

File No. 100907

Committee Item No. 6
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 21, 2010

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

- | | | |
|-------------------------------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong

Date October 18, 2010

Completed by: _____

Date _____

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

1 [Confirming the Appointments of Harry Kim, Steven Jin Lee, Allen Okamoto, and Natividad M.
2 Ramirez to the San Francisco Relocation Appeals Board]

3 **Motion confirming the appointments of Harry Kim, Steven Jin Lee, Allen Okamoto, and**
4 **Natividad M. Ramirez to the San Francisco Relocation Appeals Board, terms ending**
5 **January 2, 2012.**

6
7 MOVED, That the Board of Supervisors of the City and County of San Francisco does
8 hereby confirm the appointments by the Mayor of the following designated persons as
9 members of the San Francisco Relocation Appeals Board pursuant to Administrative Code
10 §§24.7,24B.1(b) for the terms specified:

11 Harry Kim reappointed to the same seat for the unexpired portion of a three-year term
12 ending January 2, 2012.

13 Steven Jin Lee reappointed to the same seat for the unexpired portion of a three-year
14 term ending January 2, 2012.

15 Allen Okamoto to fill the seat previously held by Carlos Borromeo for the unexpired
16 portion of a three-year term ending January 2, 2012.

17 Natividad Ramirez to fill the seat previously held by Albert Seto for the unexpired
18 portion of a three-year term ending January 2, 2012.



Notice of Appointment

September 2, 2010

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 SEP - 2 PM 12:54
BY

Honorable Board of Supervisors:

Pursuant to Administrative Code §§24.7, 24B.1(b), I hereby nominate Harry Kim, Steven Jin Lee, Allen Okamoto, and Natividad M. Ramirez to the San Francisco Relocation Appeals Board.

Harry Kim is nominated for reappointment to the same seat for the unexpired portion of a three-year term ending January 2, 2012.

Steven Jin Lee is nominated for reappointment same seat for the unexpired portion of a three-year term ending January 2, 2012.

Allen Okamoto is nominated to fill the seat previously held by Carlos Borromeo for the unexpired portion of a three-year term ending January 2, 2012.

Natividad Ramirez is nominated to fill the seat previously held by Albert Seto for the unexpired portion of a three-year term ending January 2, 2012.

I am confident that these appointments will serve our community well. Attached are their qualifications to serve, which demonstrate how the appointments represent the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

I encourage your support and am pleased to advise you of this appointment.

A handwritten signature in black ink, appearing to be "Gavin Newsom", written over a horizontal line.

Gavin Newsom
Mayor

OFFICE OF THE MAYOR
SAN FRANCISCO



GAVIN NEWSOM

September 2, 2010

Angela Calvillo
Clerk of the Board
San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 SEP -2 PM 12:54
BY PC

Dear Ms. Calvillo:

Pursuant to Administrative Code §§24.7, 24B.1(b), I hereby nominate Harry Kim, Steven Jin Lee, Allen Okamoto, and Natividad M. Ramirez to the San Francisco Relocation Appeals Board.

Harry Kim is nominated for reappointment to the same seat for the unexpired portion of a three-year term ending January 2, 2012.

Steven Jin Lee is nominated for reappointment same seat for the unexpired portion of a three-year term ending January 2, 2012.

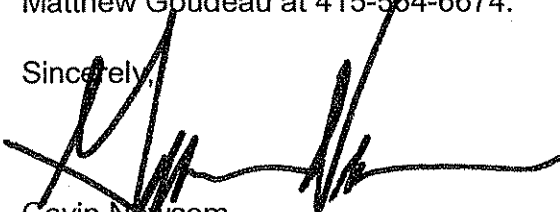
Allen Okamoto is nominated to fill the seat previously held by Carlos Borromeo for the unexpired portion of a three-year term ending January 2, 2012.

Natividad Ramirez is nominated to fill the seat previously held by Albert Seto for the unexpired portion of a three-year term ending January 2, 2012.

Please see the attached resumes which will illustrate the appointees' qualifications allow them to represent the communities of interest, neighborhoods and diverse populations of the City and County.

Should you have any questions, please contact my Director of Appointments, Matthew Goudeau at 415-554-6674.

