File No.	10	1134
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Committee	ltem	No
<b>Board Item</b>	No.	•

### **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Committee:	Rules		Date	<u>September 30, 2010</u>
Board of Su	pervisors Meeting		Date	
Cmte Boa	rd	•		
	Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Youth Commission Report Introduction Form (for hearing Department/Agency Cover Lett MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence	*	/or Re	port
OTHER	(Use back side if additional spanning 706	and a management of the second		•
Completed k	oy: 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.

4/3/07

## 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

	<del></del>
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 doc available for public review, you may list your business/office address, telephone number and e-mail address in lieu of address or other personal contact information.	ument your home
Do you authorize release of your private/personal information?  yes  no	
Name: Souce Lewis Home Address: 48" Ave 3	······································
City: Sah Francisco State: CA Zip code: 9413	<del>23</del>
Business Address: 4/50 Clement St. 614, 310 State: A Zip Cod	e: 94121
Home Phone: (4/5) 750-2088 Fax #:	
Pager #: E-Mail Address: @ Gmail . Co	<u>um</u>
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?	es 🗌 No
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in thi 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.)	s state,
public accountant or public accountant, licensed real estate broker, attorney, or property appraiser by a nationally recognized professional organization, or property appraiser certified by either the Or Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience submitted with this application form. This requirement does not apply to incumbent board member nominated for appointment to their same seats.  Please state your qualifications:  OABAR LICENSE 16334	ffice of e must be
Please state your business and/or professional experience: Federal attorney 17.5 ye	NS 1ant, prup ~1
Occupation: Attorney (see resume) Education: Bachelor, Master's, & Ju	ris Dectiva
Civic Activities: Mamber of Sunset Community Church, PTA, Charles Ho	sustan BAT
Ethnicity (optional): Sex (optional): F	
Other Personal Information (optional)	preferals
Would you be able to attend Day Meetings? Yes No No Night meetings? How many days a week would you be available for hearings? Yes No No Night meetings? Have you attended an Assessment Appeals Board meeting? Yes No	□ No
Appearance before the RULES COMMITTEE is a requirement before any appointment can be n	nade.
Date: 8/2/2010 Please Note: Your application will be retained for one year.  Applicant's Signature: Application will be retained for one year.	
For Office Use Only: Appointed to Board #: Seat #: Term Expires:	~~~~~

# Resume of Qualifications JOYCE LEWIS-BARRETT

- 48 th Ave. No. 3
San Francisco, CA 94122
Residence 415.750.2288 ext. 4662 Business joyce.lewisbarrett@mail.va.gov

#### **EDUCATION**

Juris Doctor, 1992, Santa Clara University, School of Law, Santa Clara, CA Master of Public Administration, 1985, California State University, Hayward, Hayward, CA Bachelor of Nursing Science, 1979, University of San Francisco, San Francisco, CA

#### LICENSURE AND CERTIFICATION

CA State Bar, 12/8/1992, #163342 CA Registered Nurse, 1979, #Z302441 CA Public Health Nurse, 1979 Mediator For Workplace Disputes, 8/2/2001, Justice Center of Atlanta U.S. Supreme Court Admission, 2010 CA Supreme Court Admission 1992

#### SPECIAL SKILLS/AWARDS/TRAINING

Proficient in MS Word, MS Outlook, GC Laws, Share Point, and PowerPoint; negotiation, mediation, and settlement skills; excellent research, analytical, written, and verbal skills; Annual VA Special Contribution and VA Performance Awards 1994-2009 (15 awards); 1993-2010 highly successful and excellent performance ratings; VA Certificate of Appreciation 2007 and 2008; McFetridge American Inn of Courts Best Program Award 2004-2005; VA Service Award 2002 and 2007; 2010 Law Student Moot Court Judge; trainings received-EEO, MSPB Charges and Penalties, FLRA, DOD Tort Claims, DOJ Ethics, DOJ Environmental Law, VA Cross-Training, VA Diversity and Leadership, Cyber Security, Privacy and Confidential, Sexual Harassment, No Fear Act, FOIA, Privacy Act and HIPAA, E-Discovery, West Law, Share Point, DOJ Veterans For Common Sense, and Institutional Disclosure; trainings developed and given: Stress Management, Learn About Lawyers, Sexual Harassment Prevention and Diversity, Key Supreme Court Decisions/Civil Rights, VA Tort Claims, Survival Tort Claims, Cross-Examination of Martha Stewart, How OGC Can Improve Process for Disability Determinations

