File No.	10113	4
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Committee	ltem	No(
Board Item	No		2

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	Rules	Date	<u>September 30, 2010</u>
Board of Su	pervisors Meeting	Date	october 19,2010
Cmte Boa	rd Motion Resolution Ordinance		
	Legislative Digest Budget Analyst Report Legislative Analyst Report Youth Commission Report Introduction Form (for heari Department/Agency Cover L MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence		eport
OTHER X X	(Use back side if additional s		,
Completed I	y: Linda Wong	Date Septe	ember 24, 2010
Completed I	oy:	Date	ctober (e,2010

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

[Appointments – Assessment Appeals Board No. 2]

Motion appointing Margaret Ruxton and Alfredo Perez, terms ending September 2, 2013, to Assessment Appeals Board No. 2.

MOVED, That the Board of Supervisors of the City and County of San Francisco does hereby appoint the hereinafter designated persons to serve as members of Assessment Appeals Board No. 2, pursuant to the provisions of the Revenue and Taxation Code, Section 1623, and the San Francisco Administrative Code, Sections 2B.12 through 2B.19, for the terms specified:

Margaret Ruxton, seat 2, succeeding herself, term expired, must meet 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. *Pursuant to Section 1623 the three year term will end on the first Monday in September, for a three-year term ending September 2, 2013.

Alfredo Perez, seat 4, succeeding himself, term expired, must meet the eligibility criteria set forth in Section 1624.05 of the California Revenue and Taxation Code: 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 Appraiser; or he or

she is a current member of an assessment appeals board. *Pursuant to Section 1623 the three year term will end on the first Monday in September, for a three-year term ending September 2, 2013.

Rules Committee

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 headdress or other personal contact information.	ome
Do you authorize release of your private/personal information?	
Name: JOUCE Lewis Home Address: 48 Ave 3	
city: Sah Francisco State: CA Zip code: 94122	
Business Address: 4/50 Clement St. Bldg 210 State: CA Zip Code: 9	74121
Home Phone: (4/5) 750-2288 Fax #:	
Pager #: E-Mail Address: @ gmaul . 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.)	е,
he or she has a minimum of five years' professional experience in this state as one of the following: certifublic accountant or public accountant, licensed real estate broker, attorney, or property appraiser accreby 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 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: A BAR LICENSE 10 3 3 4	edited of
Please state your business and/or professional experience: He alway afterney 17.5 years for Dept. of Verrans Affairs, real property owner, former tenant,	
Occupation: Attorney (See resume) Education: Bachelor, Master's, & Juris I	2ctive
Civic Activities: Mamber of Sunset Community Church, PTA, Charles House	'M BAT
Ethnicity (optional): Sex (optional): M F	
Other Personal Information (optional)	Jerah
Would you be able to attend Day Meetings?	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: 8/2/2010 Applicant's Signature: 1990 Comment of the year.	,
For Office Use Only: Appointed to Board #: Seat #: Term Expires:	

Resume of Qualifications JOYCE LEWIS-BARRETT

EDUCATION

Juris Doctor, 1992, Santa Clara University, School of Law, Santa Clara, CA Master of Public Administration, 1985, California State University, Hayward, Hayward, CA Bachelor of Nursing Science, 1979, University of San Francisco, San Francisco, CA

LICENSURE AND CERTIFICATION

CA State Bar, 12/8/1992, #163342
CA Registered Nurse, 1979, #Z302441
CA Public Health Nurse, 1979
Mediator For Workplace Disputes, 8/2/2001, Justice Center of Atlanta U.S. Supreme Court Admission, 2010
CA Supreme Court Admission 1992