Sincerely,


Gavin Newsom
Mayor

Harry W. Kim — Corona Street, San Francisco. CA 94127
Tele: 415- — Mobile: 415- — E-Mail — @yshoo.com // — 1@usa.com

COMMUNITY SERVICE

Commissioner, San Francisco Relocation Appeals Board
Chairman, San Francisco-Seoul Sister City Committee
Director, Golden Gate Bridge, Highway & Transportation District (1988-1992)
San Francisco Mayoral Transition Team (Mayor Newsom 2004)
Board of Governors, Fisherman's Wharf Association (1979-2004)
Mayor's Commissioner Selecting Committee (1987)/ Coordinator,
Mayor's Economic Mission to Asia (1989 & 1992)
Director, SF Convention and Visitors Bureau (2term) /// 1988 Seoul Olympic SF Representative

PROFESSIONAL EXPERIENCE AND ASSOCIATIONS

CEO, U.S.-Korea Trade Associates (1990-2009)
Owner & President, Golden Sea Fisheries Co., Pier 45 San Francisco (1978-1993)
Mechanical Service Advisor & Supervisor, Saltnes Volkswagen San Francisco (1971-1978)
Publisher, San Francisco Book for Korean Visitors (1990 & 1992)
Lecturer, Pohang University, Korea (in Local Government System, Globalism & Transportation)
Owner, Golden Gate Café at Cathedral Hill Hotel (1995-2001)
Former Advisor to Bechtel Engineering for ROK High Speed Rail Transit Management Training
Advisor to Korean American Chamber of Commerce
Member, Golden Gate Breakfast Club, Commonwealth Club, Ingleside Homeowners Association
Former Member, San Francisco Fisherman's Wharf Rotary Club
Grand Marshal, San Francisco U.S. Veterans Day Parade 2003
Co-Chair, Korean American Friendship Society (1991-1998 with President of USF)
Former member - International Bridge, Tunnel, Turnpike and Transportation Association
U.S. Navy league Life Member & Former Board of Director and Member of Marine Corps League
Managing Director, Hotel Shilla SF 1994 till year 2000
Military Service: Served 7 Years ROK Navy Communication and Security

EDUCATION

Bailey Technical College, St. Louis MO (Mechanical Engineering)
Hanyang University, Korea (Architectural Studies),- Washington U

LANGUAGES

Fluent in English, Korean, and some Japanese; read & write Chinese

SPECIAL CREDENTIALS/ACHIEVEMENTS

Numerous awards for Community Service
Extensive background and experience in Government & Public Relations
Expertise in the areas of Emergency & Disaster Preparedness and Transportation
Extensive background in business development and strategy consulting
Consulted with major law firms, businesses, and trade associations
Recognized internationally as a business leader, facilitator and educator
Professionally oriented mechanical skills
Excellent organizational, time management and leadership skills
Able to make intelligent and quick business decisions and deal effectively with individuals at all levels

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
KIM	HARRY	WON	(415) -
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
CORONA ST.	SF	CA	94127
ZIP CODE			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Division, Board, District, if applicable:

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- ☐ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

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

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

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

☐ Candidate 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 ☐ Yes - schedule attached
Real Property

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 SEP 9, 2010
(month, day, year)

Signature Harry W. Y. Kim
(File the originally signed statement with your filing official.)

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 SEP -9 PM 2:39

STEVEN JIN LEE

— Green Street

San Francisco, CA 94133

Phone Number: H 415 —

Cellular Phone #: 415 —

May 20, 2010

EDUCATION:

1. Master of Business Administration from Golden Gate University, 1975.
2. BS in Civil Engineering from San Jose State University, 1964.
3. Army Basic and Advance Training School, 1960-1962.

