

File No. 110267

Committee Item No. 5

Board Item No. 4

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Date March 17, 2011

Board of Supervisors Meeting Date March 29, 2011

Cmte Board

<input 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"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input checked="" type="checkbox"/>	<input checked="" 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"/>	Form 700
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<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: Alisa Somera Date March 14, 2011

Completed by: Alisa Somera Date March 21, 2011

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

1 [Appointment, Assessment Appeals Board No. 1 - Mark Watts]

2
3 **Motion appointing Mark Watts, term ending September 3, 2012, to Assessment Appeals**
4 **Board No. 1.**

5
6 **MOVED,** That the Board of Supervisors of the City and County of San Francisco does
7 hereby appoint the hereinafter designated person to serve as a member of Assessment
8 Appeals Board No. 1, pursuant to the provisions of the Revenue and Taxation Code, Section
9 1623, and the San Francisco Administrative Code, Sections 2B.1 through 2B.11, for the terms
10 specified:

11 Mark Watts, seat 6, succeeding Hayes Miles, must meet the eligibility criteria set forth
12 in Section 1624.05 of the California Revenue and Taxation Code. Must have a minimum of
13 five years professional experience in the State of California as one of the following: Certified
14 Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate Broker; Attorney; or
15 a Property Appraiser accredited by a nationally recognized professional organization, or
16 Property Appraiser certified by the Office of Real Estate Appraisers; or he or she is a current
17 member of an assessment appeals board, for the unexpired portion of a three-year term
18 ending September 3, 2012. **ALTERNATE/HEARING OFFICER**

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



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

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to:
(Please circle one)

Board 1 or
Board 2 or

Board 1 alternate
Board 2 alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information? x yes ☐ no

Name: Mark Watts Home Address: Linares Avenue

City: San Francisco State: CA Zip code: 94116

Business Address: 595 Market Street Ste. 2230 City: San Francisco State: CA Zip Code: 94105

Home Phone 415-990- Work Phone: 415-777-2666 x 107 Fax #: 415-665-4671

Pager #: E-Mail Address: mwatts@

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? x ☐ 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 x ☐ 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: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to Incumbent board members nominated for appointment to their same seats.

Please state your qualifications: I am a licensed commercial real estate appraiser with more than 20 years experience. I have also purchased many residential and commercial properties over the years. See attached qualifications.

Please state your business and/or professional experience: Commercial Real Estate Appraiser

Occupation: Real Estate Appraiser Education: BA - UC Davis

Civic Activities: Stonestown YMCA Board Member

Ethnicity (optional): Caucasian Sex (optional): x ☐ M ☐ F

Other Personal Information (optional):

Would you be able to attend Day Meetings? x ☐ Yes ☐ No Night meetings? x ☐ Yes ☐ No

How many days a week would you be available for hearings? 5

Have you attended an Assessment Appeals Board meeting? x ☐ Yes ☐ No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: Applicant's Signature: [Signature]

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

QUALIFICATIONS OF MARK A. WATTS

Mark A. Watts is a Partner with Carnegie-Blum & Partners, Inc.

Following is a brief summary of his background and experience:

EXPERIENCE

Commercial Real Estate Appraisal Experience

Mr. Watts joined Carnegie-Blum & Partners, Inc. in 1987, and has over 20 years experience in the analysis of commercial real estate. He has completed valuation assignments on a variety of projects, including industrial facilities, residential subdivisions, apartments, shopping centers, cemeteries and recreational facilities. He has also performed feasibility studies and assisted owners in making asset management decisions.

Mr. Watts has provided litigation support and served as an expert witness in court. He has also served in arbitrations as an expert witness. He has been qualified as an expert in San Francisco and San Mateo County Superior Courts.

Commercial Real Estate Investment Experience

Simultaneous to his work as a commercial appraiser, Mr. Watts has been an active real estate investor/developer. He is experienced in the acquisition, redevelopment and management of commercial properties. He has witnessed and experienced many real estate cycles and stays abreast of current trends. His personal experience as an investor makes him uniquely qualified to appraise commercial real estate.

Over the last 20 years he has completed more than 30 investment real estate transactions, an average of 1.5 transactions per year. He has negotiated with buyers and sellers directly as a principal. He has completed nearly a dozen 1031 exchanges. Beginning with a small initial capital investment, he has built a large real estate portfolio. Based on his ownership experience, Mr. Watts is keenly aware that the success or failure of an acquisition is closely related to its location. Likewise, he is sensitive to locational differences in the appraisal of real estate.

Mr. Watts has broad experience with the construction, maintenance and repair of real estate. He has demolished and re-built two structures from the ground up. He has completed fire damage repairs and remediated toxic mold. He has remodeled kitchens and baths. He has replaced foundations on structures, made additions, and made other improvements. As the quality and condition of real estate has a strong correlation with its value, his experience enables superior judgement of these attributes in his work as a commercial real estate appraiser.