#### PROFESSIONAL EXPERIENCE

Senior Attorney and Staff Attorney, Department of Veterans Affairs, GS-14, 1993-present Department of Veterans Affairs, Office of Regional Counsel, 4150 Clement St., Bldg. 210, San Francisco, CA 94121

The Department of Veterans Affairs is a federal agency within the Executive branch of the United States Government. The mission of the agency is to execute veterans' benefits programs as authorized under Title 38 of the United States Code, e.g., compensation, pension, health care, cemetery, and loan guaranty.

• <u>Litigation</u>: Litigate federal appeals, complaints, and claims before the U.S. Merit Systems Protection Board, U.S. Equal Employment Opportunity Commission, and U.S. Federal Labor Relations Board, and U.S. District Court e.g., alleged wrongful termination/discipline, employment discrimination, unfair labor charges, administrative grievances; work directly with United States Attorney's Office in preparing answers, affidavits, settlement statements, depositions, and trial.

Legal research, analysis, and writing: file motions, Agency responses, Prehearing Statements, witness lists, and answers; conduct discovery (interrogatories, depositions, requests for admissions, and production of documents); investigate complaints, conduct witness interviews, document searches, and reviews; participate in settlement conferences and negotiations; draft and write final settlement agreements and releases; defense representation at administrative hearings including witness preparation, oral arguments, opening and closing statements, direct and cross examinations, authentication of documents, objections, and closing briefs.

Tort Claims: Review medical patient records, interview and consult with health care practitioners, and obtain medical expert opinions; write litigation reports with exhibits; provide recommendations for resolution of tort claims; draft and write denial letters; negotiate settlements.

- Advisor/Liaison: Advise executive and senior management officials on federal
  administrative matters, including agency compliance with applicable federal statutes,
  regulations, and policies, and state codes; Labor/Management Partnership Committee;
  Director's Staff liaison; telephone consultations; provide written and verbal opinions;
  develop and conduct trainings; draft and write provisions for agreements between VA
  and non-Government entities; provide telephone and walk-in advice for clients.
- <u>Case Manager</u>: Successfully manage and balance a complex general legal caseload including employment, labor, discrimination, tort claims, ethics, federal contracts, state law, medical research, professional standards and licensing of health care professionals, probate, taxes, and release of information and patient confidentiality pursuant to FOIA, HIPPA, Privacy Act and state laws.
- Mentor: Train, counsel, and mentor junior attorneys; directly supervise and mentor legal extern from University of San Francisco.

Senior Public Health Nurse/Public Health Nurse, City of Berkeley, 1980-1993
The mission of the health department is to promote health care, prevention, and education within the Berkeley community.

• Team Leader: Team leader over high-risk South Berkeley district; developed agenda for weekly team meetings; facilitated team meetings; monitored and tracked incoming nursing referrals; assigned equitable workload to team; resource person for team; telephone advisor; Aging Coordinator; Preterm Labor Coordinator; instructor and field trip coordinator for High School pregnant teens.

- Education: Developed educational curriculums and instructed families about healthy lifestyle: exercise, dental care, hygiene, early childhood development, hypertension, stress management, diet and nutrition; and served as representative for City at state, county, and community meetings; and community service provider
- <u>In-Home Services</u>: Developed excellent communication and interpersonal skills with diverse families in the Berkeley community; provided in-home nursing physical examinations, education and teaching, health care referrals and follow-up. Performed in excess of 4,000+ clinic and home visits to patients and clients.
- Clinical Staff Nurse: Clinic nurse for primary Hypertension Program; worked on a multidisciplinary team with physician, health educator, social worker and community health worker to provide care and treatment to hypertensive patients; performed diagnostic laboratory tests, dispensed medication, weight checks, blood pressure monitoring, teaching and education, follow-up, and compliance.

Recruitment and Retention Coordinator, Los Medanos Community College, 1986 Los Medanos is a community college located in Pittsburg, CA. The mission of the college is to provide a well-rounded and affordable education to members of the community.

