File No. 150930

Committee Item No. \_\_\_\_6 Board Item No.

# COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date September 24, 2015

**Board of Supervisors Meeting** 

Date \_\_\_\_\_

#### **Cmte Board**

	Motion
	Resolution
	Ordinance
	Legislative Digest
	Budget and Legislative Analyst Report
	Youth Commission Report
	Introduction Form
	Department/Agency Cover Letter and/or Report
	Memorandum of Understanding (MOU)
	Grant Information Form
$\square$	Grant Budget
Π	Subcontract Budget
Π	Contract/Agreement
	Form 126 - Ethics Commission
$\square$	Award Letter
X	Application
X	Form 700
X	Vacancy Notice
X	Information Sheet
	Public Correspondence

(Use back side if additional space is needed) OTHER

		·
	$\square$	
$\square$		
$\square$		
Π		· · · · · · · · · · · · · · · · · · ·

Completed by:	Alisa Somera	Date September 18, 2015
Completed by:		Date

# Assessment Appaals Board City and County of Sand Francisco

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

2-3 mar



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

					· · · · · · · · · · · · · · · · · · ·	
	Complete a	nd return this origin	al Application	n to the Asse	ssment Appeals Boa	rd
Applicatio	•	nent to:	Board Board Board	12 or	Board 1 Altern Board 2 Altern Board 3 Altern	ate
available for	ame, malling addres public review, you r ther personal conta	nay list your business/o	ne number in the ffice address, te	e spaces provide lephone numbe	ed. Because this form is r and e-mail address in it	a document eu of your home
Do you auth	norize release of y	our private/personal	information?	yes	🔀 no	
Name:	-OUISA I	NENDOZA	Home Add	ress:	MINNESOT	H-ST
City:	AN FRAN	clsus C	State	: <u>CA</u>	Zip code:	4103
Business A	ddress: <u>980</u>	MINNESON	4-ST " Cityi	SAW FRA	J State: CAT ZI	Code: 14107
Home Phon	1e: 415	Work P	hone: <u>215_</u> 8	3243514	Fax #: 415 8	8243618
Pager #:	····	E-Mail	Address;	Lmmpin	10	
Are you a U	Inited States citize	en, or a resident alier	who is eligible	e for and has a	pplied for citizenship?	🛛 Yes 🗌 No
be a felony (If y	? 🔲 Yes 🛛 🕅 N /es, please attach	o a statement describi	ng the offense	(s) for which y	nse which, if committe ou have been convicte	
		iction(s), and the cou 393-98 the followin			d:	<u>م الله المحمول الم المحمول من المالي و من المحمول و من المحمول من المحمول و من المحمول و من المحمول و من المحمو</u>
accountant nationally re Appraiser o application same seats	or public account acognized profess r by the State Bos form. This requires	ant; (2) licensed real sional organization, o ard of Equalization, I ement does not apply	estate broker; property appi pocumentation to incumbent	(3) attorney; c aiser certified of qualifying e board membe	of the following: (1) cer r (4) property appraise by either the Office of experience must be su rs nominated for appo	r accredited by a Real Estate bmitted with this intment to their
101401	GALTY YVI	ANAGER		and the second		Hill for any
70K-1	T. YILS IN C	OMMERCEAL, N	TIX USE T	CE CI MANGHE	HA REALESS	VIT UNUT UNUT
Occupation	REAL ESF	HTE BROKE	Ed Ed	ucation:	BS FINANOL	E .
Civic Activit	lies: <u>Boar</u>	O OF RE	4-5737	دىلە <del>سىرىمى ، سىمىلىقىتىرىمىيىرى ، ئەترىمى</del>		
Ethnicity (o	ptional):	مېرىم قايانىي بېرى ئېرىكى بىلى ئۇزىلىلەر بېرىمى بېرىمى قارىغى تەرىپىرىز	, Sex (op	tional): 🔲 N	n ØF	
Other Pers	onal Information (	optional)	a	<del>رون بر </del>	ىرىمى ئەرىسىيە بىرىكى بېرىمىيە ئەللەك يېرىمىيە ئەللەك يېرىمىيە ئەللەك يېرىمىيە تەركى يېرىمىيە يەرىكى يېرىكى يې يېرىمى ئەرىسىيە بېرىكى بېرىمىيە بېرىكى بېرىمىيە بىرىكى يېرىمىيە بىرىكى يېرىمىيە بىرىكى يېرىكى يېرىكى يېرىكى يېر	
Would you How many	be able to attend days a week wou	Day Meetings?	Yes No hearings?	How	ning meetings? 🛛 many evenings a wee No	k?
Apj	pearance before	the RULES COMM	TEE is a required annual of w	ill be retained	for one year.	
Date:	20/2015	Applica	nt's Signature:	- Labert		
	Lise Only Anno	inted to Board #:	Se	eat #:	Term Expires	Baylead July 2013
LOL ONICE	and music school				м	

