Property - schedule attached</li> </ul>	Schedule	C - Income, Loans, & Bus D - Income - Gifts - sche E - Income - Gifts - Trav	dule attached	
☐ None • <i>No.</i> r	-or- eportable interests on any sci	hedule	_	•
5. Verification				<del></del>
MAILING ADDRESS STREET (Business of Agency Address Recommended - Public Document)	SF. CA	94116	ZIP CODE	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRES	is inner	SpAPPAACS	H. con
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	nt. I have reviewed	ment and to the best of my c document.	knowledge the information	contained
I certify under penalty of perjury under the laws of the S			ect,	
Date Signed 3/17/7	Signature _	II-ilė lije onolnaliv signed sla	remeni with your ning official.)	<del></del>

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



▶ 1 INCOME RECEIVED	► INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CARNOGHI Blem & PANONON	PG+C
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	UTCity
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real ESTATE APPRAISAL	Willen
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Appronsen	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 DVER \$100,000	\$10,001 - \$100,000 POVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Dyspouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of (Real property; car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	Retital flictille, list each source of \$10,000 or more
Other	☐ Other
(Describe)	(Describe)
1	<u>l</u>
2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
* You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of a
retail installment or credit card transaction, made in the members of the public without regard to your official state.	lender's regular course of business on terms available to
regular course of business must be disclosed as follows	ius. Personal loans and loans received not in a lender's
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
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
The state of the s	(Describe)
$\int_{-\infty}^{\infty}$	(Describe)
Comments:	(Describe)

8/8/12

For Office Use Only: Appointed to Board #:

Date:



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

Term Expires:

	al Application to the Clerk of the Board of Supervisors
Application for Appointment to: (Please circle one)	Board 1 or Board 1 alternate  Board 2 or Board 2 alternate
nter your name, mailing address and daytime telep vailable for public review, you may list your busines ddress or other personal contact information.	ohone number in the spaces provided. Because this form is a document ss/office address; telephone number and e-mail address in lieu of your home
o you authorize release of your private/person	nal information? 🗵 yes 🗆 no
ame: Scott Spertzel	
ity: San Francisco	State: <u>CA</u> Zip code: <u>94122</u>
usiness Address: 21 Colynbus Ave	Suite 211 City: San Francisco State: CA Zip Code: 94111
ome Phone 415 Work	k Phone: 415-894-5254 Fax #:
ager #: E-Ma	ail Address: <u>@ Spertzel consulting .com</u>
re you a United States citizen, or a resident ali	lien who is eligible for and has applied for citizenship? 🗷 Yes 🗌 No
the date of the conviction(s), and the convic	
e or she has a minimum of five years' profe ublic accountant or public accountant, lice y a nationally recognized professional orga eal Estate Appraiser or by the State Board ubmitted with this application form. This re	fessional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited ranization, or property appraiser certified by either the Office of a formalization. Documentation of qualifying experience must be requirement does not apply to incumbent board members
te or she has a minimum of five years' professionalic accountant or public accountant, licely a nationally recognized professional organized Estate Appraiser or by the State Board submitted with this application form. This recominated for appointment to their same selease state your qualifications:	ressional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited ranization, or property appraiser certified by either the Office of a formal of a formal forma
e or she has a minimum of five years' profesublic accountant or public accountant, lice y a nationally recognized professional orgaleal Estate Appraiser or by the State Board submitted with this application form. This recominated for appointment to their same selease state your qualifications:    Certific   Cxperience   Ox   Assessment     Certific   Cxperience   Ox   Assessment     Certific   Cxperience   Ox   Assessment     Certific   Cxperience   Ox   Assessment	ressional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited ranization, or property appraiser certified by either the Office of a formal of the following experience must be requirement does not apply to incumbent board members eats.
e or she has a minimum of five years' professional accountant, licely a nationally recognized professional organized Estate Appraiser or by the State Board submitted with this application form. This recommanded for appointment to their same selease state your qualifications:    Certification	ressional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited ranization, or property appraiser certified by either the Office of of the following of the original experience must be requirement does not apply to incumbent board members eats.  The property appraiser certified by either the Office of the original experience must be requirement does not apply to incumbent board members eats.  The property appraiser and the property appraiser and the property appraiser.  The property appraiser and the property appraiser accredited and the following: certified as one of the following: certified and the f
e or she has a minimum of five years' professional accountant, lice y a nationally recognized professional organized professional organized Estate Appraiser or by the State Board submitted with this application form. This recommanded for appointment to their same selease state your qualifications:    Certifications	ressional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited vanization, or property appraiser certified by either the Office of a formalization. Documentation of qualifying experience must be requirement does not apply to incumbent board members eats.  **Ed Public Accountant and three years**  Appeals Board    experience: Coscultant and Occountant with experience:
e or she has a minimum of five years' professional accountant or public accountant, lice a nationally recognized professional organized Estate Appraiser or by the State Board abmitted with this application form. This recommanded for appointment to their same see ease state your qualifications:  Certifications:	ressional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited ranization, or property appraiser certified by either the Office of a formalization. Documentation of qualifying experience must be requirement does not apply to incumbent board members eats.  The property appraiser certified by either the Office of an incomparity of the experience accounts and the experience.  The property appraiser and accounts and the experience and an accounts and accounts accounts and ac
e or she has a minimum of five years' profesublic accountant or public accountant, lice y a nationally recognized professional orgaleal Estate Appraiser or by the State Board submitted with this application form. This recominated for appointment to their same selease state your qualifications:    Certific   Cxperience   Ox   Assessment     Certific   Cxperience   Ox   Assessment     Certific   Cxperience   Ox   Assessment     Certific   Cxperience   Ox   Assessment	ressional experience in this state as one of the following: certified ensed real estate broker, attorney, or property appraiser accredited anization, or property appraiser certified by either the Office of of the following experience must be requirement does not apply to incumbent board members eats.