SPECIAL SKILLS/AWARDS/TRAINING

Proficient in MS Word, MS Outlook, GC Laws, Share Point, and PowerPoint; negotiation, mediation, and settlement skills; excellent research, analytical, written, and verbal skills; Annual VA Special Contribution and VA Performance Awards 1994-2009 (15 awards); 1993-2010 highly successful and excellent performance ratings; VA Certificate of Appreciation 2007 and 2008; McFetridge American Inn of Courts Best Program Award 2004-2005; VA Service Award 2002 and 2007; 2010 Law Student Moot Court Judge; trainings received-EEO, MSPB Charges and Penalties, FLRA, DOD Tort Claims, DOJ Ethics, DOJ Environmental Law, VA Cross-Training, VA Diversity and Leadership, Cyber Security, Privacy and Confidential, Sexual Harassment, No Fear Act, FOIA, Privacy Act and HIPAA, E-Discovery, West Law, Share Point, DOJ Veterans For Common Sense, and Institutional Disclosure; trainings developed and given; Stress Management, Learn About Lawyers, Sexual Harassment Prevention and Diversity, Key Supreme Court Decisions/Civil Rights, VA Tort Claims, Survival Tort Claims, Cross-Examination of Martha Stewart, How OGC Can Improve Process for Disability Determinations

PROFESSIONAL EXPERIENCE

Senior Attorney and Staff Attorney, Department of Veterans Affairs, GS-14, 1993-present Department of Veterans Affairs, Office of Regional Counsel, 4150 Clement St., Bldg. 210, San Francisco, CA 94121

The Department of Veterans Affairs is a federal agency within the Executive branch of the United States Government. The mission of the agency is to execute veterans' benefits programs as authorized under Title 38 of the United States Code, e.g., compensation, pension, health care, cemetery, and loan guaranty.

<u>Litigation</u>: Litigate federal appeals, complaints, and claims before the U.S. Merit Systems Protection Board, U.S. Equal Employment Opportunity Commission, and U.S. Federal Labor Relations Board, and U.S. District Court e.g., alleged wrongful termination/discipline, employment discrimination, unfair labor charges, administrative grievances; work directly with United States Attorney's Office in preparing answers, affidavits, settlement statements, depositions, and trial.

Legal research, analysis, and writing: file motions, Agency responses, Prehearing Statements, witness lists, and answers; conduct discovery (interrogatories, depositions, requests for admissions, and production of documents); investigate complaints, conduct witness interviews, document searches, and reviews; participate in settlement conferences and negotiations; draft and write final settlement agreements and releases; defense representation at administrative hearings including witness preparation, oral arguments, opening and closing statements, direct and cross examinations, authentication of documents, objections, and closing briefs.

Tort Claims: Review medical patient records, interview and consult with health care practitioners, and obtain medical expert opinions; write litigation reports with exhibits; provide recommendations for resolution of tort claims; draft and write denial letters; negotiate settlements.

- Advisor/Liaison: Advise executive and senior management officials on federal administrative matters, including agency compliance with applicable federal statutes, regulations, and policies, and state codes; Labor/Management Partnership Committee; Director's Staff liaison; telephone consultations; provide written and verbal opinions; develop and conduct trainings; draft and write provisions for agreements between VA and non-Government entities; provide telephone and walk-in advice for clients.
- Case Manager: Successfully manage and balance a complex general legal caseload including employment, labor, discrimination, tort claims, ethics, federal contracts, state law, medical research, professional standards and licensing of health care professionals, probate, taxes, and release of information and patient confidentiality pursuant to FOIA, HIPPA, Privacy Act and state laws.
- <u>Mentor</u>: Train, counsel, and mentor junior attorneys; directly supervise and mentor legal extern from University of San Francisco.

Senior Public Health Nurse/Public Health Nurse, City of Berkeley, 1980-1993 The mission of the health department is to promote health care, prevention, and education within the Berkeley community.

Team Leader: Team leader over high-risk South Berkeley district; developed agenda for weekly team meetings; facilitated team meetings; monitored and tracked incoming nursing referrals; assigned equitable workload to team; resource person for team; telephone advisor; Aging Coordinator; Preterm Labor Coordinator; instructor and field trip coordinator for High School pregnant teens.

- Education: Developed educational curriculums and instructed families about healthy lifestyle: exercise, dental care, hygiene, early childhood development, hypertension, stress management, diet and nutrition; and served as representative for City at state, county, and community meetings; and community service provider
- <u>In-Home Services</u>: Developed excellent communication and interpersonal skills with diverse families in the Berkeley community; provided in-home nursing physical examinations, education and teaching, health care referrals and follow-up. Performed in excess of 4,000+ clinic and home visits to patients and clients.
- <u>Clinical Staff Nurse</u>: Clinic nurse for primary Hypertension Program; worked on a multidisciplinary team with physician, health educator, social worker and community health worker to provide care and treatment to hypertensive patients; performed diagnostic laboratory tests, dispensed medication, weight checks, blood pressure monitoring, teaching and education, follow-up, and compliance.