06060029-NFH-0029	~	~	Date Initial Filing	
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT		STATEMENT OF ECONOMIC IN LEGIS	E-Filed 03/30/2015 18:33:32 Filing ID:	
Please type or print in ink.			154836833	
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
Mendoza, Louisa	·	· · · · · · · · · · · · · · · · · · ·		
1. Office, Agency, or	Court			
Agency Name (Do not us	e acronyms)	. <u> </u>		
City and County of	San Francisco			
Division, Board, Departme	nt, District, if applicable	Your Position		

Member

Position:

2.	Jurisdiction of Office (Check at least one box)			
X State		Judge or Court Commissioner (Statewide Jurisdiction)		
	Multi-County	County of		
	X City of San Francisco	Other		
3.	Type of Statement (Check at least one box)			
	X Annual: The period covered is January 1, 2014, through December 31, 2014	Leaving Office: Date Left//     (Check one)		
	-or- The period covered is/, through December 31, 2014	O The period covered is January 1, 2014, through the date of leaving office.		
	Assuming Office: Date assumed	O The period covered is/, through the date of leaving office.		
	Candidate: Election Year and office sough	t, if different than Part 1:		
4.	Schedule Summary	······································		
	Check applicable schedules or "None."	► Total number of pages including this cover page:4		
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached		
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached		
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
	-or-			
	None - No reportable	interests on any schedule		

5. Verification

Assessment Appeals Board

Agency:

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) San Francisco CA 94107 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 03/30/2015 Signature Louisa Mendoza (File the originally signed statement with your filing official.) (month, day, year)

Comments: \_

### SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) CALIFORNIA FORM 700

Name

<u>Mendoza, Louisa</u>

Do not attach brokerage or financial stater	nents.
---	--------

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Fidelity Mutual Funds	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investments	
FAIR MARKET VALUE         X \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More ( <i>Report on Schedule C</i> )	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More ( <i>Report on Schedule C</i> )
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE         \$2,000 - \$10,000       \$100,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT       [Oescribe]         Stock       Other         (Describe)       [Describe]         Partnership       O Income Received of \$0 - \$499         O Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other
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:
//// ACQUIRED DISPOSED	

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

Name

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Mendoza, Louisa

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
88 Orsi Circle	139 Valmar St.
CITY	CITY
San Francisco	San Francisco
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         □ \$2,000 - \$10,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000
NATURE OF INTEREST       X     Ownership/Deed of Trust     Easement	NATURE OF INTEREST
Leasehold [] Other	Leasehold [] Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	<b>\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000</b>
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	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.
	lending institutions made in the lender's regular course o vithout regard to your official status. Personal loans and ess must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*

BUSINESS ACTIVITY, IF ANY,	OF LENDER	BUSINESS ACTIVITY, IF ANY, O	OF LENDER	
INTEREST RATE	TERM (Months/Years)	INTEREST RATE	TERM (Months/Years)	
% 🔲 None		% 🗌 None	<u></u>	
HIGHEST BALANCE DURING	REPORTING PERIOD	HIGHEST BALANCE DURING	REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000		· [] \$500 - \$1,000 []	· \$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000	] OVER \$100,000	\$10,001 - \$100,000	OVER \$100,000	
Guarantor, if applicable		Guarantor, if applicable	Guarantor, if applicable	

Comments: \_\_

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Mendoza, Louisa

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
M & M Financial Services	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, Ca 94107	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Management	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Broker	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
X \$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 (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of (Real property, car, boal, etc.)	Real property, car, boat, etc.)
(Real property, car, boal, etc.)	(Real property, car, boat, etc.)
X Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	(Describe)