Health Club Experience

Mr. Watts has served on the Board of Managers of the Stonestown Family YMCA since 2002. This is an approximately 30,000 square foot health club facility. He is active on the Facilities Committee. He served as the Board Chair in 2008. He is a member of the Olympic Club in San Francisco.

EDUCATION

Bachelor of Arts, University of California, Davis

PROFESSIONAL AFFILIATION

MAI Candidate - Appraisal Institute

State of California Certified General Real Estate Appraiser No. AG015362

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

Please type or print in ink:

NAME (LAST) WATTS	(FIRST) MARK	(MIDDLE) A	DAYTIME TELEPHONE NUMBER (415) 990-0025
MAILING ADDRESS (Business Address Acceptable) 595 MARKET STREET	STREET STE 2230	CITY 94105	STATE 94105
ZIP CODE 94105		OPTIONAL: E-MAIL ADDRESS MWatts@CBPAPPRAISAL.COM	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

ASSESSMENT APPEALS BOARD

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 **SAN FRANCISCO**

☐ 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: **2010**

4. Schedule Summary

► Total number of pages including this cover page: **1**

► 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

8/12/10

(month, day, year)

Signature

Mark Watts

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

Business, Transportation & Housing Agency

OFFICE OF REAL ESTATE APPRAISERS

REAL ESTATE APPRAISER LICENSE



OREA APPRAISER IDENTIFICATION NUMBER

AG015362

MARK A. WATTS

has successfully met the requirements for a license as a general real estate appraiser in the State of California and is, therefore, entitled to use the title "Certified General Real Estate Appraiser".

This license has been issued in accordance with the provisions of the Real Estate Appraisers' Licensing and Certification Law.

OFFICE OF REAL ESTATE APPRAISERS

Bob Clark

Date Issued: August 16, 2009

Date Expires: August 15, 2011

Audit No. 119415

Assessment Appeals Board

City and County of San Francisco
(415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to:
(Please circle one)

Board 1
Board 2

or
or

Board 1 alternate
Board 2 alternate

RECEIVED

DEC 21 2010

Name: EDUARDO CAMPANA Home Address: - HOFFMAN AVE
City: SAN FRANCISCO State: CA Zip code: 94114
Business Address: 1801 COMBARD City: SAN FRANCISCO State: CA Zip code: 94123
Home Phone: (415) 648- Work Phone: (415) 447-8704 Fax #: (415) 447-8834
Pager #: N/A E-Mail Address: CO@.COM

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?
☒ Yes ☐ No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? ☐ Yes ☒ No
(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to California Revenue and Taxation Code Section 1624, 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: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: 20^{YES} OF RESIDENTIAL & COMMERCIAL REAL ESTATE
EXPERIENCE IN SAN FRANCISCO, BROKER, ADVANCED DEGREE IN REAL ESTATE
EVALUATION FROM U.S. BUREAU

Please state your business and/or professional experience: MEMBER OF SF BOARD OF REALTORS
BERKELEY, ASSESSED PROPERTY VALUE OF OVER A THOUSAN SF PROPERTIES

Occupation: REAL ESTATE BROKER Education: BA, MSW, DSW

Civic Activities: ACTIVE IN LATIN COMMUNITY, POLICE COMMISSIONER UNDER ABUS & JORDAN

Ethnicity (optional): MEXICAN Sex (optional): ☒ M ☐ F

Other Personal Information (optional) I'M BRIGHT, PERSONABLE, SKILLED NEGOTIATOR, HARD WORKING

Would you be able to attend Day Meetings? ☒ Yes ☐ No Night meetings? ☒ Yes ☐ No

How many days a week would you be available for hearings? DEPENDS ON MY WORK LOAD

Have you attended an Assessment Appeals Board meeting? ☐ Yes ☒ No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year

Date: 12-10-2010

Applicant's Signature: [Signature]

For Office Use Only: Appointed Board #:

Seat #:

Term Expires:

STATE OF CALIFORNIA

Department of Real Estate
Serving Californians Since 1917

Licensee

Edward James Campana

ID Number
00941738

Type
Broker

STATEMENT OF ECONOMIC INTERESTS

Date Received
FPPC Form 700 Only

COVER PAGE

Please type or print in ink.

NAME OF FILER

CAMPAÑA
(LAST)

EDWARD
(FIRST)

JAMES
(MIDDLE)

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

SAN FRANCISCO ASSESSMENT APPEALS BOARD

ALTERNATE

► If filling for multiple positions, list below or on an attachment.

