

File No. 130006

Committee Item No. 3  
Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 1/17/12

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Award Letter
- Application
- Public Correspondence

#### OTHER

(Use back side if additional space is needed)

- Form 700
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Linda Wong

Date 1/14/12

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

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

**Assessment Appeals Board  
City and County of San Francisco  
(415) 554-5184 Fax (415) 554-5163**



RECEIVED  
BOARD OF SUPERVISORS  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4697  
AK

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: Alberto Rios Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address: Pizarro Ave City: Novato State: CA Zip Code: 94949

Home Phone: \_\_\_\_\_ Work Phone: 415-883-0799 Fax #: 415-532-2945

Pager #: \_\_\_\_\_ E-Mail Address: ARios@realstate.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 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: Real Estate Broker, Member in good standing of the CA Board of Realtors, California National Association of Realtors

Please state your business and/or professional experience: Independent Real Estate Business Broker-Owner Residential, Commercial, Mixed Use properties

Occupation: Real Estate Broker Education: Broker, Masters Degree U.C.M.

Civic Activities: Public Access Television Host Real Estate Show

Ethnicity (optional): Hispanic Sex (optional):  M  F

Other Personal Information (optional): Excellent Commercial & Personal Reference upon Request

Would you be able to attend Day Meetings?  Yes  No Night meetings?  Yes  No

How many days a week would you be available for hearings? 2

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 10/20/12

Applicant's Signature: [Signature]

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

Thank for this opportunity!

**Assessment Appeals Board**  
**City and County of San Francisco**  
 (415) 554-5184 Fax (415) 554-5163



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**Board 1 alternate**  
**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: JOSEPH K. THAM Home Address: ANZA ST. #3

City: San Francisco State: CA Zip code: 94121

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: 415. \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_@yahoo.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.)

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Please state your qualifications: Past AAB member from 2002-2011; 25+ years in the real estate sales, appraisal, leasing

Please state your business and/or professional experience: and property management area. Real estate analysis and feasibility studies

Occupation: Real Estate Consultant Education: Bus. Adm. and Law

Civic Activities: Project Safe; Project OR; SF Chinese Club

Ethnicity (optional): Asian Sex (optional):  M  F

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?  Yes  No Night meetings?  Yes  No

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

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 08/27/12 Applicant's Signature: [Signature]

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

Joseph K. Tham

(415) \_\_\_\_\_

email: \_\_\_\_\_ @hotmail.com

\_\_\_\_\_ 8<sup>th</sup> 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 07-12

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

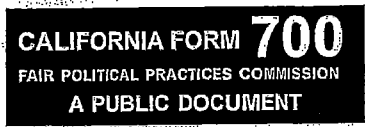
- Manage and evaluate 100+ appraisers and other personnel for Northern California region
- Arbitrate appraised values between homeowners, loan underwriters, and fee appraisers

**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



STATEMENT OF ECONOMIC INTERESTS COVER PAGE FILED

Date Received Official Use Only

12 MAR 30 PM 5:03

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) THAM Joseph SAN FRANCISCO ETHICS COMMISSION

1. Office, Agency, or Court Agency Name: San Francisco Assessment Appeals Board Your Position: Alternate Member

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO 2012 MAR 30 PM 2:35

2. Jurisdiction of Office (Check at least one box) [X] City of San Francisco [X] County of San Francisco

3. Type of Statement (Check at least one box) [X] Leaving Office: Date Left 09 / 16 / 2011

4. Schedule Summary Check applicable schedules or "None." Total number of pages including this cover page: 2

5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE San Francisco CA 94103

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

Date Signed 03/16/2012 Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

THAM, Joseph K.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1524-015
CITY
San Francisco
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2694-035
CITY
San Francisco
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

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

NAME OF LENDER\*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
Guarantor, if applicable

NAME OF LENDER\*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
Guarantor, if applicable

Comments:

**Assessment Appeals Board**  
City and County of San Francisco  
(415) 554-5184 Fax (415) 554-5163



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San Francisco, CA 94102-4697

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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: MARK WATTS Home Address: LINARES AVENUE

City: SAN FRANCISCO State: CA Zip code: 94116

Business Address: 595 MARKET ST 230 City: SF State: CA Zip Code: 94105

Home Phone 415 Work Phone: 415 777-2666 ext 107 Fax #: 415 977-0555

Pager #: \_\_\_\_\_ E-Mail Address: at CBP APPRAISAL.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.)

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Please state your qualifications: I AM AN ALTERNATE MEMBER BOARD 1 ASSESSMENT APPEALS

Please state your business and/or professional experience: MORE THAN 25-YEARS OF REAL ESTATE APPRAISAL AND REAL ESTATE INVESTING.