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% %  None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	sonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
<pre>\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000</pre>	Guarantor	City
OVER \$100,000	Cther	(Describe)
Comments:		

FPPC Form 700 (2014/2015) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

# Assessment Appe Soard City and County of San Francisco





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

Complete and return this origi	nal Application to the Asse	ssment Appeals Board	
Application for Appointment to: (Please circle one)	Board 1 or Board 2 or Board 3 or	Board 1 Alternate Board 2 Alternate Board 3 Alternate	
Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.			
Do you authorize release of your private/persona	l information? 🔲 yes	🖌 no	
Name: DANIEL HERSKIKOWI	🕹 Home Address:	- vale rare	
City:SF	State: CVA	Zip code: 94132	
Business Address:	City:	State: Zip Code:	
Home Phone: Cell 415	hone:	Fax #:	
	Address: MRDIAN TV	487 rc 6	
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? X Yes I 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	ng qualifications are requir	ed:	
A person shall not be eligible for nominations she has a minimum of five years' professional ex- accountant or public accountant; (2) licensed real nationally recognized professional organization, of Appraiser or by the State Board of Equalization, application form. This requirement does not app same seats.	derience in this state as one l'estate broker; (3) attorney; or property appraiser certifiec Documentation of qualifying	of the following: (1) certified public or (4) property appraiser accredited by a I by either the Office of Real Estate experience must be submitted with this	

Please state your qualifications: #2 #3 (incumbert as Negular, Board'
Please state your business and/or professional experience:
Occupation: BROKER/LAWYES Education: BS J.D.
Civic Activities:
Ethnicity (optional): Sex (optional): F
Other Personal Information (optional)
Would you be able to attend Day Meetings?       Yes       No       Evening meetings?       Yes       No         How many days a week would you be available for hearings?       How many evenings a week?       How many evenings a week?         Have you attended an Assessment Appeals Board meeting?       Yes       No
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made
Date:       8       11       15       Applicant's Signature:       10

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

Term Expires:

060600029-NFH-0029	
water and the second state of the	_ `

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC IN LAESTS

COVER PAGE

Date Initial Filing
Received
Official Use Only

E-Filed 03/04/2015 13:58:04 Filing ID:

Please	type or print in ink.		Filing iD: 154402139
NAME OF	FILER (LAST)	(FIRST)	(MIDDLE)
Hersl	nkowitz, Daniel		
1. Off	ice, Agency, or Court		
Age	ncy Name (Do not use acronyms)		
Cit	y and County of San Francisco		
Divi	sion, Board, Department, District, if applicable	Your Position	
Ass	sessment Appeals Board	Member	
► If	filing for multiple positions, list below or on an attachment. (Do	not use acronyms)	
Age	ncy;	Position:	
2. Ju	risdiction of Office (Check at least one box)		n an
	State	Judge or Court Commissioner	(Statewide Jurisdiction)
	Multi-County	X County of San Francisc	
	City of		
3. Ty	pe of Statement (Check at least one box)	• • • • • • • • • • • • • • • • • • •	
X	Annual: The period covered is January 1, 2014, through December 31, 2014	Leaving Office: Date Left _ (Check one)	
	-or- The period covered is/, through December 31, 2014	O The period covered is leaving office,	January 1, 2014, through the date of
	Assuming Office: Date assumed	• O The period covered is of leaving office.	/, through the date
	Candidate: Election Year and office sources	ght, if different than Part 1:	
4 Sc	hedule Summary		
	ck applicable schedules or "None."	► Total number of pages including this	s cover page: <u>2</u>
·	Schedule A-1 - Investments - schedule attached	Schedule C - Income Loans & B	usiness Positions – schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – sc	
	Schedule B - Real Property - schedule attached		avel Payments - schedule attached
	-or-		· .
	None - No reportal	le interests on any schedule	
5. Ver	ification		
MAII		CITY STATE	ZIP CODE
References of		San Francisco CA	94132
DAY		E-MAIL ADDRESS	1
( 	) ve used all reasonable diligence in preparing this statement. I ha	ve reviewed this statement and to the best of n	w knowledge the information contained
	ein and in any attached schedules is true and complete. I acknow		iy mowedge the information contained
l ce	rtify under penalty of perjury under the laws of the State of	California that the foregoing is true and co	rrect.
<b>.</b>	e Signed _03/04/2015	Signature	
Dat		Sinusine Danter Hersuvowicz	

