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



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

Revised February 25, 2019

Complete and return this original Application to the Assessment Appeals Board
Application for Appointment to:  (Please circle one)  Board 1  Board 2  Board 3  Or  Board 1 Alternate  Board 2 Alternate  Board 3  Or  Board 3 Alternate
Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.
Do you authorize release of your private/personal information?
Name: Shawn Ridsell Home Address:
Name: Shawn Ridsell Home Address:  City: San Francisco State: CA Zip code: 94117
Business Address 212 F Brandward City: Oak lan 2 State: Ut Zip Code: 7961-
Work Phone: (30) 986-130- Fax#: (50) 986-1301
Pager #: E-Mail Address:
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? 🗗 Yes 🗌 No
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes 4 No  (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)
Pursuant to Ordinance No. 393-98 the following qualifications are required:
A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.
Please state your qualifications I have over 20 years experience as an arthropy and & Jeurs on the assessment appeals Boure
Please state your business and/or professional experience: Over 20 - lears experience as attorney, and & feurs on the assayment appears by
Occupation: Afformal Education: USF SChastof De Court
Civic Activities: USF A (Jmn: Board (Past)
Ethnicity (optional): Sex (optional): F
Other Personal Information (optional)
Would you be able to attend Day Meetings?
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.
Date: 9/2/2322 Applicant's Signature: Applicant's Signature:
For Office Use Only: Appointed to Board #: Seat #: Term Expires:

Please type or print in ink.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
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IAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Ridgell, Shawn			
l. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City and County of San Francisco			
Division, Board, Department, District, if applicable	Your Position		
Assessment Appeals Board	Member		
▶ If filing for multiple positions, list below or on an attachment. (Do not u			
Agency:			
2. Jurisdiction of Office (Check at least one box)	Judge, Retired Judge, Pro Tem Judge, or 0	Court Commissioner	
State	(Statewide Jurisdiction)		
Multi-County			
X City ofSan Francisco	Other		
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2021 through December 31, 2021.	Leaving Office: Date Left/(Check one cir		
The period covered is/, through December 31, 2021.	<ul> <li>The period covered is January 1, 202 leaving office.</li> </ul>	1 through the date of	
Assuming Office: Date assumed	<ul> <li>The period covered is/</li> <li>of leaving office.</li> </ul>	through the date	
Candidate:Date of Election and office sought, i	f different than Part 1;		
4. Schedule Summary (must complete) ► Total number	of pages including this cover page:	·	
Schedules attached			
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Posi	tions - schedule attached	
☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income – Gifts – schedule attached			
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Paymen	ts - schedule attached	
-or-			
■ None - No reportable interests on any schedule		5	
5. Verification  MAILING ADDRESS STREET CITY	STATE	ZIP CODE	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	•		
	land CA	94612	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
( )		the information contained	
I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowled	ge this is a public document.	Full IIIIOIIIIalion Contained	
I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.		
Date Signed 03/24/2022	Signature Shawn Ridgell		
(month, day, year)	(File the originally signed paper statement w	ith your filing official.)	

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



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

Revised July 2019

Complete and return thi	s original Application to th	C 733636	ment Appeals Board
Application for Appointment to:	Board 1	or	Board 1 Alternate
Please circle one)	Board 2	or	Board 2 Alternate Board 3 Alternate
	Board 3	OF	
inter your name, mailing address and daytime vailable for public review, you may list your buddress or other personal contact information.	telephone number in the space isiness/office address, telephon	s provided e number	and e-mail address in lieu of your home
Do you authorize release of your private/p	ersonal information?	yes [	no (2 t)
lame: JAMES REYWOLDS	Home Address:		
Dity: SIGN FRANCISCO	State:	19	Zip code:
Business Address:	O 30 -11 'City: 11'		State: Zip Code Tire
	Work Phone: 415 -35	9-966	O Fax #:
Pager #:	E-Mail Address:		
Are you a United States citizen, or a reside	ent alien who is eligible for a	nd has ap	plied for citizenship? 🔀 Yes 🗌 No
lave you ever been convicted of a felony			
ne a felony? Yes WNo			
(If yes, please attach a statement the date of the conviction(s), and	the court(s) that convicted v	wnich yo ou.)	u nave been convicted,
		,	
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# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
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Please type or print in ink.	202918573				
NAME OF FILER (LAST)	(FIRST) (MIDDLE)				
Reynolds, James					
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City and County of San Francisco					
Division, Board, Department, District, if applicable	Your Position				
Assessment Appeals Board	Member				
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:	Position:				
2. Jurisdiction of Office (Check at least one box)	De De Court Commissioner				
☐ State	Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction)				
Multi-County	X County of San Francisco				
City of	Other				
3. Type of Statement (Check at least one box)					
X Annual: The period covered is January 1, 2021 through December 31, 2021.	Leaving Office: Date Left/(Check one circle)				
The period covered is/, through December 31, 2021.	<ul> <li>The period covered is January 1, 2021 through the date of leaving office.</li> </ul>				
Assuming Office: Date assumed	The period covered is, through the date of leaving office.				
Candidate:Date of Election and office sought, if	different than Part 1:				
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Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached				
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached				
-or-					
☐ None - No reportable interests on any schedule					
5. Verification					
MAILING ADDRESS STREET CITY	STATE ZIP CODE				
(Business or Agency Address Recommended - Public Document)	Francisco CA 94118				
DAYTIME TELEPHONE NUMBER	Francisco CA 94118  E-MAIL ADDRESS				
( )	100/14/2017				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed 03/21/2022 (month, day, year)	Signature James Reynolds  (File the originally signed paper statement with your filing official.)				