Recruitment and Retention Coordinator, Los Medanos Community College, 1986 Los Medanos is a community college located in Pittsburg, CA. The mission of the college is to provide a well-rounded and affordable education to members of the community.

- <u>Recruiter</u>: First-ever Recruitment and Retention Coordinator hired by the School of Nursing; created, planned, developed, and administered a minority recruitment and retention program for the LVN to RN transition program; organized and conducted outreach presentations at hospitals and nursing homes in Contra Costa County; successfully increased minority enrollment and retention.
- <u>Mentor/Tutorial</u>: Provided counseling, mentoring, and tutorial services to nursing students enrolled in the transition program.

Registered Nurse/Medical Advice Nurse, Kaiser Permanente and Children's Hospital, Oakland, CA, 1979-1984

Registered Nurse/Telephone Advice Nurse: Nursing Triage services: provided screening
and health care advice for urgent matters, scheduled appointments, and patient education.
Acute nursing care for Intensive Care Unit, Adolescent and Toddler units; Kaiser
Gynecology and General Surgery units.

AFFILIATIONS (PAST AND PRESENT)

American Inns of Court, Literacy Volunteers of America, Charles Houston Bar Association Red Cross of America, National Bar Association, Parent Teachers Association, Local 535, Steward, A.A. Federal Executive Assn., Bar Association of Alameda County San Francisco School Site Council Representative, Sunset Community Church

DAYTIME TELEPHONE NUMBER



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

(MIDDLE)

94122

STATE

A Public Document

Please type or print in ink.	A Publ
NAME (LAST) (FIRST)	2
LWIS JOYCE	<u>e</u>
(Business Address Acceptable) MAW#3 SF	C
1. Office, Agency, or Court	·
Name of Office, Agency, or Court:	
ASSESSMENT Appeals Bo Division, Board, District, if applicable:	
Regular Board Member	
Your Rosition:	
➤ If filing for multiple positions, list additional agency(i position(s): (Attach a separate sheet if necessary.	
'Agency:	
Position:	
2. Jurisdiction of Office (Check at least one	box)
☐ State —	
County of San Francisco	
Dicity of San Francisw	
Multi-County	
Other	
3. Type of Statement (Check at least one bo	ox)
Assuming Office/Initial Date: 09,01, de	TO
Annual: The period covered is January 1, 2009, through December 31, 2009.	
-or-	
O The period covered is/, throug December 31, 2009.	h
Leaving Office Date Left:/(Check one)	
O The period covered is January 1, 2009, through date of leaving office.	the
-or-	
O The period covered is/, through the date of leaving office.	ip

Election Year:

4. Schedule Summary
➤ Total number of pages including this cover page:
► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Schedule B
Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes – schedule attached Income – Gifts
Schedule E Yes – schedule attached Income – Gifts – Travel Payments
-or-
No reportable interests on any schedule

5. Verification

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

Date Signed (mohit, day, year

Signature

the originally signed statement with your filing official.)

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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

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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: MERVIN I, CONLAN Home Address: - 16 AVE
Name: MERVIN I, CONLAN Home Address: -16 AVE City: SAN FNANCISCO State: CA Zip code: 94/18
Business Address: State: Zip Code: Zip Code:
Home Phone Work Phone
Pager #:
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? 🂢 Yes 🗌 No
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)
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.
nominated for appointment to their same seats. Please state your qualifications: CALIF STATE REAL ESTATE Approving GENERAL Licence: CA 5TATE brokes Lice
Please state your business and/or professional experience: 25+ 1P5 Roal Estate broken &
Occupation: Real Estate Appraiser Education: 13A - Economics
Civic Activities: Vote R
Ethnicity (optional): IRISH Sex (optional): XM F
Other Personal Information (optional)
Would you be able to attend Day Meetings? X Yes No Night meetings? Yes No How many days a week would you be available for hearings? Yes No 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 Applicant's Signature:

For Office Use Only: Appointed to Board #: _______ Seat #: _____

Term Expires:

SCALIFORNIA FORM 700 FAR POLITICAL STACTICES COMMISSION

RECEIVED BOSTATEMENT OF GROONOMIC INTERESTS

Date Received official Use Only

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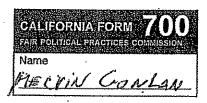
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NAME (LAST)	BY (FIRST)	(MIDDLE), DAYTIME TELEPHONE NUMBER
CONLAN	MERVIN	Toursties 415
	<u> </u>	790011
MAILING ADDRESS STR (Business Address Acceptable)		STATE ZIP CODE OPTIONAL E-MAIL ADDRESS
1/2	E AVE SF	CA 94118 "
10		97 77714
1. Office, Agency,	or Court	4. Schedule Summary
Name of Office, Agency,	or Court:	► Total number of pages
Board of 5	UperVisors	including this cover page:
Division, Board, District, i		A
1 / ' '		► Check applicable schedules or "No reportable interests."
455555MB	my Appeals Pour	
Your Position:		I have disclosed interests on one or more of the attached schedules:
Baush	MARKE	
36 60 - 1 - 10 - 10 - 10 - 10 - 10 - 10 -		Schedule A-1 Wes - schedule attached
	sitions, list additional agency(ies)/ s separate sheet if necessary.)	Investments (Less than 10% Ownership)
position(a). (Attaon a	superate sheet if hooessary.)	Schedule A-2 Pyes – schedule attached
Agency:		Investments (10% or Greater Ownership)
:		
Position:		Schedule B Yes – schedule attached Real Property
rosigon,		Real Property
		Schedule C Yes - schedule attached
2. Jurisdiction of C	Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
		anu navei ruyinentsi
S/14	Phane ico	Schedule D Yes - schedule attached
☐ County of San	302	Income – Giffs
City of The	-sancisco	Schedule E
☐ Multi-County	1	Income – Gilts – Travel Payments
Other		-or-
<u>L </u>		☐ No reportable interests on any schedule
3. Type of Stateme	nt (Check at least one box)	
Assuming Office/Initia	l Date:/	5. Verification
Annual' The period of	covered is January 1, 2009,	o. voimoulon
through December 31		I have used all reasonable diligence in preparing this
A	-or-	statement. I have reviewed this statement and to the best
O The	1	of my knowledge the information contained herein and in any
December 31, 200	d is, through	attached schedules is true and complete.
1	-1	I certify under penalty of perjury under the laws of the State
Leaving Office Date	Left:/	of California that the foregoing is true and correct.
(Check one)		
	d is January 1, 2009, through the	3/2/09
date of leaving office	ce.	Date Signed 3/5//01
	-or-	(mgath, day see g)
O The period covered	d is, through	CAMPIL ANI/SI
the date of leaving		Signature (File the originally signed statement with your filing official.)
Candidate Election	Year	trine the originally signed statement with your thing official.)
L Calmodie Fiermi	1041.	

FPPC Form 700 (2009/2010)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.



► NAME OF BUSINESS ENTITY	
F NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PASSA LAR PROPERTY AND LOS	
FAIR MARKET VALUE	FAIR MARKET VALUE
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S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
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/ / 09 / / 09	/ / 09 / / 09
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	A Control of Control o
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	
ACQUIRED DISPOSED	1 19 109 109 109 109 109 109 109 109 109
, respected blot OSED	ACQUIRED DISPOSED
Opposition	•
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

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Name		,	٠ سر	,	1.	
Mervi	N		Ø	N	19	1

