File No.	101	133
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Committee	Item	No5
Board Item	No.	

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	Rules	Date	<u>September 30, 2010</u>
Board of Su	pervisors Meeting	Date	Name de la constant d
Cmte Boa	rd		
	Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Youth Commission Report Introduction Form (for hearing Department/Agency Cover Let MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence		port
OTHER	(Use back side if additional sp		
Completed l	y: Linda Wong	Date Septe	ember 24, 2010
Completed b	oy:	Date	

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



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 ret	urn tnis originai	<i>Application</i>	to the C	herk of the Board of Superviso	rs
Application for Appoi (Please circle o		Board 1 Board 2	or or	Board 1 alternate Board 2 alternate	
Enter your name, mailing address a available for public review, you may address or other personal contact i	y list your business	one number in s/office address	the spac , telepho	es provided. Because this form is a ne number and e-mail address in liet	document u of your home
Do you authorize release of your p	rivate/personal inf	ormation?	x	yes no	
Name:Mark Watts	Не	ome Address:	- Linare	es Avenue	***
City:San Francisco	Sta	ate:CA		Zip code:94116	
Business Address:595 Marke	t Street Ste. 2230_	City:San Fr	ancisco_	State: CA Zip Code:_94105	
Home Phone 415-	Work	c Phone: _415-7	77-2666 x	: 107_ Fax #:415-665-4671	<u>.</u>
Pager #:	E-Mail Ad	dress:mw	atts@cbp	appraisal.com_	
Are you a United States citizen, or	a resident alien wl	ho is eligible fo	r and has	applied for citizenship? x Yes	□ No
felony? Yes x No	tement describing	the offense(s) f	or which	fense which, if committed in this stat	e, would be a
submitted with this application nominated for appointment to Please state your qualifications: I	on form. This re o their same sea am a licensed com	equirement de ats. _{rmercial real est}	oes not	umentation of qualifying experi apply to incumbent board men aiser with more than 20 years experie attached qualifications.	nbers
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Please state your business and/or p	norossionar unpor				
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Other Personal Information (option	nal)				
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QUALIFICATIONS OF MARK A. WATTS

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

Following is a brief summary of his background and experience:

EXPERIENCE

Commercial Real Estate Appraisal Experience

Mr. Watts joined Carneghi-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 **COVER PAGE**

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE	Ξ)	DAYTIME TELEPHONE NUMBER
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- MARKET STRE	d ste 223	0	94105	OPTIONAL: E-MAIL ADDRESS MWalfs of CBPAPPRHISHL CO
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Division, Board, District, if applicable		► Check application interests."	cable schedul	es or "No reportable
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position(s): (Attach a separate Agency:		1	2 ☐ Yes – s 10% or Greater Own	schedule attached
Position:		Schedule B Real Property		schedule attached
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City of		Schedule E		schedule attached
Multi-County		Income – Gift	s – Travel Payn	nents
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		No report	table interests	on any schedule
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December 31, 2009. Leaving Office Date Left: (Check one)				jury under the laws of the State oing is true and correct.
O The period covered is Janua date of leaving office.	ary 1, 2009, through the	Date Signed	8/12/	/ / // (month, day, year)
-or-		-	110	(monun, ozy, year)
O The period covered is the date of leaving office.	//, through	Signature Z	WWK U	gned statement with your filing official.)

2010

Election Year: _

☑ Candidate

STATE OF CALIFORNIA



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 accondance with the provisions of the Real Estate Appraisers Licensing and Certification Law.

OFFICE OF REAL ESTATE APPRAISERS

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: Board 1 or Board 1 alternate (Please circle one) Board 2 or 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? yes no
Name: JEFFREY J. MORRIS Home Address - JEHERSON STREET
City: SAN FRANCISCO State: CH Zip code: 94/13
Business Address: State: Zip Code:
Home Phone 4/5 (, Work Phone: 4/5 606-9500 Fax #: 4/5 929-95//
Pager #: E-Mail Address: @ SBCGWBAC. NEL
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.)
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: <u>ARREND MEMBER AAB BOARD ONE SIME 9-7-07</u> MEMBER APPRISAC INSTITUTE OUT OF CALL REACE TADE BROKER
Please state your business and/or professional experience: 127 YEARS AS INVEST MENT REAL STATE EXECUTIVE; ADVISOR; AFPRAISER; BROKER AND PROPERTY MAN AGE
Occupation: MVESTOR-REAC ESTATE CONSULT NETWORTON: BR STRIVEOR DUNIVERSITY
Civic Activities: MEMBER - SUPPORTER S. F. ZOD SOCIETY; COMMON WERETH CONB; AC
Ethnicity (optional): CRUCASIAN Sex (optional): XM F FORMULE CONFET. AL
Other Personal Information (optional) SEE NOTRCHED RESUME AND COVER CETTER
Would you be able to attend Day Meetings?
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:
For Office Use Only: Appointed to Board #: Seat #: Term Expires:

JJM ASSOCIATES

Jul 15, 2010

Rules Committee of the Board of Supervisors C/O Assessment Appeals Board Administrator City Hall, Room 405 San Francisco CA 94102

Attention: Supervisors Campos, Alioto-Pier and Mar

RE: Reappointment to the Assessment Appeals Board

Dear Supervisors

I have served on Board 1 of the Assessment Appeals Board since September 6, 2007. I seek your reappointment recommendation for a new three year term to the full Board of Supervisors. I am well qualified to continue in this position for the following reasons.

- I have read, assimilated and follow all relevant guidelines and laws from the State Board of Equalization, Revenue and Taxation Code Sections and Assessment Appeals Manual.
- Applied my over 35 years of institutional investment real estate management experience to determine equitable valuation for assessment purposes.
- Worked very professionally in a Board r leadership role with the AAB Administrator Dawn Duran and her staff, Board City Attorney Marie Blitz, Assessor Phil Ting's office, and commercial property owners and their legal and appraisal representatives.
- Have the support of Administrator Duran and fellow Board 1 members to be reappointed.
 (My District Supervisor Michela Alioto-Pier supported my appointment three years ago.)
- Have more than the requisite qualifications to serve, as outlined on the attached Application and Resume, including: licensed real estate broker, member of the Appraisal Institute (MAI) and the above mentioned 35 years of sophisticated investment real estate advisory, valuation, financing and acquisition experience.

Therefore, I would very much appreciate your support in my reappointment to Board 1 of the Assessment Appeals Board. I will be present and available for any questions at your upcoming meeting of the Rules Committee. Thank you for your consideration.

Sincerely yours,

Jeffry K Morfis

Resume of Jeffrey J. Morris

Qualifications

California State Real Estate Broker License (No. 00397435)

Member Appraisal Institute [MAI] (No.149594)

Professional Experience: 35 year career in national investment real estate advisory,

portfolio-property management, transaction, financing and valuation

Business/Professional Experience

March, 2007--

JJM Associates, San Francisco

Independent real estate consulting and investment

1981-Feb. 2007

BlackRock Realty, San Francisco (and predecessor firms)

Director-Portfolio Manager of Apartment Value Funds: over \$900 million in U.S. apartment investments.

1991-1999

Managing Director, Metric Property

Management: \$2.5 billion national portfolio of multi family, office, industrial and retail

properties.

1981-1990

Vice President/Senior Vice President of

Portfolio Management.

1971-1980

Coldwell Banker Management Corporation, San Francisco

Vice President, Appraisal- Consultation

Service

Education

BA Political Science Stanford University, 1967

Civic-Charitable Activities:

2007-

Member, Assessment Appeals Board, City and County of

San Francisco [three year term]

1989-2001

Board of Directors, Golden Gate Park Stables, Inc.

[Concession with the San Francisco City Recreation and

Park Department]

Current

Marina Community Association; San

Francisco Zoological Society; California Academy of

Sciences; American Conservatory Theatre (ACT); Olympic

Club Foundation

- Jefferson Street, San Francisco CA 94123

@sbcglobal.net

F 415 929-9511

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

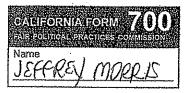
RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO STATEMENT OF ECONOMIC INTERESTS 2010 APR - 1 PM 4: 14 COVER PAGE

A Public Document

Please type or print in lnk. BY AP	ublic Document ETHICS COMMISSION
MORRIS JEFFREY	(MIDDLE)* DAYTIME TELEPHONE NUMBER VINATURAN (475)
MAILING ADDRESS STREET CITY (Business Address Acceptable) — JEFFERSON ST., SAN FRANC	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS ISCO CA 94123
1. Office, Agency, or Court Name of Office, Agency, or Court: Board of Supervisors Division, Board, District, if applicable: Assessment Appeals Board Your Position: Board Member Alternate Board Member If filling for multiple positions, list additional agency(les)/position(s): (Attach a separate sheet if necessary.) Agency:	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 (Less than 10% Ownership)
Position: 2. Jurisdiction of Office (Check at least one box)	Investments (10% or Greater Ownership) Schedule B
☐ State ☐ County of San Francisco ☐ City of ☐ Multi-County ☐ Other ☐ Other ☐ Other ☐ Check at least one box)	Schedule D Yes – schedule attached Income – Gifts Schedule E Yes – schedule attached Income – Gifts – Travel Payments OT- No reportable interests on any schedule
☐ Assuming Office/Initial Date:/ Annual: The period covered is January 1, 2009, through December 31, 2009. -Or- O The period covered is/, through December 31, 2009. ☐ Leaving Office Date Left:/ (Check one) O The period covered is January 1, 2009, through the date of leaving office.	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 MARCH: M. 2010
O The period covered is, through the date of leaving office.	Signature