Agency:

Position:

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

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

SAN FRANCISCO

☐ Other

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

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

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

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

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

☒ Candidate: Election Year 2011

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ 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)

1801 LOMBARD

SAN FRANCISCO

CA

94123

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) 447-8704

ed@lomapro.com

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

MARCH 10, 2011
(month, day, year)

Signature

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

NAME OF BUSINESS ENTITY <u>Rimm</u>
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>ELECTRONICS</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 Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u>3/10/10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY <u>SUP CAPITAL</u>
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>INVESTMENT BANKING</u>
FAIR MARKET VALUE <input checked="" 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u>3/10/10</u> <u> </u> / <u> </u> / <u>10</u> 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 Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> 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 Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> 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 Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> 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 Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED

Comments: _____

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 _____

► 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: _____/_____/10 ____/_____/10 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: _____/_____/10 ____/_____/10 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: I AM A REPRESENTATIVE BROKER FOR COLDWELL BANKER
BUT HAVE NO INVESTMENT IN COMPANY

► 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: _____/_____/10 ____/_____/10 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: _____/_____/10 ____/_____/10 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
--

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

STREET ADDRESS OR PRECISE LOCATION

4A HOFFMAN AVE

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:

 / 10 /
ACQUIRED

 / 10 /
DISPOSED

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.

ELIKA ETEMAD

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:

 / 10 /
ACQUIRED

 / 10 /
DISPOSED

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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

COWMAN BANKER

ADDRESS (Business Address Acceptable)

1801 COMBARD ST, SP

BUSINESS ACTIVITY, IF ANY, OF SOURCE

REAL ESTATE SALES

YOUR BUSINESS POSITION

REAL ESTATE BROKER

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
 (Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
 (Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

KASER PERMANENTE

ADDRESS (Business Address Acceptable)

2200 2238 GARY BLVD

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MEDICAL ASSISTANT

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
 (Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other MILITARY WORKS FOR KASER
 (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

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

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address

 City

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments: _____

Assessment Appeals Board
City and County of San Francisco
(415) 554-5184 Fax (415) 554-5163



City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 JUL 30 12:31

Complete and return this original Application to the Clerk of the Board of Supervisors

Application for Appointment to:
(Please circle one)

Board 1
Board 2

or
or

Board 1 alternate
Board 2 alternate

Name: COLIN V. GALLAGHER Home Address: BEAUNE ST #
City: SAN FRANCISCO State: CA Zip code: 94107
Business Address: 225 BUSH STREET #1600 City: SAN FRANCISCO State: CA Zip code: 94104
Home Phone: (415) 374- Work Phone: (415) 439-8365 Fax #: (415) 439-8371
Pager #: E-Mail Address: colin@easy.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?
☒ Yes ☐ No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? ☐ Yes ☒ No
(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to California Revenue and Taxation Code Section 1624, 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: certified public accountant or public accountant, licensed real estate broker, attorney, or property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: I HAVE OVER NINE YEARS OF EXPERIENCE
AS AN ATTORNEY COVERING ADMINISTRATIVE AGENCY HEARINGS

Please state your business and/or professional experience: SEE ATTACHED RESUME

Occupation: ATTORNEY Education: SEE ATTACHED RESUME

Civic Activities:

Ethnicity (optional): Sex (optional): ☒ M ☐ F

Other Personal Information (optional):

Would you be able to attend Day Meetings? ☒ Yes ☐ No Night meetings? ☒ Yes ☐ No

How many days a week would you be available for hearings?

Have you attended an Assessment Appeals Board meeting? ☒ Yes ☐ No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Please Note: Your application will be retained for one year.

Date: 7/30/10

Applicant's Signature: Colin V. Gallagher

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

Colin Gallagher
— Bluxome Street # —
San Francisco, CA 94107
(415) 314- — (cell)
Email: colin@ — com
Cal. State Bar Member # 209543

EDUCATION:

University of California, Hastings College of the Law. J.D. (received May, 2000).
Harvard University. B.A. *cum laude* in History and Literature.

PROFESSIONAL EXPERIENCE:

MANAGING ATTORNEY December 2007 to present
LOUIE & STETTLER
225 Bush Street, Ste 1600, San Francisco, CA 94104

ASSOCIATE ATTORNEY April 2004 to October, 2007
ADELSON TESTAN BRUNDO & POPALARDO
180 Montgomery Street, Ste 1000, San Francisco, CA 94104

ASSOCIATE ATTORNEY May 2003 to April 2004
STOCKWELL HARRIS WIDOM & WOOLVERTON LLP
222 Kearney Street, 9th Floor, San Francisco, CA 94108

ASSOCIATE ATTORNEY November 2002 to May 2003
GRANCELL LEBOVITZ STANDER BARNES & REUBENS LLP
7250 Redwood Blvd, Suite 370, Novato, CA 94945

ASSOCIATE ATTORNEY May 2002 to October 2002
PULLEY & COHEN LLP
1333 Broadway, Suite 1700, Oakland, CA 94612

STAFF COUNSEL July 2001 to May 2002
STATE COMPENSATION INSURANCE FUND
1275 Market Street, San Francisco, CA 94103

ASSOCIATE ATTORNEY January 2001 to July 2001
HARBINSON, TUNE, MANGOLD & KASSELIK
100 Bush Street, Suite 1200, San Francisco, CA 94104

PROFESSIONAL CERTIFICATIONS:

Certified Specialist in Workers Compensation – State Bar of California Board of Legal Specialization

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Received _____
 (Filer Use Only)

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Gallagher		Colin	V.