- <u>Recruiter</u>: First-ever Recruitment and Retention Coordinator hired by the School of Nursing; created, planned, developed, and administered a minority recruitment and retention program for the LVN to RN transition program; organized and conducted outreach presentations at hospitals and nursing homes in Contra Costa County; successfully increased minority enrollment and retention.
- <u>Mentor/Tutorial</u>: Provided counseling, mentoring, and tutorial services to nursing students enrolled in the transition program.

Registered Nurse/Medical Advice Nurse, Kaiser Permanente and Children's Hospital, Oakland, CA, 1979-1984

Registered Nurse/Telephone Advice Nurse: Nursing Triage services: provided screening
and health care advice for urgent matters, scheduled appointments, and patient education.
Acute nursing care for Intensive Care Unit, Adolescent and Toddler units; Kaiser
Gynecology and General Surgery units.

#### <u>AFFILIATIONS</u> (PAST AND PRESENT)

American Inns of Court, Literacy Volunteers of America, Charles Houston Bar Association Red Cross of America, National Bar Association, Parent Teachers Association, Local 535, Steward, A.A. Federal Executive Assn., Bar Association of Alameda County San Francisco School Site Council Representative, Sunset Community Church

DAYTIME TELEPHONE NUMBER



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

CA

(MIDDLE)

4. Schedule Summary

ZIP CODE

94122

STATE

Signature .

se type or print in ink

A Public Document

Please type or print in ink.	24 2 0
NAME (LAST)	(FIRST)
Lewis	Joyce
MAILING ADDRESS STREET (Business Address Acceptable)	CIPY
- 48" ANT	3 SF
1. Office, Agency, or Cou	rt
Name of Office, Agency, or Court:	1-21
ASSESSMENT Appl	aco do
Division, Board, District, if applicab	maha
Regular Board 1 Your Rosition:	T WAN W
· 1001 POSIDOTI.	
▶ If filing for multiple positions, list	Vacilyonene lengitibbe
position(s): (Attach a separate	
Agency:	
Position:	
2. Jurisdiction of Office (	Check at least one box)
State	
County of San France	120
Dicity of San Fran	1454)
☐ Multi-County	
Other	
3. Type of Statement (Che	eck at least one box)
Assuming Office/Initial Da	ate: 04,07,2010
Annual: The period covered is through December 31, 2009.	; January 1, 2009,
-or-	
O The period covered is December 31, 2009.	/, through
Leaving Office Date Left: (Check one)	
The period covered is Janua     date of leaving office.	ary 1, 2009, through the
-or-	
O The period covered is the date of leaving office.	/, through
Candidate Flortion Vear	

۵	Total number of pages including this cover page:	***************************************
፟	Check applicable schedules or "No reportable interests."  I have disclosed interests on one or more of the attached schedules:	
	Schedule A-1  Yes – schedule attached Investments (Less than 10% Ownership)	
	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)	
	Schedule B Yes – schedule attached Real Property	
	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
	Schedule D Yes – schedule attached Income – Giffs	
	Schedule E Yes – schedule attached Income – Gifts – Travel Payments	
	-or-	-
	No reportable interests on any schedule	
		7
5	. Verification	
S	have used all reasonable diligence in preparing this tatement. I have reviewed this statement and to the best f my knowledge the information contained herein and in any ttached schedules is true and complete.	
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
1	Date Signed Que 2, 2010	

ned statement with your filing official.)

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

FPPC Form 700 (2009/2010)

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

For Office Use Only: Appointed to Board #: \_\_\_



#### 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: MERVIN I, CONLAN Home Address: -16 ANE
City: SAN FRANCISCO State: CA Zip code: 94/18
Business Address: 59M2 City: State: Zip Code:
Home Phone Work Phone
Pager #:
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 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: <u>CALIF</u> STATE Real Estate Appraires General License; CA STATE prokes License.
Please state your business and/or professional experience: 25+ yps Roal Estate broken &
Occupation: Real Estate Applaises Education: 13A - Eronorics
Civic Activities: Vote R
Ethnicity (optional):
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? Yes No 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  Applicant's Signature:

Seat #: \_\_\_

Term Expires:

# CALIFORNIA FORM: 700 FAR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

# BOSTATEMENT OF ECONOMIC INTERESTS

Date Received official Use only

COVER PAGE
PM 4: 13
A Public Document

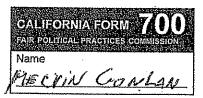
2010 APR - 1 PM 3: 57

Please type or print in ink.	ar a no	iic 200µmen	BAN FRANCISCO
NAME (LAST) BY_	(FIRST)	(MIDDLE),	DAYTIME TELEPHONE NUMBER
CONLAN X	1ERVIN	IgNA/105	1415
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
16 4VE	7/	CA 194118	
1. Office, Agency, or Court		4. Schedule Summa	*** #
Name of Offige, Agency, or Court:		► Total number of pages	· y
Board of Supervi:	sors	including this cover page	C. Selestation and Desiration and Selection
Contract to the state of the st	· /	► Check applicable schedu	ıles or "No reportable
ASSESSMENT HOPE	ulo Boar	interests." I have disclosed interests	on one or many of the
Your Position: Board MEMBE		attached schedules:	on one or more or the
1		,	schedule attached
➤ If filling for multiple positions, list addition position(s): (Attach a separate sheet		Investments (Less than 10% Ow	.,
Agency:		Schedule A-2 Yes – Investments (10% or Greater, Or	
	-	Schedule B TYes -	schedule attached
Position:		Real Property	
			schedule attached
2. Jurisdiction of Office (Check a	at least one box)	Income, Loans, & Business I and Travel Payments)	Positions (income Other than Gifts
State Sur France	Erra	Schedule D	schedule attached
☐ State ☐ County of San Francis ☐ City of Sun Francis	7.43	Income – Glfts	•
1		Schedule E Yes – Income – Gilts – Travel Payi	schedule attached
Multi-County			
Other		-0	r-
3. Type of Statement (Check at I	azet one boyl	No reportable interests	on any schedule
,			
		5. Verification	
Annual: The period covered is Januar through December 31, 2009.	y 1, 2009,	I have used all reasonab	le diligence in preparing this
firrough December 31, 2009.			this statement and to the best tion contained herein and in any
O The period covered is/	, through	attached schedules is true a	
Leaving Office Date Left:/	<u>,</u>	I certify under penalty of per of California that the foreg	jury under the laws of the State
(Check one)		/	/
<ul> <li>The period covered is January 1, 20 date of leaving office.</li> </ul>	009, through the	Data Signal 3/3/	109-
-or-		Date Signed 3/3/	(month, day Jeep)
O The period covered is/	, through	Signature Life the reginally si	gned statement with your filing official.)
Candidate Election Year:		(rue the originally st	Auer securiori with Ann mind bingsi'l

#### **SCHEDULE A-1** Investments

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

Do not attach brokerage or financial statements.



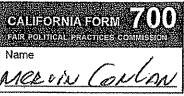
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
· · · · · · · · · · · · · · · · · · ·	E. MUNIC OF DOGRACOS EMILLI
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	SEE SEE SEES AND PROPERTY OF SOCIAL SEES AND PARTY.
FAIR MARKET VALUE	PAIN AA INJERT 144 LEE
\$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Slock Other	NATURE OF INVESTMENT
(Describe)	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)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	// 09/ 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	OCNEDAL DESCRIPTION OF BURNISHO LOWERS
ORIGINAL PROOF HOLE OF COUNTY OF VOITALL	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 - \$3,000 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over, \$1,000,000
MATHRIE OF INVESTMENT	
NATURE OF INVESTMENT MUTUAL FUNDS.	NATURE OF INVESTMENT 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 () Income Received of \$500 or More (Report on Schedule C)
•	O meaning reserved of Good of More (response on acreeque cy
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	( ( ) 0 ( ) ( ) 0 ( )
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NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
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FAIR MARKET VALUE   \$2,000 - \$10,000   \$10,001 - \$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
T displace - Alfondiono T chas \$1'000'000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Spenshal)	Slock Other
(Describe) Partnership () Income of \$0 - \$500	(Describe)  Partnership
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	
Comments:	

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFOR	NIZEORI	ACION
FAIR POLITIC	L PRACTICES	COMMISSION
Name		
,		,
Phone	NIA	NAN
[ (		