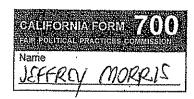
FPPC Form 700 (2009/2010)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



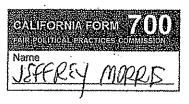
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Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



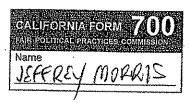
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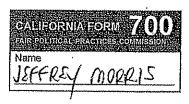
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Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



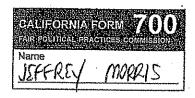
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Stock Other (Describe)	Stock Other
Partnership O Income of \$0 - \$500	(Describe) Partnership O income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedula C)	O Income Received of \$500 or More (Report on Schedule C)
IC ADD BOAD C LICY DATE.	·
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	/ / 09 / 09 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	ROL INC
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	. ADVITAGE OFFICE LICK OF BORINGERS VC LIALLA
IN DUSTRIALS	INFOTECH
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 S10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATUBE OF INVESTMENT	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500	Pertnership O income of \$0 - \$500
O Income Received of \$500 or More (Repart on Schedule C)	O Income Received of \$590 or More (Report on Schedule C)
ior application of them in the	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	
ININE OF BUSINESS ENVITY	NAME OF BUSINESS ENTITY
MACE MARI	APPLIED MATERIALS
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETAIL	INFO TECH
FAIR MARKET VALUE [\$2,000 - \$10,000 \$10,001 - \$100,000]	FAIR MARKET VALUE
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[] 0100,003 - 01,000,000 [] Otal 01,000,000	. S100,001 - \$1,800,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
() Income Received of \$500 or More (Report on Schedule C)	Partnership Income of \$6 - \$500 Income Received of \$500 or More (Report on Schadule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	// 09 / / //09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
il	4
Comments:	

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



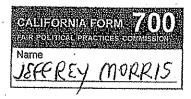
THE RESIDENCE OF THE PROPERTY	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY NIKS
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECH	SPORTS GEAR
FAIR MARKET VALUE	FAIR MARKET VALUE
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NATURE OF INVESTMENT	NATIONE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
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O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 1 09 1 1 09
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MAME OF BUSINESS ENTITY	MAME OF BUSINESS ENTITY
MICROS 741	UEDSICIV
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GÉNERAL DESCRIPTION OF BUSINESS ACTIVITY
SOFTWARE	ORINGS
FAIR MARKET VALUE	FAIR MARKET VALUE
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NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
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O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
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	1 100 1 100
/ / 09 / / 09 ACQUIRED DISPOSED	
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1103/60	PROCUR 9 G-RITIBLO
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	•
FAIR MARKET VALUE	FAIR MARKET VALUE
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NATURÉ OF INVESTMENT	NATURE OF INVESTMENT
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O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	/ / 09 / / 09
/ / 69 / / 09 ACQUIRED DISPOSED	ACQUIRED DISPOSED
Tomments:	

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.



LILLIAM ON OUR DESIGNATION OF THE PROPERTY OF	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
· AUGEN	II COSTCO
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMA	RETAIL
FAIR MARKET VALUE	PAID MARKET VALUE
\$2,000 - \$10,000 [] \$10,001 - \$100,000	S2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Cither	NATURE OF INVESTMENT
(Describa)	(Describe)
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ 09 / 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CHEVRON	FEDEX
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENERG-Y	TRANSPORTATION
FAIR MARKET VALUS	FAIB-MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	☑ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
CAStrote Ci Othor	Stock Other
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Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$590
O messive received or cook of white (report our schedule of	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	
ACQUIRED DISPOSED	/ / 09 / 09 ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	A MANUF OF BUILDINGS OF BUILDINGS
CISCO CYCT CAC	NAME OF BUSINESS ENTITY
<u> </u>	HEWCELL PACKAGE
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECN	COMPUTERS
FAIR MARKET VALUE	FAIB JARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	S2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	I mana
[] 0 tot 0 (1000) page	S190,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Slock Other	Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income of \$0 - \$500 ☐ More (Report on Schedule C)
Samuel Control of the	Comments of state of state (responsing Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
· ,	
Comments:	