EXPERIENCE: (Retired)

1. Facility construction engineer for the Federal Government for 7 years.
2. Highway engineer for the State of California for 11 years.
3. Field Engineer for the Construction of the San Mateo-Hayward Bridge.
4. Investment consultant in Real Estate and Stocks for 17 years, part-time.
5. Property Manager

LICENSES:

1. Professional Engineer, Civil.
2. Stock Broker.
3. Real Estate Broker.
4. Insurance Broker.
5. General Contractor.

CIVIC ACTIVITIES:

1. Residential Users Appeals Board Member, Public Utilities Commission.
2. Relocation Appeals Board Commissioner
3. Advisor for the Central Police Station

COMMUNITY ACTIVITIES:

1. Vice President of The Li Family World Association
2. Chairman of the Lee Federal Credit Union Loan Committee.
3. Elder of the Lee Family National Association.
4. Board Director of the Veteran American Legion, Post No. 384

AUTHOR: A Booklet on "Questions and Answers for Naturalization."**LANGUAGES:**

1. English
2. Chinese-Dialects: a. Cantonese b. Mandarin c. Taishanese

PERSONAL:

1. Age - 72
2. Married, live with wife, Kammie Lee
3. Have two daughters and one son
 - a. Audrey Lee, Dr. of Pharmacy
 - b. Byron Lee, Dr. of Medicine
 - c. Sonya Lee, Register Nurse



STATEMENT OF ECONOMIC INTERESTS

Date Received
Check box only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	NAME (FIRST)	NAME (MIDDLE)	DAYTIME TELEPHONE NUMBER
LEE	STEVEN	JIN	(415) _____
MAILING ADDRESS (Business Address Acceptable)		CITY	STATE ZIP CODE
GREEN ST. SAN FRANCISCO		CA	94133
OPTIONAL: E-MAIL ADDRESS			@aol.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Relocation Appeals Board

Division, Board, District, if applicable:

Your Position:

Commissioner

If filing for multiple positions, list additional agency(ies)/position(s). (Attach a separate sheet if necessary.)

Agency:

Position:

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

☐ State☒ County of San Francisco☒ City of SF☐ Multi-County☐ Other

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

☐ Assuming Office/Initial

Date: _____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is _____ through December 31, 2009.☐ Leaving Office Date Left: _____☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is _____ through the date of leaving office.☐ Candidate 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 ☒ Yes - schedule attached
Real PropertySchedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)Schedule D ☐ Yes - schedule attached
Income - GiftsSchedule 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 9/5/2010
(month, day, year)Signature
(File the original 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 _____ _____ _____

NAME OF BUSINESS ENTITY <u>Bank of America</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Finance</u> FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income of \$0 - \$500 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED	NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income of \$0 - \$500 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income of \$0 - \$500 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED	NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income of \$0 - \$500 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income of \$0 - \$500 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED	NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income of \$0 - \$500 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ / _____ / 09 _____ / _____ / 09 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► STREET ADDRESS OR PRECISE LOCATION
535 JONES ST.
 CITY
San Francisco

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/09 DISPOSED 1/09

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.

► STREET ADDRESS OR PRECISE LOCATION
2966 Mission St.
 CITY
San Francisco

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/09 DISPOSED 1/09

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

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

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

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

NAME OF LENDER* ⊖

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% ☐ None

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

NAME OF LENDER* ⊖

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% ☐ None

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

Comments: _____



Allen M. Okamoto

Born in Boulder Colorado and raised in the San Francisco Bay Area Allen earned a BA from San Francisco State University in 1965. He obtained his real estate and general insurance broker's licenses in 1965 to become the youngest broker to have earned those licenses at the time. There was never a doubt in his mind about what career path he would pursue.

Allen M. Okamoto is Owner-Broker of T. Okamoto & Co., the oldest and largest Japanese American real estate and insurance agency in the San Francisco Bay Area. Originally founded in 1946 by Allen's father, Takeo Okamoto, T. Okamoto & Co. has grown into the pre-eminent source of information on real estate and insurance needs for the Japanese American community. Although located in San Francisco's Japantown, the firm serves the Bay Area Counties of San Francisco, Marin, Alameda, and San Mateo. The office specializes in the sale and purchase of homes, condominiums and income properties but is also involved in sales focusing on restaurants and other business opportunities. The office staff is bilingual (English & Japanese) and assists many buyers and sellers from Japan.