> 1. BUSINESS ENTITY OR TRUST:	► 1. BUSINESS ENTITY OF TRUST
CONLAN Appraisers	
333-16th AVE SFIA 94118	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  LINE GENERAL HOLD ALSA C	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE   F APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE;  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other  YOUR BUSINESS POSITION DWNSV Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
Company of the control of the cont	> 23.DENTIFY THE GROSS INCOME RECEIVED (INCLUDE VOUR PRO RATA STARE OF THE GROSS INCOMESTO THE EXTRACTOR OF
> 3. SIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME. OF \$10,000. OR MORE (and a second source)	SELECTHE NAME OF EACH REPORTABLE SINGLE SOURCE OF STOUGHOUSE WORE (MESH ALL STOUGH STOUGH SOURCE SOU
CONTINUES IMENTS AND INTERESTS IN REAL PROPERTY HERD BY THE SELECTION OF TRUE Check one box:	• 48 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY AOR TRUST.  Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Enlity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Enlity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INTEREST Properly Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Properly Ownership/Deed of Trust Stock Partnership
Leasehold Olher	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting Investments or real property are attached
Comments	

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



	STREET ADDRESS OR PRECISE LOCATION
CITY	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / / 09	FAIR MARKET VALUE
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	11
\$10,001 - \$100,000 OVER \$100,000	\$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  \$10,000  \$10,000
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.	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.
and loans received not in a lender's regular course	,
of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*	iblic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	iblic without regard to your official status. Personal loans of business must be disclosed as follows:
and loans received not in a lender's regular course of NAME OF LENDER*	iblic without regard to your official status. Personal loans of business must be disclosed as follows:  NAME OF LENDER*
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  MIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Whighest BALANCE DURING REPORTING PERIOD
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  MIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Which is a policy in the properties of the pro
and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  Guarantor, if applicable

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

CALIFO	RNIATE	RM 7	Zey	7
FAIR FOLT	ICAL PRAGTI	CE5 COM	issio	
Name				
Meps	IN C	pNL	for	_

≥ 1. INCOME RECEIVED	> 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
165 ANE 51	
BUSINESS AUTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Kent Estate Appaisal	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<u>ow</u> re	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boel, etc.)	(Property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Dother Fendal William	Other (Describe)
, (westing)	(Describe)
> 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	700
-	al lending institutions, or any indebtedness created as part
	e in the lender's regular course of business on terms
	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*	INTEREST RATE TERM (Months/Years)
	Total fundamental
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
· ·	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	- City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	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

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: ALTREDO C. PEREZ Home Address: THORENTINE ST.
City: SAN FRANCISCO State: CA Zip code: 94112
Business Address: 97 FLO REHTINE City: 5. E. State: CA Zip Code: 99/12
Home Phone (4/5) Vork Phone: (4/5) 452 - 8450 Fax #: (4/5) 452 - 409
Pager#: NONE E-Mail Address @_ YAHOO. 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 Ordinance No. 393-98 the following qualifications are required:
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:
riease state your quantications.
Please state your business and/or professional experience:
Occupation: Education:
Civic Activities:
Ethnicity (optional): Sex (optional): M 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: 7/14/10 Applicant's Signature: Strado C. Ruy
For Office Use Only: Appointed to Board #: Seat #: Term Expires:

Candidate

Election Year: .

## STATEMENT OF ECONOMIC INTERESTS

Date Received

**COVER PAGE** 

2010 APR -1 PM 4: 13

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Please type or print in ink, NAME (LAST) (MIDDLE) YITME TELEPHONE NUMBER -Day MAILING ADDRESS ZIP CODE STATE OPTIONAL E-MAIL ADDRESS (Business Addréss Acceptable) ZE FULLINE ST 941/2 1. Office, Agency, or Court 4. Schedule Summary Name of Office, Agency, or Court: Total number of pages including this cover page: Board of Supervisors Division, Board, District, if applicable: ► Check applicable schedules or "No reportable interests." Assessment Appeals Board I have disclosed interests on one or more of the Your Position: attached schedules: Board Member L'Alternate Board Member Schedule A-1 Yes - schedule attached ➤ If filing for multiple positions, list additional agency(les)/ Investments (Less than 10% Ownership) position(s): (Attach a separate sheet if necessary.) Schedule A-2 Yes - schedule attached Agency: .... investments (10% or Greater Ownership) Schedule B Yes - schedule attached Position: Real Property Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts 2. Jurisdiction of Office (Check at least one box) and Travel Payments) ☐ State Schedule D ☐ Yes - schedule attached Ocunty of San Francisco Income - Gifts City of ... Schedule E Yes – schedule attached Income - Gifts - Travel Payments Multi-County \_\_\_ ☐ Other --or-No reportable interests on any schedule 3. Type of Statement (Check at least one box) ☐ Assuming Office/Initial Date: \_\_\_\_/\_ 5. Verification Annual: The period covered is January 1, 2009, i have used all reasonable diligence in preparing this through December 31, 2009. 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 \_\_\_\_/\_ attached schedules is true and complete. December 31, 2009. I certify under penalty of perjury under the laws of the State Leaving Office Date Left: \_\_\_\_/\_\_ of California that the foregoing is true and correct. (Check one) O The period covered is January 1, 2009, through the date of leaving office. Date Signed or-O The period covered is \_\_ the date of leaving office. Signature