>1. BUSINESS ENTITY OR TRUST	► 1 : EUSINESS ENTITY OR TRUST
Conton Appraisers	
233-164 AVE SF. CA 94118	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Con Getate Holly 113A	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
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\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000 .
NATURE OF INVESTMENT Sole Proprietorship Parlnership	NATURE OF INVESTMENT Sole Proprietorship Partnership
YOUR BUSINESS POSITION DUNIN OTHER	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PROTRATA. SHARE OF THE GROSS INCOME TO THE ENTITY (RUST)	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY (TRUST)
r	****
U \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
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	SALES OF THE PROPERTY OF THE P
> CAINVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE SOUSINESS ENTITY OR TIRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
	. HARCHOPERTS
Name of Business Enlity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
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Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Properly Ownership/Deed of Trust Slock Partnership	NATURE OF INTEREST
	Partnership Stock Partnership
Leasehold Olher	Leasehold Other
Check box if additional schedules reporting investments or real properly are altrached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2
	FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE B Interests in Real Property (Including Rental Income)



➤ STREET ADDRESS OR PRECISE LOCATION	➤ STREET ADDRESS OR PRECISE LOCATION
SALE: HOSKIGO ST. PRESER ESSATION	- Online Proprieto On Theode Eddiffor
CITY	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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	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.
<u> </u>	
	lending institutions made in the lender's regular course life without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
NAIME OF LENDER	NAME OF LENDER
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	% [] None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,000 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments of Regional in	35/ A: 1. Si Francis
Comments: Rental New ply Vies as	C OUTS 1 DE MASS / 100 1000000000000000000000000000000
	FPPC Form 700 (2009/2010) Sch. B FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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

	JRNIAVI	ORU	VAI)	
FAIR POLI	ileau IPRA	OTICES CO	19551	
Name				

NAME OF SOURCE OF INCOME	> AFINCOME RECEIVED
	NAME OF SOURCE OF INCOME
CONLAN Appraisers	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
16 th ANE ST	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Level Estate Hypaisal	
YOUR BUSINESS POSITION "//	YOUR BUSINESS POSITION
_ owner	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S1,001 - \$10,000	S1,001 - \$10,000 S1,001 - \$10,000
Ø \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boot, etc.)	(Property, car, boot, etc.)
Commission or Rental income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
- Pandal Tura	
Dother Rendal William (Describe)	Other (Describe)
j	
>> Z. LOANS: RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
* 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
of a retail installment or credit card transaction, made available to members of the public without regard to	in the lender's regular course of business on terms your official status. Personal loans and loans received
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
of a retail installment or credit card transaction, made available to members of the public without regard to	in the lender's regular course of business on terms your official status. Personal loans and loans received
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER*	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER*	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable)	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable)	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be 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	e in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	e in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be 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	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)
of a retail installment or credit card transaction, made available to members of the public without regard to not in a lender's regular course of business must be 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	in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows: INTEREST RATE TERM (Months/Years)

FPPC Form 700 (2009/2010) Sch. C FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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?
Name: ALTREDO C. PEREZ Home Address: THOREWTINE ST.
City: SAN FRANCISCO State: CA Zip code: 94112
Business Address: 97 FLO REHTINE City: S. E. State: CA Zip Code: 94//2
Home Phone (4/5) 452-8450 Fax # (4/5) 452-409
Pager#: NONE E-Mail Address @ YA-Hoo. 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.)
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:
Please state your business and/or professional experience:
Occupation: Education:
Civic Activities:
Ethnicity (optional): Sex (optional):
Other Personal Information (optional)
Would you be able to attend Day Meetings?
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made. Please Note: Your application will be retained for one year.
Date: 7/14/10 Applicant's Signature: Delta C. Pury
For Office Use Only: Appointed to Board #:118 Seat #: Term Expires:

☐ Candidate

Election Year:

TOO RANCISCO

Date Received

COVER PAGE

2010 APR -1 PM 4: 13

& Public Document

2010 APR -1 PN 3: 56

Please type or print in ink.	SAN FRANCISM
NAME (LAST) BY (PIRST)	MIDDLE) SAN FRANCISCO (MIDDLE) SAN FRANCISCO
PETEZ ALTRED	· ·
MAILING ADDRESS STREET CITY (Business Address Acceptable)	STATE ZIP CODE OPTIONAL E-MAIL-ADDRESS
97 = NOTHEST 55.	CA 1941/2
The second secon	YATA COM
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	► Total number of pages
Board of Supervisors	including this cover page:
Division, Board, District, if applicable:	► Check applicable schedules or "No reportable
Assessment Appeals Board	interests." I have disclosed interests on one or more of the
Your Position:	attached schedules:
Board Member / Alternate Board Member	Schedule A-1 Yes – schedule attached
Lif filing_fer multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.)	investments (Less than 10% Ownership)
Agency: N/A	Schedule A-2 Yes – schedule attached investments (10% or Greater Ownership)
	Schedule B Yes - schedule attached
Position:	Real Property
	Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gits
2. Jurisdiction of Office (Check at least one box)	and Travel Payments)
San Francisco	Schedule D Yes – schedule attached
⊠ County of San Francisco	Income Gifts
City of	Schedule E Yes - schedule attached
☐ Multi-County	Income Gifts Travel Payments .
☐ Other	-or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date:/	5. Verification
☑ Annual: The period covered is January 1, 2009,	
through December 31, 2009.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
-Or-	of my knowledge the information contained herein and in any
O The period covered is/, through December 31, 2009.	attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed 3/26.//0
-or-	(month, day, year)
O The period covered is/, through the date of leaving office.	Signature Signature Signally signad statement with your filter of the last s

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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

Revised May 2008

Complete and return t	his original Application to the (Glerk of the Board of Supervisors
Application for Appointn (Please circle one)		Board 1 alternate Board 2 alternate
Enter your name, mailing address and da available for public review, you may list y address or other personal contact informations.	our business/office address, telepho	es provided. Because this form is a document ne number and e-mail address in lieu of your home
Do you authorize release of your priva	ate/personal information?	yes 🗆 no
Name: Margaret 11. Ru	Home Address:	- Greenwich Street
City: Gan Francisar	State: <u>/</u>	<u>H</u> Zip code: <u>94/23</u>
Business Address: 1737 Ur	vion: Ctrllt city: San	Francissate: <u>CA</u> Zip Code: 94/23
Home Phone	Work Phone: 415,57	17.3416 Fax#: 415.771.9351
Pager #:	E-Mail Address: _	glaity living st. con
		nd has applied for citizenship? 🔀 Yes 🗌 No
the date of the conviction(s), Pursuant to Ordinance No. 393-98 to A person shall not be eligible he or she has a minimum of five ye public accountant or state of the stat	and the court(s) that convicted yethe following qualifications are the for nomination for members ears' professional experience intant, licensed real estate broke ional organization, or property the Board of Equalization. Docum. This requirement does not a same seats.	
Please state your business and/or pro	ofessional experience: <u>(* 3)</u> Dusiness/Real Esta	FET TOREST (10 YEARS)
Occupation: Real Istak Gooks	- Afformed Education	: UCVA BA. 1983. Duke Law J.D.
Civic Activities: Advisory Brand M	Pember-Con Hollow	Aceccia tran
	Sex (options	
Other Personal Information (optional)		
Would you be able to attend Day Mee How many days a week would you be Have you attended an Assessment Ap	available for hearings?	Night meetings? ☐ Yes ☐ No
Please I	Note: Your application will be reta	t before any appointment can be made. Bined for one year.
Date: 9/1/10	Applicant's Signature: Ma	report 1. Petto
For Office Use Only: Appointed to Bo	· · · · · · · · · · · · · · · · · · ·	Term Expires:

Fee Type: F

Date Deposited: 8/31/2010

Receipt No.: 14886		
Check No.: 1144	Check Amount: \$180.00 Date Received: 7/14/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0237	\$60.00 BANER, TAMMY	0496 015C
2010-0238	\$60.00 BANER, TAMMY	0496 015C
2010-0239	\$60.00 BANER, TAMMY	0496 015C
Descint No. 14007		
Receipt No.: 14887 Check No.: 1010	Check Amount: \$60.00 Date Received: 7/16/2010	
	•	APN
Application No. 2010-0240	Fee Amount Applicant Name \$60.00 CHEEK, EMIKO	8704 110
2010-0240	\$00.00 Cilling Divine	9,70 / 12,0
Receipt No.: 14888		
Check No.: 537	Check Amount: \$60.00 Date Received: 7/19/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0241	\$60.00 SCHOR, DAMON	0436F040
Receipt No.: 14889		
Check No.: 5001	Check Amount: \$60.00 Date Received: 7/16/2010	
	,	A TOWY
Application No.	Fee Amount Applicant Name \$60.00 LU, RONNIE	APN 1561 048
2010-0242	\$00.00 LO, KOMME	1301 040
Receipt No.: 14891		
Check No.: 1213	Check Amount: \$60.00 Date Received: 7/16/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0244	.\$60.00 JARVIS, TED	0479 013
TO 2 4 NT 1 4000		
Receipt No.: 14892 Check No.: 207	Check Amount: \$60.00 Date Received: 7/16/2010	
		A Andrew A
Application No.	Fee Amount Applicant Name	APN 6730 046
2010-0245	\$60.00 FORD, DAVID	0730 040
Receipt No.: /14893/	✓	
Check No. 105837	Check Amount: \$30.00 Date Received: 7/19/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0246	\$30.00 W2007 HWD REALTY, LLC	3738 011
·		•
Receipt No.: 14894	01 1 4 (020 20) Deta Berrina di 7/10/2010	~
Check No.: 106155	1 ./	
Application No.	Fee Amount Applicant Name	APN
2010-0246	\$30.00 W2007 HWD REALTY, LLC	3738 011
Receipt No.: 14895		
,	Check Amount: \$30.00 Date Received: 7/19/2010	0
		APN
Check No.: 105838 Application No. 2010-0247	Check Amount: \$30.00 Date Received: 7/19/2010 Fee Amount Applicant Name \$30.00 W2007 HWD REALTY, LLC	APN 3718 012

3

ALIFORNIA FORM 700 ARI POLITICAL PRACTICES COMMISSION

☐ Candidate

Election Year.

F WISTAILENENT OF ECONOMIC INTERESTS

Date Received Official Use Only

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A Public Document

2010 APR -1 FM 3: 56

Please type or print in ink.	Later and Later
NAME (LAST) BY (FIRST)	(MIDDLE) DAYTIME TELEPHINE WUMBER
Ruxton Margaret	Nielsen (415) -
MAILING ADDRESS STREET CITY (Business Address Acceptable)	STATE ZIP CODE BY OPEIGNAL E-MAIL ADDRESS
- Greenwich St. SF	CA 94123
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	> Total number of pages including this cover page:
Board of Supervisors	
Division, Board, District, if applicable:	➤ Check applicable schedules or "No reportable interests."
ASSESSMENT Appeals Bound	I have disclosed interests on one or more of the
1	attached schedules:
Bland Meyabe/ ► If filing for multiple positions, list additional agency(ies)/	Schedule A-1 Yes – schedule attached
position(s): (Attach a separate sheet if necessary.)	Investments (Less than 10% Evenership)
Agency:	Schedule A-2 Yes — schedule attached Investments (10% or Greater Ownership)
	Schedule B Yes – schedule attached
Position:	Real Property
	Schedule C Yes - schedule attached
2. Jurisdiction of Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
State	Schedule D
County of San Francisco City of 1.	Income – Gifts
A city of	Schedule E
☐ Multi-County	Income Gifts Travel Payments
Other	-or-
	☐ No reportable interests on any schedule
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date:/	5. Verification
Annual: The period covered is January 1, 2009,	,
through December 31, 2009.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
-or-	of my knowledge the information contained herein and in any
O The period covered is/, through December 31, 2009.	attached schedules is true and complete.
Leaving Office Date Left:/	I certify under penalty of perjury under the laws of the State
(Check one)	of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the	3/29/10
date of leaving office.	Date Signed 3 /2 9 / 10 (month, day, year)
O The period covered is/, through	In the Act
the date of leaving office.	Signature / Manuel RM

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

				-//	V. W
A	GALIFO	RNIA F	ORM		
	AIR POLITI	CAL PRAI	TICESIC	оимісьі	ON
1	lame			H H H H H H H H H H H H H H H H H H H	77
	Mari	ا د ٥	6 AT	Dill	4
1	UVU	aret	IV.	KW	4

