

File No. 140839

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date July 24, 2014

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Form 700
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Alisa Miller Date July 18, 2014

Completed by: _____ Date _____

RECEIVED
JAN 24 2011

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: **Board 1** or **Board 1 Alternate**
(Please circle one) **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: Michael Slattery Home Address: PO Box [redacted]
City: Idyllwild State: CA Zip code: 92549
Business Address: 333 S. Grand Ave 42nd Floor City: Los Angeles State: CA Zip Code: 90071
Home Phone: 951 [redacted] Work Phone: 213 630 5518 Fax #: 213 630 5355
Pager #: _____ E-Mail Address: mslat@ [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: Attorney for 31 years (copy of State Bar card attached)

Please state your business and/or professional experience: former Deputy City Attorney 2002-09; represented SF Assessor in assessment appeals

Occupation: Attorney Education: B.A., J.D.

Civic Activities: South End Rowing Club, State Bar Business Law Section

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? 5 How many evenings a week? 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: 1-21-14 Applicant's Signature: Michael Slattery

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



THE STATE BAR OF CALIFORNIA

MICHAEL KEVIN SLATTERY

107303

MCLE GROUP 3

RESERVE AND IMPROVE OUR JUSTICE SYSTEM
IN ORDER TO ASSURE A FREE AND JUST SOCIETY UNDER LAW.
Only active members are entitled to practice law.

A handwritten signature in cursive script, appearing to read "Joseph D. Linn".

Chief Executive Officer

ACTIVE



Thursday, June 12, 2014

ATTORNEY SEARCH

Michael Kevin Slattery - #107303

Current Status: Active

This member is active and may practice law in California.

See below for more details.

Profile Information

The following information is from the official records of The State Bar of California.

Bar Number:	107303		
Address:	Idyllwild PO Box [REDACTED] Idyllwild, CA 92549 Map it	Phone Number:	
County:	Riverside	Fax Number:	Not Available
District:	District 4	e-mail:	mflat@ [REDACTED]
Sections:	Business Law	Undergraduate School:	Princeton Univ; Princeton NJ
		Law School:	USC Law School; Los Angeles CA

Status History

Effective Date	Status Change
Present	Active
12/3/1982	Admitted to The State Bar of California

Explanation of member status

Actions Affecting Eligibility to Practice Law

Disciplinary and Related Actions

Overview of the attorney discipline system.

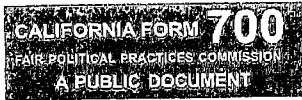
This member has no public record of discipline.

Administrative Actions

This member has no public record of administrative actions.

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 - cbt
 - city nation
 - fdic (5)
 - lamb kawz
 - muni bank
 - pwb
 - sb (20)
 - stradling (
 - west
- Recent



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Rec
Other info

Please type or print in ink.

NAME OF FILER (LAST) Slattery (FIRST) Michael (MIDDLE) Kevin

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

applicant

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

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of _____

City of San Francisco

Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____ (Check one)

-or- The period covered is ____/____/____ through December 31, 2013.

The period covered is January 1, 2013, through the date leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____ through the date of leaving office.

Candidate: Election year 2014 and office sought, if different than Part 1: _____

4. Schedule Summary

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 a

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 attac

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
P.O. Box [redacted] 104 Wild CR 92549

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(951) [redacted] mslat@pacbell.net

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 6/16/14
(month, day, year)

Signature Michael Slattery
(File the originally signed statement with your filing official.)

FPPC Form 700 (2013)
FPPC Advice Email: advice@fppc.org
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.org

- Compose
- Inbox (1)
- Drafts (16)
- Sent
- Spam (50)
- Trash (20)
- Folders (41)
- 1823 cov g
- cbt
- city nation
- fdic (5)
- lamb kawa
- muni bank
- pwb
- sb (20)
- stradling (
- west
- Recent

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

CALIFORNIA FORM 7
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Slattery

WEIGHT
 COVERY
 OFF OF
 HELVES
 SCIENCE.COM

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Lamb Kawa Kawa LLP

ADDRESS (Business Address Acceptable)
333 S Grand Ave 48th Fl

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm Los Angeles 90071

YOUR BUSINESS POSITION
Of course 1

GROSS INCOME RECEIVED *2013*

\$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)

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Stradling Gucca

ADDRESS (Business Address Acceptable)
100 Wilshire Blvd #440

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm Santa Monica 90401

YOUR BUSINESS POSITION
of course 1

GROSS INCOME RECEIVED *2013*

\$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)

LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as per 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: _____

FPPC Form 700 (2013/2014)
 FPPC Advice Email: advice@fppi
 FPPC Toll-Free Helpline: 866/275-3772 www.fppi

AT&T Mail News Sports Finance Weather Entertainment Living Screen U-verse att.com More
Form 700 Handbook for 2013 14 of pages 12 of 22 Search Mail Search Web Michael

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- Spam (50)
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- Folders (41)
 - 1823 cov
 - cbt
 - city nation
 - fdic (5)
 - lamb kaw
 - muni bank
 - pwb
 - sb (20)
 - stradling (
 - west
- Recent

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 7
FAIR POLITICAL PRACTICES COMM

Name Michael Slattery

NAME OF BUSINESS ENTITY
CNR Prime Money Mkt

GENERAL DESCRIPTION OF THIS BUSINESS
401k investment

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 Money Market Fund
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SFD CP Stable Value

