

File No. 100907

Committee Item No. 6
Board Item No. 36

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 21, 2010

Board of Supervisors Meeting

Date 11/2/2010

Cmte Board

<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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: L.W.

Date 10/27/10

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

FILE NO. 100907

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

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

5
6 MOVED, That the Board of Supervisors of the City and County of San Francisco does
7 hereby confirm the appointments by the Mayor of the following designated persons as
8 members of the San Francisco Relocation Appeals Board pursuant to Administrative Code
9 §§24.7,24B.1(b) for the terms specified:

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

12 Natividad Ramirez to fill the seat previously held by Albert Seto for the unexpired
13 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 RL

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

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.

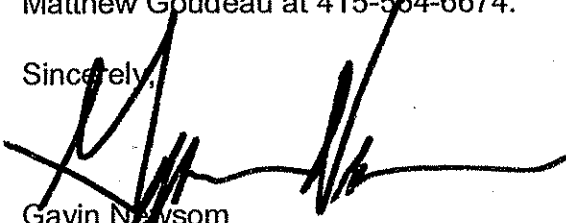
Allen Okamoto is nominated to fill the seat previously held by Carlos Borromeo for the unexpired portion of a three-year term ending January 2, 2012.

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

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

CALIFORNIA FORM 700
 FPPC FORM 700 (2009/2010)

STATEMENT OF ECONOMIC INTERESTS

 Date Received
 Check Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	FIRST	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 (Check one)

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 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 9/5/2010

(month, day, year)

Signature

[Signature]

(Print 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 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 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*

0

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*

0

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: _____

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	SF	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 (CSF)

► 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 <u>RAMIREZ, X/</u>

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: _____/_____/09 ____/_____/09 ACQUIRED DISPOSED
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 TO 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 type="checkbox"/> 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 <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: _____/_____/09 ____/_____/09 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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: _____/_____/09 ____/_____/09 ACQUIRED DISPOSED
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 TO 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 type="checkbox"/> 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 <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: _____/_____/09 ____/_____/09 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> 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 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* _____ ADDRESS (Business Address Acceptable) _____ 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	INTEREST RATE _____% <input type="checkbox"/> None 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)
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Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

RAMIREZ, M

STREET ADDRESS OR PRECISE LOCATION
KISSLING SF

CITY
SF, CA

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

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

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
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.
MICKIE GAMEZ

STREET ADDRESS OR PRECISE LOCATION

CITY

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

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

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
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:

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.

"R Board Description" (Screen Print)

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