I∴BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OF TRUST
City Living SF	Basswate Capital LIC
1737 Union Ct CF	Name 27 17 Greenwick St. SF
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Investment/Consulting Co
FAJR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000/	\$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Pertnership Other
YOUR BUSINESS POSITION JOURNAL OF THE PROPERTY	YOUR BUSINESS POSITION HUSband, Chairman
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PROTATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499	\$0 - \$499 \ \tag{\$10,001 - \$100,000}
S500 - \$1,000 OVER \$100,000	51,001 - \$10,000 OVER \$100,000
SSW (STATED NAME OF FACHSTEPONTARIAS SINGLE SOURCE OF THE STATE OF THE	LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
UNCOME OF \$10,000 OR MORE (quech a consider smooth in action)	INCOME OF STUDIE OR MORE lattachia supurate chare il necoscary
	Central Garden & Pet
 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OF TRUST 	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Enlity or Street Address or Assessor's Parcel Number of Reat Property
Description of Business Activity or	Constitution of Durings Asthern
City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$16,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Parlnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Yrs, remaining Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2
	FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM: / UU
TAIR POLITICAL PROFITOES CONTRISSION
Name

Margaret N. Ruxton

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
1370 Washington Street	
CITY	стү .
San Francis ed	
. FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000 / / 09 / / 09	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
	•
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs, remoining Other	Yrs, remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$1,001 - \$10,000 S1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
Trish Feeney Jordan Reese Timy Anna Bradley Jennifer Borreson Robin Ireland Mathe Anniahi Math O'thord Erin Crad	
Bridley Jewiffer Borreson, Robin Ireland	
Mathe Amiale Matt O'Hara Erin Grade	1
Enren La Torre	
* You are not required to report loans from commercial	lending institutions made in the lender's regular course
	olic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	f business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER"
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	•
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
	•
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
w	
%	% [] None
HIGHEST BALANCE DURING REPORTING PERIOD	
	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S500 - \$1,000 S1,000 S10,000 OVER \$10,000	
	\$500 - \$1,000\$1,001 - \$10,000

FPPC Form 700 (2009/2010) Sch. B FPPC Toil-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

Comments:

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

FAIR POLITICAL PRACTICES COMMISSION Name	CALIF	ORNIA FO	RW 7	MA.	
Name .	FAIR POL	ITICAL PRACTI	CES COMMIS	SIÓN	
	Name				

▶ ILINCOME RECEIVED	> 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Autonet Mobile Inc.	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 1700 Mont somey St. SF	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE () A 11	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance YOUR BUSINESS POSITION Neal Ruxton husband, CFO	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED \$1,001 - \$10,000	GROSS INCOME RECEIVED \$500 - \$1,000
(X \$10,001 - \$100,000 ☐ OVER \$100,000	\$1,001 - \$10,000 \$1,000 S10,000 S10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, car, boal, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
22 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	1 (DD
* You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
BUSINESS ACTIVITY, IF ANY, OF LENDER .	SECURITY FOR LOAN None Personal residence .
LIGUEST DAY ANCE DUDING DEPOSITING DEPOSIT	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	
\$1,001 - \$10,000 ·	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

FPPC Form 700 (2009/2010) Sch. C FPPC Toil-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

San Francisco BOARD OF SUPERVISORS

Date Printed:

September 8, 2010

Date Established:

December 24, 1998

Active

ASSESSMENT APPEALS BOARD NO. 2

Contact and Address:

Dawn Duran Assessment Appeals Board City Hall, Room 405

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

Email: Dawn.Duran@sfgov.org

Authority:

Administrative Code Chapter 2B et seq.; Added by Ordinance 37-67, approved 1/31/67; 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. 2 consists of eight members, five regular members, and three alternate members all of whom are appointed by the Board of Supervisors.

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 Appraiser; or he or she is a current member of an assessment appeals board.

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing

"R Board Description" (Screen Print)

San Francisco BOARD OF SUPERVISORS

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. 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. Assessment Appeals Board No. 2 shall have jurisdiction to only hear applications for reduction for property on the secured or unsecured rolls assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Blocks 1-876, inclusive, or Assessor's Blocks 3701-3899 inclusive. Except not including residential real property on the secured roll consisting of four units or less that is located all or in part within those blocks.

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

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

Sunset Clause: None

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