Revised May 2008

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

RUXTON



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

Complete and return this or	iginal Application to the C	lerk of the Board of Sup	ervisors
Application for Appointment (Please circle one)	to: Board 1 or Board 2 or	Board 1 alternate Board 2 alternate	
Enter your name, mailing address and daytime available for public review, you may list your bu address or other personal contact information.	siness/office address, telephor	ne number and e-mail addres	s in lieu of your home
Do you authorize release of your private/pe	ersonal information?	yes 🔲 no	1 01 1
Name: Margaret 11. Ruxte	Home Address:	" - Green	wich Street
City: <u>6an Francisco</u> Business Address: <u>1737 Unio.</u>	State:	_ <u>Fj</u> Zip code:	94123
Business Address: 1737 Unio.	Ctrut City: Sen	Francistate: CA	Zip Code: <u>94 /3</u> 3
Home PhoneV	Vork Phone: 4/5,57	7.34/6 Fax #: 41.	<u>5.771:9351</u>
Pager #:	E-Mail Address: _	a city livings	ficon
Are you a United States citizen, or a reside	-	2	
Have you ever been convicted of a felony in would be a felony? Yes No (If yes, please attach a statement of the date of the conviction(s), and the	lescribing the offense(s) for	which you have been conv	
public accountant or public accountant, by a nationally recognized professional Real Estate Appraiser or by the State Bosubmitted with this application form. The nominated for appointment to their same	organization, or property pard of Equalization. Docu his requirement does not a	appraiser certified by eit mentation of qualifying e	her the Office of experience must be
Please state your qualifications: <u>flotive</u>	Mamble of his Contraction Real Es	FAR BOXET LICE	1. Karnia, 1. s. 2005
Please state your business and/or profession	onal experience:	16: TOTOR (1	(Syears)-
Occupation Real Istale Braker 11	AHDMAN Education	UCUA BH. 1983	Duke Law J.D.19
Civic Activities: Advisory Brand Mem.	ver-con Hollow	Acsociation	
Ethnicity (optional):	Sex (options		
Other Personal Information (optional)			**************************************
Would you be able to attend Day Meetings? How many days a week would you be avail. Have you attended an Assessment Appeals	able for hearings?	Night meetings?	Yes □ No
Appearance before the RULES CO Please Note:	MMITTEE is a requirement Your application will be reta		can be made.
,	oplicant's Signature: Ma		
For Office Use Only: Appointed to Board #			