GENERAL DESCRIPTION OF THIS BUSINESS
Part 457 Plan invest

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
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on S

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
American vs Govt Sec. RG

GENERAL DESCRIPTION OF THIS BUSINESS
401k investment

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 Govt bonds
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
FDIC savings Plan

GENERAL DESCRIPTION OF THIS BUSINESS
401k Stable Value Fund

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 Mutual Fund
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Vanguard Institutional Adv

GENERAL DESCRIPTION OF THIS BUSINESS
401k investment

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
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Thrift Savings Plan

GENERAL DESCRIPTION OF THIS BUSINESS
401k investment

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

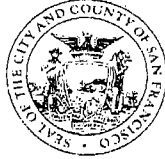
NATURE OF INVESTMENT
 Stock Other Govt 401k Plan
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13
 ACQUIRED DISPOSED

Comments: _____
FPPC Form 700 (201
FPPC Advice Email: advice@fpp
FPPC Toll-Free Helpline: 366/275-3772 www.fpp

MAR 24 2014
Assessment Appeals Board

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: Board 1 or Board 1 Alternate
(Please circle one) 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: JAMES REYNOLDS Home Address: McAllister St #

City: SAN FRANCISCO State: CA Zip code: 94118

Business Address: 2001 McAllister St #11 City: SAN FRANCISCO State: CA Zip Code: 94118

Home Phone: 415- Work Phone: 415-359-9660 Fax #: 415-359-9660

Pager #: _____ E-Mail Address: APPRAISERJIMSE@

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: 13 years of residential real estate appraising

Please state your business and/or professional experience: 13 year as real appraiser (residential)

Occupation: Appraiser - Residential Education: Bachelor of Science - Fresno State

Civic Activities: jury service

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? 5 How many evenings a week? 4

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: 3/19/2014 Applicant's Signature: Jim Reynolds

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

Licensee Details:

[Back to Results](#)

[New Search](#)

First Name	James
Middle	F
Last Name	Reynolds
License Number	027371
Company	James Reynolds
Phone	
Street	McAllister Street, No.
City	San Francisco
State	CA
ZIP	94118
County	San Francisco
Existing License	Renewal - USPAP
License Level	AR
License Status	Active
Date Issued	12/15/2013
Date Expired	12/14/2015
Renewal Issued	
Renewal Expires	
Next Renewal	Full CE
Compliance	

License History
Possible License Types: License, Temporary 150-Day, Temporary Practice Permit, Out of State, Reciprocal

Possible License Levels: Trainee, Residential, Certified Residential, Certified General, Temporary

Possible License Status: Active, Expired, Government Status, Pending Active, Retired, Restricted, Revoked, Surrendered, Suspended

<u>License Status</u>	<u>License Level</u>	<u>License Type</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Active	Certified Residential	License	12/15/2013	12/14/2015
Expired	Certified Residential	License	12/15/2011	12/14/2013
Expired	Certified Residential	License	12/15/2009	12/14/2011
Expired	Certified Residential	License	12/15/2007	12/14/2009
Expired	Certified	License	12/15/2005	12/14/2007



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Reynolds James F

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Assessment Appeals Board

Division, Board, Department, District, if applicable

Your Position

Hearing Officer

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 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, 2013, through December 31, 2013. Leaving Office: Date Left. Assuming Office: Date assumed. Candidate: Election year 2014 and office sought, if different than Part 1.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- 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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE McAllister Street, # San Francisco CA 94118

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL) (415) appraiserjimsf@

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 06/18/2014 (month, day, year)

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

SCHEDULE A-1

Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

James Reynolds

NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Conglomerate

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Consolidated Communication

GENERAL DESCRIPTION OF THIS BUSINESS
Telephone

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

Comments:

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 James Reynolds

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 2001 McAllister Street, #11

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 / / 13 DISPOSED / / 13

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED / / 13 DISPOSED / / 13

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 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*
 Bank of America

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER
 Bank/Lender

INTEREST RATE TERM (Months/Years)
 4 % None 15 Years

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE 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: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: July 18, 2014

Date Established:

July 3, 2013

Active

ASSESSMENT APPEALS BOARD NO. 3

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. (Added by Ordinance No. 37-67; Amended by Ordinances Nos. 110-68, 82-94, 86-96, 393-98, 273-99, and 128-13) and California Revenue and Taxation Code, Section 1620-1630.

Board Qualifications:

The Assessment Appeals Board No. 3 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. No person may concurrently hold a seat on more than one of the three Assessment Appeals Boards.

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 California Revenue and Taxation Code, Section 1624.05, as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant or Public Accountant; licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization.

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 have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing

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officers in the following priority order: (1) the regular member of Assessment Appeals Board No. 3; (2) the alternate members of Assessment Appeals Board No. 3; (3) the alternate members of Assessment Appeals Board No. 2; (4) the alternate members of Assessment Appeals Board No. 1; (5) the regular members of Assessment Appeals Board No. 2; and (6) 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. Assessment Appeals Board No. 3 shall have jurisdiction to hear applications for reductions only for property assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Block Nos. 1-876 or 3701-3899.

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

Report: Pursuant to California Revenue and Taxation Code, Section 1639, 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.

Sunset Clause: None