Occupation: COMMERCIAL REAL ESTATE APPRAISER Education: BA - UC DAVIS

Civic Activities: BOARD MEMBER STONESTOWN YMCA

Ethnicity (optional): WHITE Sex (optional):  M  F

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?  Yes  No Night meetings?  Yes  No

How many days a week would you be available for hearings? \_\_\_\_\_

Have you attended an Assessment Appeals Board meeting?  Yes  No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 8/27/12 Applicant's Signature: Mark Watts

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

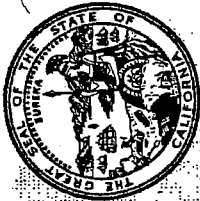
### PROFESSIONAL AFFILIATION

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



Business, Transportation & Housing Agency

OFFICE OF REAL ESTATE APPRAISERS  
REAL ESTATE APPRAISER LICENSE



MARK A. WATTS

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

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

OREA APPRAISER IDENTIFICATION NUMBER

AG015362

Date Issued: August 16, 2011

Date Expires: August 15, 2013

Director, OREA

*Bob Clark*

Audit No. 134694

2 MAR 30 PM 5:07 COVER PAGE

Date Received  
 Official Use Only  
 2012 MAR 30 PM 2:42

Please type or print in ink.

NAME OF FILER: WATTS (LAST) Mark (FIRST) Allen (MIDDLE)  
 ETHICS COMMISSION

1. Office, Agency, or Court  
 Agency Name: Assessment Appeals Board  
 Division, Board, Department, District, if applicable: \_\_\_\_\_  
 Your Position: Alternate Board member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Mateo
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2011.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.
- 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: 2
- Schedule A-1 - Investments - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached.
  - 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 interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 \_\_\_\_\_ SF CA 94116

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 \_\_\_\_\_ at CBPAPPA@sa.ca.gov

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

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

Date Signed 3/27/12 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Mark Watts

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
CARNICCHI Blum & Pannone

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Appraisal

YOUR BUSINESS POSITION  
Appraiser

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
P G & C

ADDRESS (Business Address Acceptable)  
Utility

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Wife

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_ %     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None     Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: N/A

**Assessment Appeals Board**  
**City and County of San Francisco**  
 (415) 554-5184 Fax (415) 554-5163



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**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: Scott Spertzel                              Home Address: 7th Ave  
 City: San Francisco                              State: CA                              Zip code: 94122  
 Business Address: 21 Columbus Ave Suite 211    City: San Francisco    State: CA    Zip Code: 94111  
 Home Phone 415                              Work Phone: 415-894-5254                              Fax #: \_\_\_\_\_  
 Pager #: \_\_\_\_\_                              E-Mail Address: @spertzelconsulting.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.)

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Please state your qualifications: Certified Public Accountant and three years experience on Assessment Appeals Board

Please state your business and/or professional experience: Consultant and accountant with over 15 years of accounting and valuation experience. Three years board experience

Occupation: consultant                              Education: Bachelor of Science

Civic Activities: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_                              Sex (optional):     M     F

Other Personal Information (optional) \_\_\_\_\_

Would you be able to attend Day Meetings?     Yes     No                              Night meetings?     Yes     No

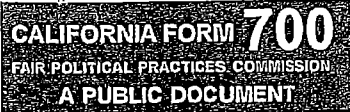
How many days a week would you be available for hearings?    5

Have you attended an Assessment Appeals Board meeting?     Yes     No

**Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.**  
**Please Note:** Your application will be retained for one year.

Date: 8/8/12                              Applicant's Signature: [Signature]

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



STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
Date Received (Official Use Only)

COVER PAGE

2012 MAR 30 PM 4:11

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SPERTZEL SCOTT ALBERT

1. Office, Agency, or Court

Agency Name: Board of Supervisors  
Division, Board, Department, District, if applicable: Assessment Appeals Board  
Your Position: Alternate Board Member  
Agency: \_\_\_\_\_ Position: \_\_\_\_\_

FILED  
12 MAR 30 PM 5:05  
SAN FRANCISCO  
ETHICS COMMISSION

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
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- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 4
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  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached.
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
  - None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
[Redacted] San Francisco CA 94111  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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

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

Date Signed 3/29/12 Signature [Redacted]

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

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Scott Spertzel

**1. BUSINESS ENTITY OR TRUST**

Name Spertzel Consulting LLC

Address (Business Address Acceptable) SF, CA 94111

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Consulting

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

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  LLC Other

YOUR BUSINESS POSITION Founder / CEO

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

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

Five Corners Consulting Group  
Ocean Tomo  
Seiler, LLP

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

Check one box:  
 INVESTMENT  REAL PROPERTY

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

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

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

ACQUIRED      /      / 11      DISPOSED      /      / 11

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

Comments: \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Check one box:  
 INVESTMENT  REAL PROPERTY

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

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

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

ACQUIRED      /      / 11      DISPOSED      /      / 11

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

## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1735 7th Ave

CITY  
San Francisco

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000             /        / 11             /        / 11

\$10,001 - \$100,000      ACQUIRED      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust       Easement

Leasehold \_\_\_\_\_       \_\_\_\_\_  
    Yrs. remaining    Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

\$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000             /        / 11             /        / 11

\$10,001 - \$100,000      ACQUIRED      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust       Easement

Leasehold \_\_\_\_\_       \_\_\_\_\_  
    Yrs. remaining    Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