#### Fee Type: F

Date Deposited: 8/31	/2010	
Receipt No.: 14886	Check Amount: \$180.00 Date Received: 7/14/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0237	\$60.00 BANER, TAMMY	0496 015C
2010-0238	\$60.00 BANER, TAMMY	0496 015C
2010-0239	\$60.00 BANER, TAMMY	0496 015C
	•	•
Receipt No.: 14887		
Check No.: 1010	Check Amount: \$60.00 Date Received: 7/16/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0240	\$60.00 CHEEK, EMIKO	8704 110
Receipt No.: 14888		
Check No.: 537	Check Amount: \$60.00 Date Received: 7/19/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0241	\$60.00 SCHOR, DAMON	0436F040
	•	•
Receipt No.: 14889		
Check No.: 5001	Check Amount: \$60.00 Date Received: 7/16/2010	·
Application No.	Fee Amount Applicant Name	APN
2010-0242	\$60.00 LU, RONNIE	1561 048
Receipt No.: 14891		
Check No.: 1213	Check Amount: \$60.00 Date Received: 7/16/2010	
		APN
Application No. 2010-0244	Fee Amount Applicant Name \$60.00 JARVIS, TED	0479 013
2010-02-4	εφου.ου JARVIS, IDD	0477 013
Receipt No.: 14892		
Check No.: 207	Check Amount: \$60.00 Date Received: 7/16/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0245	\$60.00 FORD, DAVID	6730 046
Receipt No.: 14893	·	
Check No. 105837	Check Amount: \$30.00 Date Received: 7/19/2010	
Application No.	Fee Amount Applicant Name	APN 2728 011
2010-0246	\$30.00 W2007 HWD REALTY, LLC	3738 011
Receipt No.: 14894		~~
Check No.: 106155	Check Amount: \( \scale{1}\)\$30.00\)  Date Received: 7/19/2010	
Application No.	Fee Amount Applicant Name	APN
2010-0246	\$30.00 W2007 HWD REALTY, LLC	3738 011
Receipt No.: 14895		
Check No.: (105838)	Check Amount: \$10.00 Date Received: 7/19/2010	

Applicant Name

3718 012

2010-0247

Application No.

W2007 HWD REALTY, LLC

Fee Amount

\$30.00

# EMENT OF ECONOMIC INTERESTS

Date Received

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A Public Document

2010 APR -1 PM 3:56

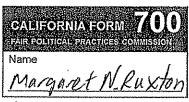
Please type or print in ink.	tone Document Link River
NAME (LAST) OV TETRST)	(MIDDLE) DAYTIME THE FRIENCE WILLIAMED
Ruxton By Margaret	Mielsen (415)
MAILING ADDRESS STREET CITY (Business Address Acceptable)	STATE ZIP CODE 5 Y OPTIONAL E-MAIL ADDRESS
- Greenwich St. St	FCA 94123
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	* <b>} !</b>
Name of Office, Agency, of Court.	➤ Total number of pages including this cover page:
Board of Supervisors	
Division, Board, District, if applicable:	➤ Check applicable schedules or "No reportable interests."
ASSESSMENT Appeals Board	I have disclosed interests on one or more of the
Your Position:	attached schedules:
Board Member	Schedule A-1  Yes – schedule attached
► If filing for multiple positions, list additional agency(ies)/	Investments (Less than 10% Ownership)
position(s): (Attach a separate sheet if necessary.)	Schedule A-2 Yes – schedule attached
Agency:	Investments (10% or Greater Ownership)
	Schedule B Yes – schedule attached
Position:	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 Payments)
State	Schedule D Yes – schedule attached
County of San Francisco	Income – Gifts
City of	Schedule E Yes - schedule attached
Multi-County	Income - Gilts - Travel Payments
Other	-or-
	, ,
3. Type of Statement (Check at least one box)	No reportable interests on any schedule
Assuming Office/Initial Date://	
	5. Verification
Annual: The period covered is January 1, 2009, through December 31, 2009.	I have used all reasonable diligence in preparing this
-or-	statement. I have reviewed this statement and to the best
O The period covered is/, through	of my knowledge the information contained herein and in any attached schedules is true and complete.
December 31, 2009.	·
Leaving Office Date Left://	I certify under penalty of perjury under the laws of the State
(Check one)	of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the	2/2/12
date of leaving office.	Date Signed 3 /2 9 / 10 (month, day, year)
-or-	
O The period covered is/, through the date of leaving office.	Signature Magnet N Rox (File the criginally signed statement with your hiting official.)
Candidate Election Year:	ti to the vigarily signed statement with your ming official.)

# **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

~

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
_City Living SF	Basswate Capital LLC
Name /	Name
_1737 Union St. SF.	2717 Greenwick St. St
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
Carried and a complete the box, then go to 2	business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Investment/Consulting Go
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership	Solo Brandatavakia
YOUR BUSINESS POSITION Broker Other	YOUR BUSINESS POSITION Husband Chairman
. 337 337 337 337 337 337 337 337 337 33	TOOK BUSINESS POSITION
SZEIDENTIEWTHEIGROSS INCOME RECEIVED INCHIDE YOUR DROPATAN	-2 Intentity due organs income account
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY (RUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	□ \$0 - \$499
☐ \$500 - \$1,000 ☐ OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000
LJ \$1,001 - \$10,000	\$1,001 - \$10,000
S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE pained a separate sheet if necessary)	➤ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Machine special sheet) I medically
2022 MCOME OF TIO,000 OX MOXE lattach a sobalate sheet if necessary	
	Central Garden & Pet
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR JRUST:
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
· ·	
Name of Business Entity or	
Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
	and the state of t
,	
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
. FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000 / / 09 / / 09	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Vivola	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Properly Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Commenter	
Comments:	FPPC Toll From Helplings SCS(ACK FORD)
	FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

