

Assessment Appeals Board
City and County of San Francisco
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:
 (Please circle one)

Board 1 or **Board 1 Alternate**
Board 2 or **Board 2 Alternate**
Board 3 or **Board 3 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: JEFFREY MORRIS Home Address: [REDACTED]

City: SAN FRANCISCO State: CA Zip code: 94123

Business Address: SAME City: _____ State: _____ Zip Code: _____

Home Phone: N/A Work Phone: 415 606 9580 Fax #: N/A

Pager #: N/A E-Mail Address: [REDACTED]

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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: AABZ MEMBER 2008-2022; MEMBER APPRAISAL INSTITUTE (MAI) (RETIRED); LICENSED REAL ESTATE BROKER (RETIRED)

Please state your business and/or professional experience: OVER 35 YEARS REAL ESTATE INVESTMENT ADVISORY SERVICES

Occupation: INVESTOR Education: STANFORD BA 1969

Civic Activities: MARINA COM. ASSOC.; S.F. ZOOLOGICAL SOCIETY; OLYMPIC CLUB

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

Other Personal Information (optional) _____

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

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

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: 9-1-2022

Applicant's Signature: [Signature]

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

JJM ASSOCIATES

September 1, 2022

Rules Committee of the Board of Supervisors
C/O Assessment Appeals Board Administrator
City Hall, Room 263
San Francisco CA 94102

Attention: Supervisors Peskin, Mandelman, Chan

RE: Reappointment to the Assessment Appeals Board

Dear Supervisors

I have served on Board 1 of the Assessment Appeals Board since September 6, 2007. I seek your reappointment recommendation for a new three year term to the full Board of Supervisors. I am well qualified to continue in this position for the following reasons.

- I have read, assimilated and follow all relevant guidelines and laws from the State Board of Equalization, Revenue and Taxation Code Sections and Assessment Appeals Manual.
- Applied my over 35 years of institutional investment real estate management experience to determine equitable valuation for assessment purposes.
- Worked very professionally in a Board 1 leadership role with the AAB Administrator Alistair Gibson and his staff, Board City Attorneys, Assessor's office, and commercial property owners and their legal and appraisal representatives.
- Have the support of Administrator Gibson and fellow Board 1 members to be reappointed.
- Have more than the requisite qualifications to serve, as outlined on the attached Application and Resume, including: licensed real estate broker, member of the Appraisal Institute (MAI) and the above mentioned 35 years of sophisticated investment real estate advisory, valuation, financing and acquisition experience.

Therefore, I would very much appreciate your support in my reappointment to Board 1 of the Assessment Appeals Board. I will be present and available for any questions at your upcoming meeting of the Rules Committee. Thank you for your consideration.

Sincerely yours,



Jeffrey J. Morris

cc: Supervisor Catherine Stefani

Resume of Jeffrey J. Morris

Qualifications

California State Real Estate Broker License (No. 00397435) [retired]

Member Appraisal Institute [MAI] (No.149594) [retired]

Professional Experience: 35 year career in national investment real estate advisory, portfolio-property management, transaction, financing and valuation

Business/Professional Experience

March, 2007-- *JJM Associates, San Francisco*

Independent real estate consulting and investment

1981-Feb. 2007 *BlackRock Realty, San Francisco (and predecessor firms)*

Director-Portfolio Manager of Apartment Value Funds: over \$900 million in U.S. apartment investments.

1991-1999 Managing Director, Metric Property Management:
\$2.5 billion national portfolio of multi family, office,
industrial and retail properties.

1981-1990 Vice President/Senior Vice President of Portfolio
Management.