Applicant's Signature:

Seat #: \_

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## RECEIVED STATEMENT OF ECONOMIC INTERESTS ARD OF SUBSTITUTES SAN FRANCISCO

COVER PAGE

2012 MAR 30 PM 4: 11

Please type or print in	ı lnk.	;	·	·		
NAME OF FILER		(LAST)	•,	(FIRST)	37.	(MIDDLE)
	SPER	LT2EL.		Scott		ALBERT
1. Office, Agency	y, or Court				· •	
Agency Name	·					.) m 12
Board	of Sur	pervisors	_		· ·	75.3
Division, Board, De	partment, District, if	applicable	•	Your Position		CZ B
ASSES	sment	Appeals	Bogra	/ . AI	ternate	Board Ment
► If filing for multip	ple positions, list be	low or on an attachme	ent.	•		Ez -
		•		_ Position:		ES E
Agency:		4	,	_ FOSILION		20 G
2. Jurisdiction of	of Office (Check	at least one box)				Z on
State			•	· 🔲 Judge or Cour	t Commissioner (State	wide Jurisdiction)
. · <del></del>			·	County of	San Fran	Lisco
The cure	• • •			Other		
AT City of				Othor		
3. Type of State	ment (Check at	least one box)				
Annual: The		anuary 1, 2011, throug	gh .	Leaving Office (Check one)	ce: Date Left	
-or- ·. The			, through	<ul><li>The perion leaving of</li></ul>		, 2011, through the date of
		d	<u>:                                    </u>		d covered is/_ of leaving office.	
☐ Candidate: E	Election Year	Off	ice sought, If dif	ferent than Part 1:	<u> </u>	
4. Schedule Su	mmarv			-		
	schedules or "No	ле."	► Total	number of pages	including this co	ver page:
• • • • • • • • • • • • • • • • • • • •	- Investments - sc					Positions – schedule attached
_	- Investments – sc				me – Gifts – schedule	
	Real Property - sc		, ,	_		yments - schedule attached
•			-01-		•	•
	•	. None - No	reportable intere	ests on any schedule		
5. Verification	:					
MAILING ADDRESS	STREET		CITY		STATE	ZIP CODE
(Business or Agency A	ddress Recommended - I	Public Document)		San Francis	CA.	94111
DAYTIME TELEPHONE	E NUMBER			E-MAIL ADDRESS (OPTION	<u> </u>	
					•	
I have used all rea herein and in any	sonable diligence in attached schedules	preparing this statements is true and complete,	ent. I have revie I acknowledge	ewed this statement and this is a public docume	to the best of my know ant.	riedge the information contained
l certify under pe	nalty of perjury ur	nder the laws of the	State of Callfor	nia that the foregoing	is true and correct.	
	21221	•				
Date Signed	3/49/1			Signature	e ine onginally signed statement	чин уош тину описки.