1. Office, Agency, or Court

Agency Name

Assessment Appeals Board, City & County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Board Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☒ City of San Francisco☐ Other _____**3. Type of Statement (Check at least one box)**☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

☒ **Assuming Office:** Date 03 / 17 / 11☐ **Leaving Office:** Date Left _____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ The period covered is _____ through the date of leaving office.☐ **Candidate:** Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2☐ **Schedule A-1 - Investments** - schedule attached☒ **Schedule C - Income, Loans, & Business Positions** - 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 Payments** - schedule attached

-or-

☐ **None** No reportable interests on any schedule**5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

175 Bluxome Street #217

San Francisco

CA

94107

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) 374-7667

colin@easy.com

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.

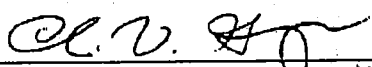
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

03/14/2011

(month, day, year)

Signature



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

FPPC Form 700 (2010/2011)

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
_____**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Brady Vorwerck Ryder & Caspino

ADDRESS (Business Address Acceptable)

1855 Gateway Blvd #650, Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

YOUR BUSINESS POSITION

Associate Attorney

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income☐ Loan repayment ☐ Partnership☐ Sale of _____
(Property, car, boat, etc.)☐ Commission or ☐ Rental Income, list each source of \$10,000 or more☐ Other _____
(Describe)**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Pacific Gas & Electric

ADDRESS (Business Address Acceptable)

One Market Plaza, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income☐ Loan repayment ☐ Partnership☐ Sale of _____
(Property, car, boat, etc.)☐ Commission or ☐ Rental Income, list each source of \$10,000 or more☐ 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*

Provident Credit Union

ADDRESS (Business Address Acceptable)

210 Redwood Shores Pkwy, Redwood Shores, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Credit Union

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

5.25 %☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None☐ Personal residence☒ Real Property175 Bluxome Street #217

Street address

San Francisco, CA 94107

City

☐ Guarantor☐ Other

(Describe)

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 8, 2011

Date Established: December 24, 1998

Active

ASSESSMENT APPEALS BOARD NO. 1

Contact and Address:

Dawn Duran
Assessment Appeals Board
City Hall, Room 405
San Francisco, CA 94102

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

Authority:

Administrative Code Chapter 2B et seq.; amended by Ordinance No. 393-98, Approved 12/24/1998; amended by Ordinance No. 273-99, Approved 10/27/99.

Board Qualifications:

The Assessment Appeals Board No. 1 consists of eight members, five regular members, and three alternate members all appointed by the Board of Supervisors. The regular members of Assessment Appeals Board No. 1 shall serve ex officio as the regular members of Assessment Appeals Board No. 3 concurrent with their service on Assessment Appeals Board No. 1.

No person may concurrently hold a seat on Assessment Appeals Board No. 1 and a seat on Assessment Appeals Board No. 2.

The Board members' term of office is three years, beginning on the first Monday in September. In the event of a vacancy, the newly appointed member shall serve for the remainder of the unexpired term.

The Board shall have the following qualifications as stated in the eligibility criteria set forth in Section 1624.05 of the California Revenue and Taxation Code as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant (CPA) or Public Accountant (PA); licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, or Property Appraiser certified by the Office of Real Estate Appraisers; or he or she is a current member of an assessment appeals board.

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing officers. The Clerk shall designate members to act as hearing officers for particular applications using a rotating system designed to assure that all members with the same priority level, as described in this subsection, have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing officers in the following priority order: (a) the alternate members of Assessment Appeals Board No. 2; (b) the alternate members of Assessment Appeals Board No. 1; (c) the regular members of Assessment Appeals Board No. 2; and (d) the regular members of Assessment Appeals Board No. 1. In their capacity as assessment hearing officers, the officers shall serve at the pleasure of and by contract with the Board of Supervisors.

It shall be the duty of each Assessment Appeals Board to equalize the valuation of the taxable property within the City and County for the purposes of taxation in the manner and subject to the limitations contained in Article XIII of the California State Constitution and Assessment Appeals Board 1 shall have jurisdiction to hear applications for reduction affecting any property on the secured or unsecured rolls without limitation.

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

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

Sunset Clause: None

"R Board Description" (Screen Print)