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



RUCKROCK	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL SERVICES	COMPUTERS
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$19,000 S10,000 Cver \$1,000,000	S2,000 - \$10,000 [\$10,001 - \$100,000] S100,001 - \$1,000,000] Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT BIN7)5
(Describe) Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	Describe) Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 09 / / 09 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPATERS	RETALUNG
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$150,000 \$100,000 \$100,000 \$100,000 \$100,000	S2,000 - \$10,000 S10,001 - \$100,000 S100,000 Over \$1,000,000
NATURE OF INVESTMENT BONDS.	NATURE OF INVESTMENT BONDS
Partnership Income of \$0 - \$500 Discome Received of \$500 or More (Report on Schedule C)	Partnership O income of \$0 - \$500 O income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 09 / / 09 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
HEWCELL PHCKHIEL)	WEUS FARGO
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTERS	EINANCHC
- FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 \$\ \text{\$10,001 - \$100,000} \\ \text{\$100,001 - \$1,000,000} \\ \text{\$100,000} \\ \$1	\$10,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$1,000,000
· • • • • • • • • • • • • • • • • • • •	
NATURE OF INVESTMENT BINDS (Describe)	NATURE OF INVESTMENT BONDS (Describe)
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schodule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / 09 ACQUIRED DISPOSED	/ / 09 / / 09 ACQUIRED DISPOSED
Cammonts:	•

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: Board 1 or Board 1 alternate (Please circle one) Board 2 or 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?
Name: Gregory H. Blaine Home Address: Scott St.
City: San Francisco State: CA Zip code: 94/23
Business Address: 4370 Alpine RJ. # 201 City: Portula Valley State: CA Zip Code: 94028
Home Phone 415 Work Phone: 450 851-8006 Fax #: 650 851-8021
Pager# 415 E-Mail Address: CAPROP. 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.)
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: Lawrer Since '91 CA box \$154484; Landlord in SF and offer creating the professional for 30+ years.
Please state your business and/or professional experience: 2 yrs on Bd of Assessment Appends PD.
Property Nanagement and investment for 30+ years
Occupation: Real Estade Investor Education: BA Stanford 1981 JD USF 1991
Occupation: Real Estevo Investor Education: BA Stanford 1981 JD USF 1991 Civic Activities: Chairman - Presidio Performing Arts Endn.; Bd of Governors USF School of Low
Ethnicity (optional): White 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.
Please Note: Your application will be retained for one year Date: 7/8/10 Applicant's Signature:
Ear Office Hea Only: Appointed to Board #: Sout #: Torm Evaluation

RECEIVED BOARD OF SUPERVISORS STATEMENT OF ECONOMIC INTERESTS

Date Received

☐ Candidate

Election Year:

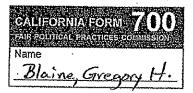
2010 APR - I PHCOVER PAGE

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Please type or print in lnk. BY A P	ublic Document ETHICS COMMISSION
NAME (LAST) (FIRST)	(MIDDLE) BY DAYTIME TELEPHONE NUMBER
Blaine Gregory	Annex 100 months more marginalism
MAILING ADDRESS STREET CITY	STATE ZIP CODE DETIGNAL EMAIL ADDRESS
(Business Address Acceptable) Scott 54. San Francisc	O CA 94123 COM
SEOTI ST. SOM PROJECTSC	O CI THIES TO
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	➤ Total number of pages
Board of Supervisors	including this cover page:
Division, Board, District, if applicable:	➤ Check applicable schedules or "No reportable
Assessment Appeals Board	interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
Board Member Alternate Board Member	Schedule A-1 Yes - schedule attached
If filing for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.)	Investments (Less than 10% Ownership)
Agency:	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Position:	Schedule B Yes - schedule attached Real Property
,	Schedule C Yes – schedule attached
2. Jurisdiction of Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gifts and Travel Paymonts)
☐ State	
⊠ County of San Francisco	Schedule D Yes - schedule attached
City of	Schedule E Yes - schedule attached
☐ Multi-County	Income - Gilts - Travel Payments
Other	-or-
	Me reportable interests on any selective
3. Type of Statement (Check at least one box)	No reportable interests on any schedule
☐ Assuming Office/Initial Date:/	P. V. Sec. 15
Annual: The period covered is January 1, 2009,	5. Verification
through December 31, 2009,	I have used all reasonable diligence in preparing this
-or-	statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any
O The period covered is/, through December 31, 2009.	attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed March 23,2010
-or-	Junitur, vay, year)
O The period covered is/, through the date of leaving office.	Signature (File the originally signed statement with your filing official)