1971-1980 *Coldwell Banker Management Corporation, San Francisco*

Vice President, Appraisal- Consultation Service

Education

BA Political Science Stanford University, 1967

Civic-Charitable Activities:

2007— **Member, Assessment Appeals Board, City and County of
San Francisco [three year term]**

1989-2001 Board of Directors, *Golden Gate Park Stables, Inc.*

[Concession with the San Francisco City Recreation and Park
Department]

Current Marina Community Association Board Member; San
Francisco Zoological Society; California Academy of Sciences;
American Conservatory Theatre (ACT); Olympic Club Foundation

JJMAssociates@sbcglobal.net



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

E-Filed
03/22/2022
11:23:25
Filing ID:
202936106

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morris, Jeffrey

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable
Assessment Appeals Board
Your Position
Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 8

- Schedules attached
- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
San Francisco CA 94123

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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

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

Date Signed 03/22/2022
(month, day, year)

Signature Jeffrey Morris
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Morris, Jeffrey

▶ NAME OF BUSINESS ENTITY
Costco Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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

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

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

▶ NAME OF BUSINESS ENTITY
BlackRock Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

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

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

▶ NAME OF BUSINESS ENTITY
Home Depot Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Home Improvement

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

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

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

▶ NAME OF BUSINESS ENTITY
Oracle Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Tech

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

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

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

▶ NAME OF BUSINESS ENTITY
Coach Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
retail

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

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

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

▶ NAME OF BUSINESS ENTITY
McDonalds Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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

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

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

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name
Morris, Jeffrey

▶ NAME OF BUSINESS ENTITY
FedEx Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Delivery

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

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

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

▶ NAME OF BUSINESS ENTITY
Visa Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

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

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

▶ NAME OF BUSINESS ENTITY
Google Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Tech

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

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

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

▶ NAME OF BUSINESS ENTITY
Chevron

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

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

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

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

▶ NAME OF BUSINESS ENTITY
Proctor & Gamble

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Products

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

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

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

▶ NAME OF BUSINESS ENTITY
Dick's Sporting Goods Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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

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

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

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Morris, Jeffrey

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

▶ NAME OF BUSINESS ENTITY
Walt Disney Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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

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

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

▶ NAME OF BUSINESS ENTITY
Intel Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Tech

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

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

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

▶ NAME OF BUSINESS ENTITY
Pepsico

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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

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

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

▶ NAME OF BUSINESS ENTITY
Visa Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

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

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

▶ NAME OF BUSINESS ENTITY
EBay Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Tech/Retail

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

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

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

▶ NAME OF BUSINESS ENTITY
T Rowe Price Group Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

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

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

Comments: _____

Assessment Appeals Board
City and County of San Francisco
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:
 (Please circle one)

Board 1 or Board 1 Alternate
 Board 2 or Board 2 Alternate
 Board 3 or Board 3 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: Kristine Nelson Lettens Home: [REDACTED]

City: San Francisco State: CA Zip code: 94117

Business Address: [REDACTED] City: SF State: _____ Zip Code: _____

Work Phone: _____ Fax #: _____

Pager #: _____ E-Mail Address: [REDACTED]

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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Real Estate Appraiser - Real Estate Agent
Certified General

Please state your business and/or professional experience: Real estate

Occupation: Real estate Education: BA UCLA

Civic Activities: Volunteer on Boards

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

Other Personal Information (optional) _____

Would you be able to attend Day Meetings? Yes No Evening meetings? Yes No
 How many days a week would you be available for hearings? 1-2 How many evenings a week? 1-2
 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: 8/24/2022 Applicant's Signature: [Signature]

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

E-Filed
03/29/2022
13:19:48

Filing ID:
203150129

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Nelson, Kristine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable
Assessment Appeals Board
Your Position
Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- State
- Multi-County California
- City of San Francisco
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other

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

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

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 8

Schedules attached

- 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)
San Francisco CA 94117
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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

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

Date Signed 03/29/2022
(month, day, year)

Signature Kristine Nelson
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Nelson, Kristine

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 287 Sanchez
 CITY
 San Francisco

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: / / **21** DISPOSED: / / **21**

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 565-567 Natoma
 CITY
 San Francisco

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: / / **21** DISPOSED: / / **21**

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

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

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

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

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE 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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 23-25 Moss Street
 CITY
 San Francisco

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: / /21 DISPOSED: / /21

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 63 Moss Street
 CITY
 San Francisco

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: / /21 DISPOSED: / /21

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

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

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

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

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE _____ 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

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Nelson, Kristine

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

850 Capp Street
CITY

San Francisco 94117

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/21 _____/_____/21

\$10,001 - \$100,000 _____/_____/21 _____/_____/21

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

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.