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

		315
CALIFORNIA	VEORM 7/0/0	が発
FAIR POLITICAL P	PRACTICES COMMISSION	
Name		
_Scott	Spertzel	_

≥1. BUSINESS ENTITY OR TRUST:	1 BUSINESS ENTITY OR TRUST
Spertzel Consulting LC	
Name	Nате
Address (Business Address Acceptable) SF, LA 94111	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 BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSULTING  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED  \$100,001 - \$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  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership LLC Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
TOOK BUSINESS TOSITION	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 RAYA) SHARE OF THE GROSS/INCOME TO THE ENTITY/TRUST)  \$10 - \$499  \$10,001 - \$100,000
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ \$1,000 - \$10,000	\$500 - \$1,000
> 3. LIST: THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Atlanta separate street if (excessary))	> 3-LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF LINGOME OF \$10,000 OR MORE (Attaches the bit of the state of the sta
Five Corners Consulting Group	
Ocean Tomo	
Seiler, LLP  4: INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OF TRUST	✓ 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
<u> </u>	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcet Number or Street Address of Real Property	Name of Business Entity, if Investment, of Assessor's Parcel Number or Street Address of Real 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:  \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000  Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Slock Partnership	NATURE OF INTEREST 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	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CM TEORMATEORM TO	
FAIR POLITICAL PRACTICES COMMISSIO	
Name	
Scott Spertzel	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	7 AGGEGGGROTATION OF THE PROPERTY OF THE PROPE
1735 7th Ave	
CITY	CITY .
San Francisco	·
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$2,000 - \$10,000 / / 11 / / 11	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST .
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold U 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	\$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.
Now you have regimed to report leading from commercial i	londing institutions made in the lander's regular course of
You are not required to report loans from commercial I business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business.  NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
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business on terms available to members of the public loans received not in a lender's regular course of business name of Lender*  Address (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
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	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business name of Lender*  Address (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business name of Lender*  Address (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows;  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
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 name of Lender*  Address (Business Address Acceptable)  Business activity, IF any, OF Lender  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000	without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business name of Lender*  Address (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*
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 name of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
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 received not in a lender's received not in a lender's regular course received not in a lender's received not	without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*

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

CALIFOR	NIA FORW.	
Name Scott	Spertzel	

▶ 1. INCOME RECEIVED.	> 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Spertzel Consulting LLC ADDRESS (Business Address Acceptable)	TAMS ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Salary
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Founder / CEO	Practice Development Manager
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 🔀 OVER \$100,000	☐ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
	Sale of
Sale of(Real property, car, boat, etc.)	[Real property, car, boat, etc.]
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	Other
Other(Describe)	(Describs)
	·
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	or □ N===
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Sireet address
\$500 - \$1,000	Olt.
\$1,001 - \$10,000	City
<u> </u>	Guarantor
\$10,001 - \$100,000	<u>·</u>
. OVER \$100,000	Other(Describe)
Comments:	