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



➤ NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
5- foretry IAC.	A Little and the second of the second
Sa foury, Inc. GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
·	The second flower soones with the second sec
Grockry Stores	,
FAIR MARKET VALUE	FAIR MARKET VALUE
2 \$2,000 - \$10,000	S2,000 - \$10,000 S10,001 - \$100,000
S100,601 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Cver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Oexcribe)
Pertnership Oincome of SO - \$500	Partnership () Income of \$0 - \$500
. O Income Received of \$500 or More (Report on Schedulo C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Public Stoyage Iv. GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mini-Warehouses	****
FAIR MARKET VALUE	FAIR MARKET VALUE
☑ \$2,000 - \$10,600 ☐ \$10,001 - \$100,000	\$2,000 - \$10,000 [] \$10,001 - \$100,000
Steo,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
Partnership O income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1. / 09 / / 09
ACQUIRED DISPOSED	/ / 09 / / 09 ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Solfania las	The second secon
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SI During to	
Solar Power Generation	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 \$100,000 \$100,000 \$100,000 \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
[] \$100,001 + \$1,000,000 [] Oval \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
MATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership O Income of \$0 - \$500	(Describe) Partnership () Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	7 109 1 169
ACQUIRED DISPOSED	ACQUIRED DISPOSED
· ·	· · · · · ·
Commante:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM.

TAINFOLLIGAL MACTICES CONTINUED

Name

Blaine, Gregory H.

STREET ADDRESS OR PRECISE LOCATION ▶ STREET ADDRESS OR PRECISE LOCATION Alhambra 57 CITY CITY FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$2,000 - \$10,000 / 09 \$10,001 - \$100,000 / 09 \$10,001 - \$100,000 **5100,001 - \$1,000,000** ACQUIRED ACQUIRED DISPOSED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Ownership/Deed of Trust Easement Wonership/Deed of Trust [Easement Leasehoid Leasehold Yrs. remaining Yrs, remaining IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME RECEIVED **\$1,001 - \$10,000** S0 - \$499 . S500 - \$1,000 SO - \$499 S500 - \$1,000 S1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of Interest, list the name of each tenant that is a single source of income of \$10,000 or more. income of \$10,000 or more. Gretchen Komo Brad - Barbara Stran 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* NAME OF LENDER* ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) INTEREST RATE TERM (Months/Years) ☐ None None 'HIGHEST BALANCE DURING REPORTING PERIOD HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 S1,001 - \$10,000 S500 - \$1,000 \$1,001 - \$10,000 S10,001 - \$100,000 OVER \$100,000 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: "

Guarantor, if applicable

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

NAME OF SOURCE OF INCOME	► ISINCOME RECEIVED.
California Property Services ADDRESS (Business Activess Acceptable) 4370 Alone RD, #201 Valley, A BUSINESS ACTIVITY, IF ANY, OF SOURCE 7000 Management YOUR BUSINESS POSITION CFO GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 \$20VER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED	NAME OF SOURCE OF INCOME Calif. Pacific Med. Ctr. ADDRESS (Business Actress Acceptable) We broker Stree P.O. Bex 7999 SF CA Campun BUSINESS ACTIVITY, IF ANY, OF SOURCE Radiological Technologist Hospital YOUR BUSINESS POSITION GROSS INCOME RECEIVED SEOO - \$1,000 SEO,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary E Spouse's or registered domestic pariner's income
Loan repayment	Loan repayment
Sale of(Property, car, boat, etc.)	Sale of (Properly, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission of Rental Income, list each source of \$10,000 or more
Cother	[] (3b.c.)
(Describe)	Other (Describn)
 EXAMPLE RECEIVED OR QUISTANDING DURING THE REPORTING PERI	
	lending Institutions, or any indebtedness created as part in the lender's regular course of business on terms our official status. Personal loans and loans received
	disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
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	INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
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	INTEREST RATE TERM (Months/Years)

FPPC Form 700 (2009/2010) Sch. C FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

San Francisco **BOARD OF SUPERVISORS**

Date Printed: September 8, 2010

Date Established:

December 24, 1998

Active

ASSESSMENT APPEALS BOARD NO. 1

Contact and Address:

Dawn Duran Assessment Appeals Board City Hall, Room 405 San Framcsco, 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.hu 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 critical 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.

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. 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