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Hershkowitz, Daniel

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Real estate commissions real estate broker.	
Independent Contractor.	Real estate commission. Independent contractor.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, Ca 94132	San Francisco, Ca 94132
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate commissions	Realtor. Commissions
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Independent contractor - realtor	Realtor.
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
□ \$500 - \$1,000 □ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	☐ \$10,001 - \$100,000 I OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Real property, car, boal, etc.)	Sale of
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other Real estate commissions - realtor	X Other Real estate commission.
X Other (Describe)	(Describe)
1 · · ·	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 None	9
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Pe	rsonal residence
	Real Property	Street address
HIGHEST BALANCE DURING REPORTING PERIOD		
<b>\$500 - \$1,000</b>		Cily
<b>\$1,001 - \$10,000</b>	Guarantor	
\$10,001 - \$100,000		
OVER \$100,000	Other	
		(Describe)
	· · ·	
Comments:		

FPPC Form 700 (2014/2015) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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



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

	original Application to the Assessment Appeals Board
Application for Appointment to: (Please circle one)	Board 1 or Board 1 Alternate Board 2 or Board 2 Alternate
	Board 3 or Board 3 Alternate
	elephone number in the spaces provided. Because this form is a document iness/office address, telephone number and e-mail address in lieu of your home
Do you authorize release of your private/per	rsonal information? 🕅 yes 🔲 no
Name: Angela M. Chew	ng Home Address: Clay Street
city: Son Francisco	State: Zip code:44.09
Business Address: <u>1725 Clay Stre</u>	ot # 102 city: San Francisco State: CA Zip Code: 94109
Home Phone: V	Vork Phone: (45) 706-7688 Fax #: (45) 276-602
Pager #: E	-Mail Address: ON Q P Q Q
Are you a United States citizen, or a resider	nt alien who is eligible for and has applied for citizenship? X Yes I No
be a felony? Yes No	n this state, or convicted of any offense which, if committed in this state, would escribing the offense(s) for which you have been convicted,
the date of the conviction(s), and the	
Pursuant to Ordinance No. 393-98 the fol	
she has a minimum of five years' profession accountant or public accountant; (2) license nationally recognized professional organizat Appraiser or by the State Board of Equaliza	mination for membership on an assessment appeals board unless he or nal experience in this state as one of the following: (1) certified public nd real estate broker; (3) attorney; or (4) property appraiser accredited by a tion, or property appraiser certified by either the Office of Real Estate tion. Documentation of qualifying experience must be submitted with this t apply to incumbent board members nominated for appointment to their
Please state your qualifications: <u>T'm si H</u> Pro <u>Sessional Since 1992 20</u>	ing on Board 3 of AAB. I've been a real estate brained Eroker Wense in 1996. I own My prokerage for
Please state your business and/or profession Pillar Copital with 23 t	mal experience: Monogine Broker Preinlent of
Occupation: Keal Estate Droke	Education: B.S. Degree in Finance
Civic Activities: Regular blood	donard city charity events supporter.
Ethnicity (optional):	
Other Personal Information (optional)	
How many days a week would you be availa Have you attended an Assessment Appeals	
	DMMITTEE is a requirement before any appointment can be made. Your application will be retained for one year.
Date: Angust 12, 2015 A	
For Office Use Only: Appointed to Board #	: Seat #: Term Expires:

060600 <u>0</u> 29-NFH-0029	$\sim$	Date Initial Filing
CALIFORNIA FORM 700	STATEMENT OF ECONOMIC IN LRESTS	Received
FAIR POLITICAL PRACTICES COMMISSION		E-Filed
A PUBLIC DOCUMENT	COVER PAGE	03/22/2015 21:04:38