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

Application for Appointment to: Board 1 or Board 2 alternate Board 2 address and dayline to be presented to the personal contact information.  Do you authorize release of your private/personal information? However, and the personal contact information.  Do you authorize release of your private/personal information? However, and the personal contact information.  Do you authorize release of your private/personal information? However, and the personal private personal information? However, and the personal private personal information? However, and the person in the personal private personal person	Complete and return this original Application to the Clerk of the Board of Supervisors
available for public review, you may list your business/office address, telephone number and e-mail address in lied of your private/personal information.  Do you authorize release of your private/personal information?  Name:	Application for Appointment to: Board 1 or Board 1 alternate
Name: DIMIT CRECOLO   Home Address: CLA   Zip code: PULLY    Business Address:   LGA   VAN NOS   City   State: CA   Zip code: PULLY    Business Address:   LGA   VAN NOS   City   State: CA   Zip code: PULLY    Pager #:   E-Mail Address:   Creater   Common    Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?   Yes   No    Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?   Yes   No    (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required:  A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified by a nationally recognized professional organization, or properly appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.  Please state your qualifications:   AVE   CHAPLE   AVE   CALLON   AVE	vailable for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home
City: State: CA Zip code: 94114  Business Address: LG9 WM WG City: SE State: A Zip code: 94119  Home Phone 415 Work Phone: 415 Yes State: A Zip code: 94119  Home Phone 415 Work Phone: 415 Yes State: A Zip code: 94119  Pager #: E-Mail Address:	
Business Address:   1699 WAN NOSE   City: State: A Zip Code 94109   Home Phone   415   Work Phone:   415 229 1399   Fax # 415 7711364   Pager #:   E-Mail Address:   Croader: Com Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?   Yes   No Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?   Yes   No (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required: A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified by a nationally recognized professional organization, or property appraiser accredited by a nationally recognized professional organization, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.  Please state your qualifications:   AND	Quille.
Home Phone 415 Work Phone: 4152291399 Fax#: 4157711364  Pager #: E-Mail Address: Croader i Com  Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Fes No  No  Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No  (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required:  A person shall not be eligible for normaniation for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.  Please state your qualifications: Have Seven the Seven Have You to the Seven Have You to Seven Seven Have You attended an Assessment Appeals Board meeting? Area No  Night meetings? Yes And Age Have You attended an Assessment Appeals Board meeting? Area No	State. Ch. Zip code.
Pager #:	(5-20) 200
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No  Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No  (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required:  A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.  Please state your qualifications: HAVE SHALL HOW COMMONITY to the state form to their same seats.  Please state your pusiness and/or professional experience: Chickenty Amarican Lander World College of the college	ione more
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?	age: #
would be a felony?   Yes   No (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required:  A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.  Please state your qualifications:	re you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? 🖫 Yes 🗌 No
Submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.  Please state your qualifications: HAVE SCHUED TWO CONSOCHTIVE TEVENS THAT PROPERTY TO CONSOCHTIVE TEVENS THAT THE PROPERTY TO CONSOCRATE TO CONSO	(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)  Pursuant to Ordinance No. 393-98 the following qualifications are required:  A person shall not be eligible for nomination for membership on an assessment appeals board unless the or she has a minimum of five years' professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of the state Appraiser or by the State Board of Equalization, Documentation of qualifying experience must be
Please state your business and/or professional experience: Currently Assistant vi vanager TRI Colouble Banker, past Colouble Banker, past Colouble Assecs.  Occupation: Peafer Education: Years Colouble Assecs.  Civic Activities: Past president State president TPA, past prosequent Victor Ethnicity (optional): Sex (optional): M DF of the years State president State President PA president Victor Refined Read State Provided TPA president Victor Refined Read Read State Provided TPA president Victor Refined Read Read Read Read Read Read Read Re	submitted with this application form. This requirement does not apply to incumbent board members
Occupation: Peaffer Education: Years College Civic Activities: Past president Start past president PA, past president Victor Ethnicity (optional): Sex (optional): M DF Start president Victor Refined Read Start Droker American (optional) Would you be able to attend Day Meetings? Pres No Night meetings? Yes No Age How many days a week would you be available for hearings? Pres No No	CIVERNIU SURVING IN SAME DESTIDIO SOPRE CONTRACTION
Civic Activities: PAST BRENGONT STARL PAST PRESIDENT PA, PAST PRESIDENT VICTORIA PRESIDENT SEX (optional): Sex (optional): M DF STARL PRESIDENT WOUND SEX	TICI Calculate JAMPET, 1945/ CD GOVIER CREATER OF THE
Ethnicity (optional):	Occupation.
Other Personal Information (optional) We for Refired Read estate Droker Amile Would you be able to attend Day Meetings? Thes No Night meetings? Yes How many days a week would you be available for hearings?  Have you attended an Assessment Appeals Board meeting? These No	Civic Activities: past president Stall past president It A, past president It A, past president
Would you be able to attend Day Meetings?  No Night meetings?  No How many days a week would you be available for hearings?  No Night meetings?  No Night meetings?  No Night meetings?  No	Ethnicity (optional): ANUSAN Sex (optional): DM DF OSTHE YEAR SE
How many days a week would you be available for hearings?  Have you attended an Assessment Appeals Board meeting?  No	Other Personal Information (optional) Wother Retired Restate Droker Lami
	How many days a week would you be available for hearings?  Have you attended an Assessment Appeals Board meeting?  No
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.  Please Note: Your application will be retained for one year.  Applicant's Signature:	Please Note: Your application will be retained for one year.