\$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

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

NAME OF LENDER\*

\_\_\_\_\_

ADDRESS (Business Address Acceptable)

\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER

\_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

\_\_\_\_\_

\_\_\_\_\_

NAME OF LENDER\*

\_\_\_\_\_

ADDRESS (Business Address Acceptable)

\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER

\_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

\_\_\_\_\_

\_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Scott Spertzel

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME  <u>Spertzel Consulting LLC</u></p> <p>ADDRESS (Business Address Acceptable)            [REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Consulting</u></p> <p>YOUR BUSINESS POSITION  <u>Founder / CEO</u></p> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000     <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000     <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input checked="" type="checkbox"/> Salary     <input type="checkbox"/> Spouse's or registered domestic partner's income  <input type="checkbox"/> Loan repayment     <input type="checkbox"/> Partnership  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more            _____  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME  <u>JAMS</u></p> <p>ADDRESS (Business Address Acceptable)            [REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Salary</u></p> <p>YOUR BUSINESS POSITION  <u>Practice Development Manager</u></p> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000     <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000     <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary     <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income  <input type="checkbox"/> Loan repayment     <input type="checkbox"/> Partnership  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more            _____  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____%     <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None     <input type="checkbox"/> Personal residence  <input type="checkbox"/> Real Property _____  <small>Street address</small>            _____  <small>City</small>  <input type="checkbox"/> Guarantor _____  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>
---	--

Comments: \_\_\_\_\_



**Assessment Appeals Board**  
**City and County of San Francisco**  
 (415) 554-5184 Fax (415) 554-5163



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 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: DOUNTA CROCKER Home Address: GLENBROOK  
 City: SAN FRANCISCO State: CA Zip code: 94114  
 Business Address: 1699 VAN NESS City: SF State: CA Zip Code: 94109  
 Home Phone: 415 Work Phone: 415 229 1399 Fax #: 415 771 1264  
 Pager #: N/A E-Mail Address: crocker@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 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 served two consecutive terms and currently serving in same position. 35 year real estate broker

Please state your business and/or professional experience: Currently Assistant manager TR1 Caldwell Banker, past co-owner Crocker Assocs.

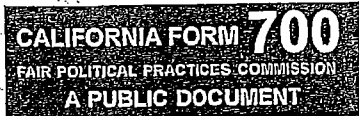
Occupation: Realtor Education: 4 years college  
 Civic Activities: past president SFAR, past president TPIA, past president Victoria Sundraiser/woman of the year SF  
 Ethnicity (optional): Caucasian Sex (optional):  M  F  
 Other Personal Information (optional): Mother Retired Real Estate Broker Family service

Would you be able to attend Day Meetings?  Yes  No Night meetings?  Yes  No  
 How many days a week would you be available for hearings? 2-3  
 Have you attended an Assessment Appeals Board meeting?  Yes  No

**Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.**

Please Note: Your application will be retained for one year.

Date: 9/15/12 Applicant's Signature: [Signature]



STATEMENT OF ECONOMIC INTERESTS

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO

COVER PAGE 2012 MAR 30 PM 3:05

2012 MAR 30 PM 2:37

Please type or print in ink.

NAME OF FILER (LAST) CROWDER (MIDDLE) K SAN FRANCISCO ETHICS COMMISSION DONNA

1. Office, Agency, or Court BY

Agency Name Assessment Appeals Board

Division, Board, Department, District, If applicable Your Position Alternate Board Member

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

Agency: Position:

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

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of SAN FRANCISCO, Other

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

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

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 4 Schedule A-1, Schedule A-2, Schedule B, Schedule C, Schedule D, Schedule E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE SAN FRANCISCO, CA 94109

OPTIONAL DONNA.CROWDER.COM

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

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

Date Signed 3/28/12 Signature

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Donna Crowder

**1. BUSINESS ENTITY OR TRUST**

Name Donna Crowder  
 Address (Business Address Acceptable) [Redacted] SFCA 94109

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999       /    / 11       /    / 11  
 \$2,000 - \$10,000    ACQUIRED    DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION Trustee/revocable trust

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

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

Citrine Salon  
Fillmore Counseling

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000       /    / 11       /    / 11  
 \$10,001 - \$100,000    ACQUIRED    DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

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

Comments: \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
 Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999       /    / 11       /    / 11  
 \$2,000 - \$10,000    ACQUIRED    DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

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

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000       /    / 11       /    / 11  
 \$10,001 - \$100,000    ACQUIRED    DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Donna Crowder

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>TR Coldwell Banker</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>[REDACTED] SF, CA 94109</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>broker associate / real estate sales</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$1,001 - \$10,000	_____	<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name: Donna Crowder

- 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.

▶ NAME OF SOURCE  
SF Assoc Realtors

ADDRESS (Business Address Acceptable)  
 [REDACTED]

CITY AND STATE  
SF CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Rep to Calif Assoc Realtors

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 2350  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
reimbursement for travel expenses

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 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 Francisco, CA 94102

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

**Authority:**

Administrative Code Chapter 2B et seq.; 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 criteria 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  
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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. 2; and (d) 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