None

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

1466-1468 Waller Street
CITY

San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/21 _____/_____/21

\$10,001 - \$100,000 03/06/22 _____/_____/21

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

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.

None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE 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

Comments:

Assessment Appeals Board
City and County of San Francisco
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to:
 (Please circle one)

Board 1 or Board 1 Alternate
 Board 2 or Board 2 Alternate
 Board 3 or Board 3 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: ADENA GILBERT Home Address: _____

City: _____ State: _____ Zip code: _____

Business Address: 1966 TICEVALEY BLVD. #117 City: WALNUT CREEK State: CA Zip Code: 94595

Home Phone: _____ Work Phone: 510.290.4260 Fax #: _____

Pager #: _____ E-Mail Address: adena.gilbert@sbglobal.net

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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: SEE ATTACHMENT

Please state your business and/or professional experience: RETIRED ADMINISTRATIVE LAW JUDGE, SAN FRANCISCO RENT BOARD

Occupation: RETIRED, see above Education: J.D.

Civic Activities: HOA governing documents committee, county animal shelter volunteer

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

Other Personal Information (optional): _____

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

How many days a week would you be available for hearings? 1 How many evenings a week? 1

Have you attended an Assessment Appeals Board meeting? Yes No

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: 6/20/22 Applicant's Signature: Adena Gilbert

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
(Filing Official Use Only)

Please type or print in ink.

NAME OF FILER (LAST) GILBERT (FIRST) ADENA (MIDDLE) S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY / COUNTY OF SAN FRANCISCO BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable
ASSESSMENT APPEALS BOARD Your Position
COMMISSIONER-BOARD 2

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of S.F.
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of S.F.
- Other _____

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

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

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

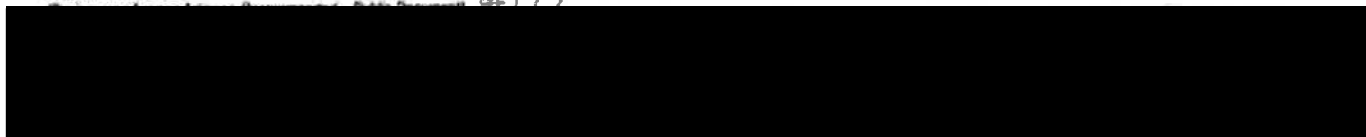
Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____



I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge and information 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 6/27/22
(month, day, year)

Signature Adena Gilbert
(File the originally signed paper statement with your filing official.)

Print

Clear

Qualifications

As an Administrative Law Judge for the San Francisco Rent Stabilization and Arbitration Board, my duties included evaluating capital improvement projects, many involving multi-million dollar costs, that increased property values; evaluating building operating and maintenance expenses including for properties where expenses exceeded building income thereby affecting the market value of the property; and evaluating special circumstance requests for increased residential rents based on rents in comparable buildings. These comparable rent requests included surveys of various buildings in San Francisco, often performed by real estate agents or appraisers, that showed property values based on rental income.

I have purchased and sold numerous properties, and have been both a tenant and a landlord.

Additionally, on several occasions I petitioned for a reduced assessed value on my personal home at the time (for property not located in San Francisco). That experience illuminated the process a property owner utilizes in filing such a petition including identifying comparable properties, explaining the loss of value, and summarizing why a reduced value would be justified.