Coat #

Term Fynires

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

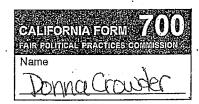
### STATEMENT OF ECONOMIC INTERESTS SAN FRANCISCO

2012 HAR SER PAGE 05

2012 MAR 30 PM 2: 37

Please type or print in ink.	<u> </u>
NAME OF FILER  (LAST)  SAN FRAPRISTS CO  ETRICS COMMISSION  CROWDER  ONLY  (MID  ETRICS COMMISSION  CROWDER	DLE .
1. Office, Agency, or Court	
Agency Name  Agenc	nd Member
➤ If filing for multiple positions, list below or on an attachment.	
Agency: Position:	
2. Jurisdiction of Office (Check at least one box)	
☐ State ☐ Judge or Court Commissioner (Statewide Jurisdict ☐ Multi-County ☐ County of ☐ Other ☐ Other ☐ Other ☐ Dudge or Court Commissioner (Statewide Jurisdict ☐ County of ☐ Other	
3. Type of Statement (Check at least one box)	
The period covered is January 1, 2011; through December 31, 2011.  The period covered is January 1, 2011; through (Check one)  The period covered is January 1, 2011, through Includes office.	gh the date of
December 31, 2011.	•
Assuming Office: Date assumed	, through
Candidate: Election Year Office sought, if different than Part 1:	
4. Schedule Summary  Check applicable schedules or "None."  ➤ Total number of pages including this cover page:	4
☐ Schedule A-1 - Investments - schedule attached       ☐ Schedule C - Income, Loans, & Business Positions - Schedule A-2 - Investments - schedule attached         ☐ Schedule B - Real Property - schedule attached       ☐ Schedule E - Income - Gifts - Travel Payments - schedule E - Income - Gifts - Travel Payments - Schedule E - Income - Gifts - Travel Payments - Schedule E - Income -	
-or-  None - No-reportable interests on any schedule	<b>21</b> 64
5. Verification SON FRANCISCO	o, CA 941
MAILING ADDRESS STREET CITY STATE ZIP COI  (Business or Agency Address Recommended - Public Document)	
- DOMA CROWDER	2. com
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the inferein and in any attached schedules is true and complete. I acknowledge this is a public document.	ormation contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct	
Date Signed	idlal.)