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



STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
1370 Washington Street	
CITY	CITY
San Francis ed	·
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S10.001 - \$100.000/////	\$10,001 - \$100,000 / / 09 / / 09
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
V -	
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
	,
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$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.
The same of the sa	
Trich reginer Jordan Keese, I'm + none	
Brish Feenen ) Ordan Klest, (Im + onne Bralles Jerry Cer Borreson Robin Irelan	
Bradley Jerney Borreson Robin Ireland Masha paint Matt O'thord Erin Grabe	
Trish Feenen Jordan Reese, Tim + Anne Bradley Jennifer Borreson Robin Ireland Matha Anniahi Math O'thard, Erin crass Karen La torre	
FAVER LA TUIL	
You are not required to report loans from commercial	lending institutions made in the lender's regular course
You are not required to report loans from commercial of business on terms available to members of the pu	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans
You are not required to report loans from commercial	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pu	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial of business on terms available to members of the purand loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000
You are not required to report loans from commercial of business on terms available to members of the purand loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from commercial of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000
You are not required to report loans from commercial of business on terms available to members of the purand loans received not in a lender's regular course of the purand loans received	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whighest Balance during reporting period  \$500 - \$1,000 \$1,001 - \$10,000

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Margaret N. Ruxto	2

► 1. INCOME RECEIVED	► 1. INCOME/RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Hutonet Mobile Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1700 Montsomery St. SF	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 9411	BUSINESS ACTIVITY, IF ANY, OF SOURCE
FINANCE YOUR BUSINESS POSITION	
Neal Ruxton husband, CFO	YOUR BUSINESS POSITION
, , , , , , , , , , , , , , , , , , , ,	•
GROSS INCOME RECEIVED / \$500 - \$1,000   \$1,001 - \$10,000	GROSS INCOME RECEIVED
\$500 - \$1,000  \$1,001 - \$10,000  \$1,001 - \$10,000  \$1,001 - \$10,000  \$1,001 - \$10,000  \$1,001 - \$1,000  \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,001 - \$1,000  \$1,	\$1,001 - \$10,000 \$1,001 - \$10,000 OVER \$100,000
	<del></del>
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Loan repayment	Salary Spouse's or registered domestic partner's income
	Loan repayment
Sale of(Property, cor, boat, etc.)	Sale of (Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	C commission or C Ivernal income, list each source of \$10,000 of more
Other(Describe)	Other
(Destribe)	. (Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
·	lending institutions, or any indebtedness created as part
or a retail installment of credit card transaction, made	in the lender's regular course of husiness on terms
available to members of the public without regard to v	our official status. Personal loans and loans received
not in a lender's regular course of business must be o	lisclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% L] None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY. OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Stroet address
S500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
	•
Comments:	

#### San Francisco BOARD OF SUPERVISORS

Date Printed: September 8, 2010

Date Established:

December 24, 1998

Active

#### ASSESSMENT APPEALS BOARD NO. 2

#### Contact and Address:

Dawn Duran Assessment Appeals Board City Hall, Room 405

Phone: (415) 554-6778 Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

#### **Authority:**

Administrative Code Chapter 2B et seq.; Added by Ordinance 37-67, approved 1/31/67; 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. 2 consists of eight members, five regular members, and three alternate members all of whom are appointed by the Board of Supervisors.

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 Appraiser; or he or she is a current member of an assessment appeals board.

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing

#### San Francisco BOARD OF SUPERVISORS

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. 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. Assessment Appeals Board No. 2 shall have jurisdiction to only hear applications for reduction for property on the secured or unsecured rolls assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Blocks 1-876, inclusive, or Assessor's Blocks 3701-3899 inclusive. Except not including residential real property on the secured roll consisting of four units or less that is located all or in part within those blocks.

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