Allen is active in the community and his current civic responsibilities include: Chairman of the Asian Real Estate Association of America 2006 and 2007 and founding director; Co-Chairman of the San Francisco-Osaka Sister City Association; Vice President of the Nihonmachi Parking Corporation; President of Sakura Matsuri Inc.; Chairman of the 100th Anniversary of Japantown Committee; Co-Chairman of the 150th Anniversary of the Kanrin Maru; Board member of the California Association of Realtors, the National Association of Realtors, the

Japanese Cultural & Community Center of Northern California, the Chinese Real Estate Association of America and a member of the Board of Trustees of the San Francisco Japantown Foundation.

For eight years Allen served as President of the Board of Directors of the Japanese Cultural & Community Center (1996 to 2004); Chair of the Cherry Blossom Festival of Northern California for 9 years (various); President of the San Francisco Association of Realtors, 1990; Board of Trustees California Historical Society, 1995; and Board member of the Japanese American Citizens League 1988. As a member of the San Francisco Association of Realtors he was the chair of virtually every association committee and served as Vice President, President Elect and Chief Financial Officer and in 1990 he was elected as President. Allen was the first Asian president of the San Francisco Association of Realtors. With the California Association of Realtors he served as chair of the following committees Membership, Equal Opportunity Cultural Diversity, Consumer Protection, founding chair of the International Forum and vice chair of Housing Opportunities and served two separate terms on the Executive Committee. With the National Association of Realtors he was chair of the Fair Housing Forum, Chair of Equal Opportunity Cultural Diversity and a member of the President's Executive Committee for two years.

In 1991 Allen was named "Realtor of the Year" by the San Francisco Association of Realtors. He has also been honored by the PBS TV Station KQED as its' Local Hero in 2001 and was awarded the Silver Spur by the San Francisco Planning and Urban Research organization in 2000. In 2006 he was given the Profiles in Excellence Award by KGO TV. He received the President's Award from the California Association of Realtors and was named Director for Life in 2003. He has received a Certificate of Commendation from United States Senator Dianne Feinstein in 2000 and a Certificate of Honor from San Francisco Mayor Gavin Newsom in 2006. In 2007 Allen was the recipient of the Community Justice Award given by the San Francisco Japanese American Citizens League for outstanding community service. In 2006 he was named by the National Association of Realtors as one of the Top 25 Most Influential Realtors in America and was named "A Real Estate Giant" in the National Association of Realtors 100th Anniversary book published in 2007.

Allen and his wife, Patricia Okamoto, celebrated their 44th wedding anniversary this year. They have a son, Scott Okamoto, who is married and works in real estate law in San Francisco, and a daughter, Kara Okamoto, a graduate of the University of San Francisco is the third generation Okamoto to enter the real estate business.

Professional designations currently held:

Chartered Property and Casualty Underwriter CPCU

Graduate Realtor Institute GRI

Senior Residential Specialist SRES

Certified Real Estate Broker CRB

Lifetime Member Certified Residential Specialist CRS

SEP. 3.2010 1:55PM T. MOTO & CO

NO.251 P.2/7

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Okamoto	Allen	M	(415) : —	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
← Buchanan Street #202	San Francisco	CA	94115	OPTIONAL: E-MAIL ADDRESS @AOkamoto.co

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Relocation Appeals Board

Division, Board, District, if applicable:

Mayor's Office of Housing

Your Position:

member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State☒ County of San Francisco☒ City of San Francisco☐ Multi-County _____☐ Other _____

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

☒ Assuming Office/Initial Date: 9 / 2 / 10☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.☐ Leaving Office Date Left: ____/____/____ (Check one)☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 6

► 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 ☒ Yes - schedule attached
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Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)Schedule D ☐ Yes - schedule attached
Income - GiftsSchedule 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 September 2, 2010

(month, day, year)

Signature

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

FPPC Form 700 (2009/2010)

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

SEP. 3.2010 1:55PM T L MOTO & CO

NO.251 P.3/7

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 FARM POLITICAL PRACTICES COMMISSION
Name Allen M. Okamoto

<p>▶ NAME OF BUSINESS ENTITY Charles Schwab</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY stocks</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>1 / 1 / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY MFS</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY annuity</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>1 / 1 / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY VALIC</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY annuity</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>1 / 1 / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> / / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY Mass Mutual</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY annuity</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u>1 / 1 / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> / / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p>