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



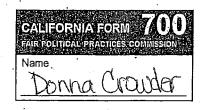
► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Dans Crowder	
Name SFC4	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   ACQUIRED   DISPOSED   \$10,001 - \$1,000,000   Over \$1,000,000   Over \$1,000,000   NATURE OF INVESTMENT   Sole Proprietorship   Partnership   Other ( / ( )	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999
YOUR BUSINESS POSITION 1145 Per / TREVOCABLE THE	YOUR BUSINESS POSITION
\$2   DENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PROFRATA)   \$1 ARE OF THE GROSS INCOME TO THE ENTITY/TRUST)   \$0 - \$499	IDENTIFY THE GROSS INCOME RECEIVED (INC. UDE YOUR PROTATAL SHARE OF STHE GROSS INCOME TO THE ENTITY TRUST)   \$0 - \$499
S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE MULLIS STATES THE THRESHOLD SALD METERS OF THE S	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
► 4: INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OF TRUST	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT  REAL PROPERTY	Check one box:  INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Cemnile Roll Duilding  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   / / 11 / / 11   \$100,001 - \$1,000,000   ACQUIRED DISPOSED   OVER \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
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:	FPPC Form 700 (2011/2012) Sch. A-2

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

CALIFORN	IA FO	RIVI		(0)
FAIR POLITICAL Name	PRACTI	CES CON	MISSIC	
Donna	Cn	<u>wd</u>	EF.	

MainCome received.	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
TRI Coldwell Banker	
BUSINESS ACTIVITY, IF ANY, OF SOURCE   TEAT ESTATE SHES	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
to you requist e test of the stes	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	GROSS INCOME RECEIVED
GROSS INCOME RECEIVED  ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 UOVER \$100,000	\$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	Spouse's or registered domestic partner's income
	☐ Loan repayment ☐ Partnership
☐ Loan repayment ☐ Partnership	
Sale of(Real property, car, boat, etc.)	Sale of (Real property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Maria de la companiona dela companiona del companiona del companiona della companiona della	
Other	Other (Describe)
(Describe)	(Destine)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
* You are not required to report loans from commercial let	lender's regular course of business on terms available to
members of the public without regard to your official star	tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years) ,
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
THE PARTY OF THE PARTY OF TENDER	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)

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



- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

	<b>-</b>
NAME OF SOURCE REALTORS	► NAME OF SOURCE
ADDRESS, (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE CA 9410 2	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE (1) 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3
DATE(S):/	DATE(S)://
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description The IMOWILLIAM SOLE TRAVE	Other - Provide Description
expenses	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
OATE(S):/	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	

#### San Francisco **BOARD OF SUPERVISORS**

Date Printed: January 8, 2013

Date Established:

December 24, 1998

Active

#### ASSESSMENT APPEALS BOARD NO. 1

#### **Contact and Address:**

Dawn Duran Assessment Appeals Board City Hall, Room 405 San Framcsco, CA 94102

Phone: (415) 554-6778 Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

#### **Authority:**

Administrative Code Chapter 2B et speq.; amended by Ordinance No. 393-98, Approved 12/24/1998; amended by Ordinance No. 273-99, Approved 10/27/99.

#### **Board Qualifications:**

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

No person may concurrently hold a seat on Assessment Appeals Board No. 1 and a seat on Assessment Appeals Board No. 2.

The Board members' term of office is three years, beginning on the first Monday in September. In the event of a vacancy, the newly appointed member shall serve for the remainder of the unexpired term.

The Board shall have the following qualifications as stated in the eligibility critiera set forth in Section 1624.05 of the California Revenue and Taxation Code as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, or Property Appraiser certified by the Office of Real Estate Appraisers; or he or she is a current member of an assessment appeals board.

#### San Francisco BOARD OF SUPERVISORS

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

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

Report: Pursuant to Section 1639 of the Revenue and Taxation Code, the hearing officer shall prepare a summary report of the proceedings together with a recommendation on the application and shall transmit this report and recommendation to the Clerk of the Board of Supervisors.

Compensation: \$100 for each one-half day of service.

Sunset Clause: None

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