# Assessment Appeals Board

City & County of San Francisco
1 Dr. Carlton B. Goodlett Pl., City Hall, Room # 405
San Francisco, California 94102
Phone: (415) 554-6778 / Fax: (415) 554-6775 / Email: aab@sfgov.org


## ASSESSMENT APPEALS BOARD MEMBER APPLICATION

***Complete and return this application to the Assessment Appeals Board***

Application for Appointment to: (Please check one)

- ☐ Board 1 or ☐ Board 1 Alternate
- ☑ Board 2 or ☐ Board 2 Alternate
- ☐ Board 3 or ☐ Board 3 Alternate

Full Name: Claire Ervin Lee

[redacted] Zip Code: 94044

Occupation: Commissioner

Work Phone: n/a Employer: SF Assessment Apeals Board

Business Address: 1 Dr. Carlton B. Goodlet Place, Room , San Francisco Zip Code: 94102

Business Email: n/a Home Emai[redacted]

Form 700 is required to accompany your application. Have you attached the Form 700? ☒ Yes ☐ No

***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 appointments to their same seats.*

Please state your qualifications (including occupation and education if applicable):

I am an attorney and have been licensed to practice law in California since 1987. I practiced law full-time until May 2018, when I retired from the State of California Department of Industrial Relations. Since then I have worked part-time as an attorney/workplace Investigator for the California Public Utilities Commission.

(Applications must be submitted to aab@sfgov.org or the mailing address listed above)

Please state relevant business and/or professional experience:

I currently serve on the San Francisco Assessment Appeals Board.

Please state civic activities:

After retiring from the State of California I volunteered for Equal Rights Advocates representing college students, some of who were also college employees in Title IX matters.

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

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

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

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 8/13/26. Applicant's Signature: Claire Erwin Lee

*(Manually sign or type your complete name).*
**NOTE: by typing your complete name, you are hereby consenting to use of electronic signature)**

**PLEASE NOTE**: This application will be retained for one year. Once completed, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

060600029-NFH-0029

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS
# COVER PAGE
## *A PUBLIC DOCUMENT*

Date Initial Filing Received
(Filing Officer Use Only)
E-Filed
02/12/2026
18:21:32
Filing ID:
215692822

*Please type or print in ink.*

**NAME OF FILER (LAST)** (FIRST) (MIDDLE)

Ervin Lee, Claire n/a

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City and County of San Francisco

Division, Board, Department, District, if applicable

Assessment Appeals Board

Your Position

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)*

☐ State

☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of San Francisco

☒ City of San Francisco

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

**-or-**

The period covered is 11 / 21 / 2024, through December 31, 2025.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
*(Check one circle below.)*

○ The period covered is January 1, 2025, through the date of leaving office.

**-or-**

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

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

## 4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 5

***Schedules attached***

☒ **Schedule A-1** - *Investments* – schedule attached

☐ **Schedule A-2** - *Investments* – schedule attached

☒ **Schedule B** - *Real Property* – schedule attached

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

☐ **Schedule D** - *Income – Gifts* – schedule attached

☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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

San Francisco

CA

94105

DAYTIME TELEPHONE NUMBER

( )

EMAIL ADDRESS

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** 02/12/2026 *(month, day, year)*

**Signature** Claire n/a Ervin Lee *(File the originally signed paper statement with your filing official.)*

060600029-NFH-0029

# SCHEDULE A-1
## Investments
## Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

*Investments must be itemized.*
*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ervin Lee, Claire n/a

► NAME OF BUSINESS ENTITY
ERASCA, Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Clinical-stage precision oncology company

FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000

NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED __/__/25 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000

NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
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IF APPLICABLE, LIST DATE:
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► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED __/__/25 DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED __/__/25 DISPOSED

**Comments:** _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ervin Lee, Claire n/a

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

280 Gellert

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:
__/__/25 ACQUIRED __/__/25 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.

☐ None

Name(s) redacted

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

722 21st Avenue

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:
__/__/25 ACQUIRED __/__/25 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.

☐ None

Name(s) redacted

* You are not required to report loans from a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

**Comments:**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ervin Lee, Claire n/a

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2355 44th Avenue

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:
__/__/25 ACQUIRED __/__/25 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.

☐ None

Name(s) redacted

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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:
__/__/25 ACQUIRED __/__/25 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.

☐ None

* You are not required to report loans from a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

**Comments:**

060600029-NFH-0029

Additional Sources of Rental Income of $10,000 or more for 2355 44th Avenue

Name(s) redacted

Phone: (415) 554-6778
Fax: (415) 554-6775
TDD: (415) 554-5227
E-mail: AAB@sfgov.org
www.sfgov.org/aab

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

August 13, 2026

Ms. Claire Ervin-Lee
1433 Grand Ave
Pacifica, CA 94044

**RE: Renewing Your Seat on the Assessment Appeals Board**

Dear Claire:

In accordance with Revenue and Taxation Code 1623(c), a vacancy notice will be posted for your seat as an alternate member on Board No. 2, which expires on September 7, 2026.

This letter is to inquire of your intent to reapply for another 3-year term to the San Francisco Assessment Appeals Board. Please respond below and return this letter to me at your earliest possible convenience.

☒ YES, I intend to reapply for my seat on the Assessment Appeals Board.
(Please complete the attached the Assessment Appeals Board Application for Appointment form and return to our office ***by Friday, August 28, 2026.)***

☐ NO, I do not intend to reapply for a seat on the Assessment Appeals Board.

Pursuant to San Francisco Administrative Code Section 2B.3, Assessment Appeal Board members are appointed by the Board of Supervisors. An appearance before the Rules Committee is required before an appointment to this Board can be made or renewed.

We value the knowledge and experience that you bring to the Board and hope that you decide to apply for reappointment. If you have any questions, please feel free to call me at 554.6776.

Sincerely,

Alistair Gibson

Alistair Gibson
Administrator

attachment