Comments:

SEP. 3.2010 1:55PM T. MOTO & CO

NO. 251 P. 4/7

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

CALIFORNIA FORM 700	
FAR POLITICAL PRACTICES COMMISSION	
Name Allen M. Okamoto	

1. BUSINESS ENTITY OR TRUST	
Name T. Okamoto & Co	
Address (Business Address Acceptable) Allen M. Okamoto	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> ACQUIRED </div> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> DISPOSED </div> </div>
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
Real Estate and Insurance commissions

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
one bedroom condo	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 1737 Sutter Street unit A, SF CA	
Description of Business Activity or City or Other Precise Location of Real Property 1737 Sutter Street unit A, SF CA	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> ACQUIRED </div> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> DISPOSED </div> </div>
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other _____ Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments:

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> ACQUIRED </div> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> DISPOSED </div> </div>
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
2 unit commercial building	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property 1740 Buchanan Street, SF CA	
Description of Business Activity or City or Other Precise Location of Real Property 1740 Buchanan Street, SF CA	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> ACQUIRED </div> <div> <input type="checkbox"/> <u> </u> / <u> </u> / <u>09</u> DISPOSED </div> </div>
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other _____ Yrs. remaining _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SEP. 3.2010 1:55PM TOTO & CO

NO.251 P.5/7

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

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name Allen M. Okamoto	

<p>► STREET ADDRESS OR PRECISE LOCATION <u>Ortega Street</u></p> <p>CITY <u>San Francisco</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>IF APPLICABLE, LIST DATE: <u>8 / 1 / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p> <p>NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining Yrs. remaining</p> <p>IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>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.</p>	<p>► STREET ADDRESS OR PRECISE LOCATION <u>229 Willard N</u></p> <p>CITY <u>San Francisco</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000</p> <p>IF APPLICABLE, LIST DATE: <u>3 / 15 / 09</u> <u> / / 09</u> ACQUIRED DISPOSED</p> <p>NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining Yrs. remaining</p> <p>IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>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.</p>
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* 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:

<p>NAME OF LENDER*</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>INTEREST RATE TERM (Months/Years) _____ % <input type="checkbox"/> None</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable</p>	<p>NAME OF LENDER*</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>INTEREST RATE TERM (Months/Years) _____ % <input type="checkbox"/> None</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable</p>
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Comments:

SEP. 3.2010 1:55PM T C MOTO & CO

NO.251 P.6/7

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

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Allen M. Okamoto	

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
T. Okamoto & Co	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1832 Buchanan Street #202, San Francisco, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate & Insurance Agency	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Owner/Broker	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental income, Net each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe)	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, Net each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

SEP. 3.2010 1:55PM T C IOTO & CO

NO.251 P.7/7

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

CALIFORNIA FORM	700
FPPC POLITICAL PRACTICES COMMISSION	
Name	
Allen M. Okamoto	

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>National Association of Realtors</u> ADDRESS (Business Address Acceptable) <u>500 New Jersey</u> CITY AND STATE <u>Washington DC</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Board of Director's meetings</u> DATE(S): <u>5 / 9 / 10</u> - <u>5 / 13 / 10</u> AMT: \$ <u>2,500</u> (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income DESCRIPTION: <u>Reimbursement of travel expenses</u></p>	<p>▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>

Comments: _____

Natividad "Nati" Ramirez

My name is Nati Ramirez and I was born and raised in San Francisco. My parents, Don Ramon and Guadalupe Ramirez, immigrated to the United States from Mexico in 1955 and settled in San Francisco with my sisters, Leo and Lucy, and my brother Jay, who died in 1994. In 1958 my parents opened a small Mexican Deli and Restaurant in the Mission and later moved to our current location on 11th Street in the South of Market Area, where Don Ramon's Restaurant proudly serves the food that my parents made famous and where my sisters and I carry on their legacy.

My parents instilled in me the value of dedication to family and community and the importance of having a good education. I received my Bachelor's Degree from Lone Mountain College/USF in 1978 majoring in Spanish, Psychology and Sociology. At that time, my dream was to teach Spanish and to help others realize their dreams. While I did not become a teacher, I choose another form of public service and have been working for the City and County of San Francisco since 1985.