Please type or print in ink.		Filing ID: 154680419
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cheung, Angela		
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City and County of San Francisco		· · ·
Division, Board, Department, District, if applicable	Your Position	· · · · · · · · · · · · · · · · · · ·
Assessment Appeals Board	Member	·
$\blacktriangleright$ If filing for multiple positions, list below or on an attachment. (	Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		· · · · · · · · · · · · · · · · · · ·
State	Judge or Court Commissione	er (Statewide Jurisdiction)
Multi-County	X County of San Francisc	20
City of		
3. Type of Statement (Check at least one box)		an a
X Annual: The period covered is January 1, 2014, through December 31, 2014	Leaving Office: Date Left (Check one)	//
-or- The period covered is <u>12 / 18 / 2013</u> , throu December 31, 2014	gh O The period covered is leaving office.	January 1, 2014, through the date of
Assuming Office: Date assumed/	<ul> <li>The period covered is _ of leaving office.</li> </ul>	/, through the date
Candidate: Election Year and office s	sought, if different than Part 1:	
4. Schedule Summary	anna ann an ann an ann an ann ann ann a	
Check applicable schedules or "None."	► Total number of pages including th	is cover page:3
Schedule A-1 - Investments - schedule attached	X Schedule C - Income, Loans, &	Business Positions – schedule attached
X Schedule A-2 - Investments - schedule attached	Schedule D - Income – Gifts – s	chedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income – Gifts – 7	ravel Payments - schedule attached
-or	-	
None - No repor	table interests on any schedule	
5. Verification		n en
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
	San Francisco CA	94109
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
( )		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed	Signature _ Angela Cheung
(monih, day, year)	(File the originally signed statement with your filing official.)
·	

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **100** FAIR POLITICAL PRACTICES COMMISSION Name

Cheung, Angela

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Pillar Capital	
Name	Name
San Francisco, CA 94109	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Brokerage Firm	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
	\$2,000 - \$1,999 \$2,000 - \$10,000///
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
X \$100,001 - \$1,000,000	
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Other	Other
YOUR BUSINESS POSITION President/Managing Broker	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	□ \$0 - \$499
□ \$10,001 - \$100,000 □ \$500 - \$1,000	\$500 - \$1,000 OVER \$100,000
□ \$1,001 - \$10,000	□ \$1,001 - \$10,000 ····
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)           X         None         or         Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	None or Names listed below
	· · · · · · · · · · · · · · · · · · ·
·	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
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:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
<b>\$2,000 - \$10,000</b>	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
keenst	
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	FPPC Form 700 (2014/2015) Sch. A-2
Comments:	FPPC Advice Email: advice@fppc.ca.gov
	FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

,0606.00029-NFH-0029

# SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM

Name

Cheung, Angela

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Pillar Capital	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, CA 94109	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	□ \$10,001 - \$100,000 □ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use ' Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan répayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
Other (Describe)	(Describe)
Other	Contraction (Describe)
Other	RIOD RIOD Rending institutions, or any indebtedness created as part of e lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender's
Other	RIOD Rending institutions, or any indebtedness created as part of e lender's regular course of business on terms available t tatus. Personal loans and loans received not in a lender's
Other	(Describe) RIOD lending institutions, or any indebtedness created as part of e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws:
Other	Conter
Other	Control Other
Other	Conter
Other	RIOD RIOD Rending institutions, or any indebtedness created as part of e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)% None SECURITY FOR LOAN None Personal residence Real Property
Other	Image: Constraint of the section of the sectin of the section of the section of the section of the section of
Other	Conter
Control (Describe)  C. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE  You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	RIOD RIOD Rending institutions, or any indebtedness created as part of e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)% None SECURITY FOR LOAN None Personal residence Real Property
Conter	Image: Constraint of the second se
Control (Describe)  C. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE  You are not required to report loans from commercial I retail installment or credit card transaction, made in the members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	City

Comments:

FPPC Form 700 (2014/2015) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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