I started in the District Attorney's Office in the Family Support Division helping the less fortunate. I was responsible for determining the client's eligibility, assisting battered women in relocating, enforcing child support obligations and educating the public on Child Support Law.

Then In 1990 I transferred to the D.A.'s Consumer and Environmental Unit and became an Assistant Investigator. I was able to use my bilingual skills where I served as a community liaison, advising and educating consumers on deceptive and fraudulent practices through public service announcements, community meetings and bulletins. I also worked as a consumer complaint mediator, resolving problems between residents and business people. Complaints involved problems with towing companies, travel agencies, insurance companies, elder abuse, immigration fraud and landlord/tenant disputes. Many of these complaints required extensive research and investigation and involved criminal activity.

After five years I was transferred to the Special Investigation Unit in the Welfare Fraud Division where I used my bilingual and investigative skills to determine welfare fraud abuses, working with other law enforcement agencies to prepare cases for trial. Since 1998 I have supervised the SFDA's Subpoena Unit, managing four employees who process and serve over one hundred thousand subpoenas to sworn peace officers and civilian witnesses.

Besides my professional career I have been involved in many other roles and projects to continue the commitment to community service instilled in me by

my parents. I was appointed as a member of the Superior Court Task Force charged with educating the public on the trial process and spent two years as a member of the Immigration Rights Commission, assisting newcomers with finding the appropriate government contacts for their specific problems. I volunteered with the Special Olympics of Northern California to encourage more dignitaries to participate in events; I served for several years on the Parents Board at St. Brigid's school, and have been associated with various Hispanic organizations. I would very much like to offer my energy, enthusiasm, and my expertise in helping the public as a member of the Relocation Appeals Board.

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
RAMIREZ	NATIVIDAD	M	(415) _____
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
- KISSLING ST		CA	94103
OPTIONAL: E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

RELOCATION / APPEALS BOARD

Division, Board, District, if applicable: COMMISSIONER

Your Position:

COMMISSIONER (CCSF)

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☒ County of SAN FRANCISCO

☒ City of SAN FRANCISCO

☐ Multi-County _____

☐ Other _____

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

☒ Assuming Office/Initial Date: 10/2/2010

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

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

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

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

☐ Candidate 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 ☒ Yes - schedule attached
Real Property

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

September 9, 2010
(month, day, year)

Signature

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

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 SEP 13 PM 3:24

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name RAMIREZ, X

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 ____/____/09 ____/____/09
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property _____

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 ____/____/09 ____/____/09
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

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

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

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 ____/____/09 ____/____/09
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property _____

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 ____/____/09 ____/____/09
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

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

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>RAMIREZ, N</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>CCSF DA's Office</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>850 Bryant ST</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Chief Assistant Investigator</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>" "</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: September 2, 2010

Date Established: November 14, 1972

Active

RELOCATION APPEALS BOARD

Contact and Address:

Eugene Flannery
Relocation Appeals Board, c/o MOCD
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103

Phone: (415) 701-5558

Fax: (415) 701-5502

Email: Eugene.Flannery@sfgov.org

Authority:

Added by Ordinance 333-72; amended by Ordinance 25-00. Health & Safety Code Section 33417.5; Administrative Code Section 24.7 & 24B.

Board Qualifications:

The Relocation Appeals Board consists of five members appointed by the Mayor and approved by the Board of Supervisors.

The Board's responsibilities include hearing all complaints brought by residents of the various project areas relating to relocation and shall determine if the Redevelopment Agency has complied with the provisions of Chapter 4 of the California Health and Safety Code, and, where applicable, federal regulations. The Board after a public hearing, shall transmit its findings and recommendations to the Agency. In addition, study, investigate and hold hearings on grievances and disputes arising between displacing agency or any agency responsible for providing relocation services, and a relocate who is dissatisfied with the relocation services; require agencies to investigate grievances upon request of the Board and submit reports of investigations to the Board; mediate disputes between displacing agency or agency responsible for providing relocation services and aggrieved party when requested to do so by aggrieved party; and issue rules and regulations for the conduct of its own affairs.

Sunset Date: None

Reports: None referenced.