Complete and return this original Application to the Assessment Appeals Board

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

Application for Appointment to: (Please circle one)	Board 1 Board 2 Board 3	or or ( or	Board 1 Alternate Board 2 Alternate Board 3 Alternate	
Enter your name, mailing address and daytime telephone if for public review, you may list your business/office address other personal contact information.	number in the spaces	provided.	Because this form is a document available	;
Do you authorize release of your private/personal inf	ormation?	ves 🛛	no	
Name: Joyce Lewis	Home Address:		48th Are	
city: San Francisco			Zip code: 94122	۰.
Business Address: 4150 Clement St. B	da City: St	2	State: <u>CA</u> Zip Code: <u>94121</u>	
Home Phone: (415) Work Pho	ne: (4/5) 750-2	288	Fax #:	
Pager #: A E-Mail Add	dress: forfice	. lewi	s 250	
Are you a United States citizen, or a resident alien w				
Have you ever been convicted of a felony in this state would be a felony? Yes Into (If yes, please attach a statement describing the date of the conviction(s), and the court(s	the offense(s) for w	' hich you		
Pursuant to Ordinance No. 393-98 the following o	ualifications are re	equired:		-
A person shall not be eligible for nomination she has a minimum of five years' professional expen accountant or public accountant; (2) licensed real es nationally recognized professional organization, or p Appraiser or by the State Board of Equalization. Doo application form. This requirement does not apply to same seats.	ience in this state as tate broker; (3) attor roperty appraiser ce cumentation of qual no incumbent board n	s one of t ney; or ( rtified by fying exp nembers	he following: (1) certified public 4) property appraiser accredited by a either the Office of Real Estate perience must be submitted with this nominated for appointment to their	
Please state your qualifications: <u>HCen Sed</u>			<u> </u>	
Please state your business and/or professional expensional experience	rience: <u>Incun</u> d <u>Givern</u>	n ben nent Tu (ic	A <u>Commissioner/Itea</u> attorney Doctorate Santa Clara	ng'
Civic Activities: Incumbert ASSESS		s 1	d., nenter Universit	4
	<b>.</b>			
Ethnicity (optional):	Sex (optional):	M	∐F	
Other Personal Information (optional)				
Would you be able to attend Day Meetings? How many days a week would you be available for h Have you attended an Assessment Appeals Board m	earings? 1-2	-	neetings?	
Appearance before the RULES COMMITTE	E is a requirement	before a	any appointment can be made.	
Date: 8/24/2015 Please Note: Your ap	plication will be reta		felin	
For Office Use Only: Appointed to Board #:	Seat #:	haaad	Term Expires:	

Revised July 2013

060600029-NFH-0029 CALIFORNIA FORM FAIR POLITICAL PRACTICES O A PUBLIC DOCUM	COMMISSION MENT	MENT OF ECONOMIC IN LAESTS	Date Initial Filing Received Official Use Only E-Filed 03/26/2015 21:50:46 Filing ID: 154793863
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Lewis, Joyce	C ~		
1. Office, Agency, or	· · · · · · · · · · · · · · · · · · ·		
Agency Name (Do not us	• •	· · · · · · · · · · · · · · · · · · ·	
City and County of Division, Board, Departmen	· · · · · · · · · · · · · · · · · · ·	Your Position	
Assessment Appeals		Alternate Board Member	
	tions, list below or on an attachmen		
Agency:		Position:	
2. Jurisdiction of Off	ice (Check at least one box)		
X State	·	Judge or Court Commissioner (Statewid	e Jurisdiction)
X Multi-County San Fra	ancisco	X County of <u>San Francisco</u>	
X City of San Fra	ncisco	Other	·
3. Type of Statement	(Check at least one box)		<mark>den ander ander ander</mark>
X Annual: The period December 3	covered is January 1, 2014, throu	ugh Leaving Office: Date Left/ (Check one)	
<b>-or-</b> The period o December	covered is/, th 31, 2014	hrough O The period covered is January leaving office.	1, 2014, through the date of
Assuming Office: D	Date assumed///	O The period covered is/ of leaving office.	/, through the date
Candidate: Election	Year and offi	fice sought, if different than Part 1:	
4. Schedule Summar	~		
4. Schedule Summar Check applicable schedu	*	► Total number of pages including this cover p	age:2
	stments – schedule attached	· · · · · · · · · · · · · · · · · · ·	-
	stments – schedule attached	Schedule C - Income, Loans, & Business P Schedule D - Income – Gifts – schedule att	
	roperty - schedule attached	Schedule E - Income – Gifts – Travel Paym	
		-Or-	
	None - No re	eportable interests on any schedule	
5. Verification			
MAILING ADDRESS	STREET	CITY STATE	ZIP CODE
(Business or Agency Address Re	commended - Public Document)		
DAYTIME TELEPHONE NUMBER	R	Sann Francisco CA	94122
( )			
I have used all reasonable	diligence in preparing this statemen	nt. I have reviewed this statement and to the best of my knowled	dge the information contained
		I acknowledge this is a public document.	
I certify under penalty of	I perjury under the laws of the St	tate of California that the foregoing is true and correct.	
10 10 5 10 5		Tours Tours	

Date Signed	Signature	Joyce newis
(month, day, year)		(File the originally signed statement with your filing official.)

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

**CALIFORNIA FORM** 

FAIR POLITICAL PRACTICES COMMISSION

Lewis, Joyce

Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1561 48th Ave 3 CITY	CITY
San Francisco           FAIR MARKET VALUE         IF APPLICABLE, LIST DATE:           \$2,000 - \$10,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      /
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Vrs. remaining Other	Leasehold [] Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
X \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	<b>\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000</b>
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
· · · · · · · · · · · · · · · · · · ·	

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	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
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	<b>\$500 - \$1,000 \$1,001 - \$10,000</b>
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

Comments: \_

**BOARD of SUPERVISORS** 



City Hall 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco 94102-4689 Tel. No. 554-5184 Fax No. 554-5163 TDD/TTY No. 554-5227

### VACANCY NOTICE

### **ASSESSMENT APPEALS BOARD NO. 2**

#### **Replaces All Previous Notices**

NOTICE IS HEREBY GIVEN of the following vacancies:

**Vacant seat 1**, succeeding Louisa Mendoza, term expiring on September 7, 2015, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 3, 2018.

**Vacant seat 5**, succeeding Daniel Hershkowitz, term expiring on September 7, 2015, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 3, 2018.

**Vacant seat 6** (Alternate Member), succeeding Joyce Lewis, term expiring on September 7, 2015, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 3, 2018.

**Vacant seat 7** (Alternate Member), succeeding Diana Daniel, term expiring on September 7, 2015, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 3, 2018.

**<u>Prohibition</u>**: No member shall, within the three years immediately preceding his/her appointment to the Board, have been an employee of an assessor's office.

Page 2

Report: None.

Sunset Date: None.

Additional information relating to the Assessment Appeals Board No. 2 may be obtained by reviewing Administrative Code, Chapter 2B, available at <u>http://www.sfbos.org/sfmunicodes</u> or by visiting the Assessment Appeals Board's website at <u>http://www.sfbos.org/aab</u>.

Interested persons may obtain an application from the Assessment Appeals Board website at <u>http://www.sfbos.org/aab\_app</u> or from the Rules Committee Clerk, and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. <u>All applicants must be residents of San Francisco, unless otherwise</u> stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Board must complete and submit, with their application, a copy (**not original**) of their Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at http://www.sfbos.org/form700.

<u>Next Steps</u>: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if the vacancies for this Board are still available or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.

Angela Calvillo

Clerk of the Board

DATED/POSTED: August 7, 2015

#### San Francisco BOARD OF SUPERVISORS

Date Printed: September 18, 2015

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 No. 37-67; Amended by Ordinances Nos. 110-68, 82-94, 86-96, 393-98, 273-99, and 128-13) and California Revenue and Taxation Code, Section 1620-1630.

#### **Board Qualifications:**

The Assessment Appeals Board No. 2 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. No person may concurrently hold a seat on more than one of the three Assessment Appeals Boards.

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 California Revenue and Taxation Code, Section 1624.05, as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant or Public Accountant; licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization.

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 have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing

### San Francisco BOARD OF SUPERVISORS

officers in the following priority order: (1) the regular member of Assessment Appeals Board No. 3; (2) the alternate members of Assessment Appeals Board No. 3; (3) the alternate members of Assessment Appeals Board No. 2; (4) the alternate members of Assessment Appeals Board No. 1; (5) the regular members of Assessment Appeals Board No. 2; and (6) 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 hear applications for reductions only for property assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Block Nos. 1-876 or 3701-3899, and reduction for residential real property consisting of four units or less within Assessor's Block Nos. 1-876 or 3701-3899.

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

Report: Pursuant to California Revenue and Taxation Code, Section 1639, 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.

Sunset Clause: None