File No. _____ 171031

Committee Item No. ____3 Board Item No.

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date September 27, 2017

Board of Supervisors Meeting

Motion Resolution Ordinance

Legislative Digest

Introduction Form

Grant Budget

Award Letter **Application** Form 700

Vacancy Notice Information Sheet

Public Correspondence

Youth Commission Report

Grant Information Form

Form 126 - Ethics Commission

Subcontract Budget **Contract/Agreement**

Budget and Legislative Analyst Report

Memorandum of Understanding (MOU)

Department/Agency Cover Letter and/or Report

Date OCTOBER 3 2017

Cmte Board

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Completed by: _	Alisa Somera		Date S	September 22, 2017
Completed by:	VYoung		Date	\$128117
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PREPARED IN COMMITTEE 09/27/17

MOTION NO.

[Appointments, Assessment Appeals Board No. 1 – Scott Spertzel, Edward Campana, Diane Robinson and Richard Lee]

Motion appointing Scott Spertzel and Edward Campana, terms ending September 3, 2018, and reappointing Diane Robinson and Richard Lee, terms ending September 7, 2020, to the Assessment Appeals Board No. 1.

MOVED, That the Board of Supervisors of the City and County of San Francisco does hereby appoint the hereinafter designated persons to serve as members of the Assessment Appeals Board No. 1, pursuant to the provisions of California Revenue and Taxation Code, Section 1620 et seq., and San Francisco Administrative Code, Section 2B.1 et seq., for the terms specified:

Scott Spertzel, Seat 2, succeeding Joseph Tham, resigned, 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 the unexpired portion of a three-year term ending September 3, 2018.

Diane Robinson, Seat 3, succeeding themselves, term expired, 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 the unexpired portion of a three-year term ending September 7, 2020.

Edward Campana, Seat 5, succeeding Mark Watts, resigned, 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 the unexpired portion of a three-year term ending September 3, 2018.

Richard Lee, Seat 7 (Alternate Member), succeeding themselves, term expired, 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 the unexpired portion of a three-year term ending September 7, 2020.

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



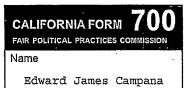
City Hall, Room 405 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board	
Application for Appointment to: (Please circle one) Board 2 Board 2 Board 2 Board 2 Board 3 Or Board 1 Alternate Board 2 Board 3 Or Board 3 Or Board 3 Or 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/personal information? 🔀 yes 🗌 по	
Name: CAMPANA Home Address:	
City: SAN FEANCISCO State: CA Zip code: 94114	
Business Address: 1801 LOMBARD ST City: SANTRANCED State: CR Zip Code: 94123	
Home Phone: 415 447-8704 Fax #: 415 447-8877	
Pager #: N/A E-Mail Address:	
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:	
A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.	
Please state your qualifications: REAL ESTATE BROKER FOR 30 YEARS	
Please state your business and/or professional experience: 30 years of REALESTATE TRANSACTIONS IN RESIDENTIAL AND CONVIETCUAL REAL ESTATE IN SAN FRANCISCO.	
Occupation: REALESTINE BROKER Education: BA(SJSU) MSW (BERKELS) DOW (ABOB)
Civic Activities: POLICE COMISSIONER (AGNOS & JOEDAN) CASA TOARD/MEMBER, LOS CIEN, HEDRANIC Civic Activities: POLICE COMISSIONER (AGNOS & JOEDAN) CASA TOARD/MEMBER, LOS CIEN, HEDRANIC	ł
Ethnicity (optional): LATINO Sex (optional): X M C F	Æ
Other Personal Information (optional) HAVE SERVED AS ALTENATE FOR AAB ON BOARDS 1,243	
Would you be able to attend Day Meetings? X Yes No Evening meetings? Yes No How many days a week would you be available for hearings? And Time How many evenings a week? No Have you attended an Assessment Appeals Board meeting? X Yes No	
Appearance before the RULES COMMITTEE is a requirement before any appointment can be made. Please Note: Your application will be retained for one year.	
Date: 8-11-2017 Applicant's Signature	
For Office Use Only: Appointed to Board #: Seat #: Term Expires:	
Revised July 2013	
520	

060	D60600029-NFH-0029 Date Initial Filing				
	CALIFORNIA FORM 700	STATEMENT C	of economic in	ITERESTS	Received official Use Only E-Filed
FA	AR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT	C	COVER PAGE		
Ple	ase type or print in ink.				Filina ID'
NAN	AE OF FILER (LAST)	tel anna della til gan billi for deservationers de	(FIRST)	• • • • • • • • • • • • • • • • • • •	(MIDDLE)
Ca	ampana, Edward James		•		
1.	Office, Agency, or Court	generateria dal dal manana degla da si da		ang	
	Agency Name (Do not use acronyms)				······································
	City and County of San Francisco				
	Division, Board, Department, District, if applicable		Your Position		
	Assessment Appeals Board		Member		
	➤ If filing for multiple positions, list below or on a	in attachment. (Do not ur	se acronyms)		
	Agency: _*SEE ATTACHED FOR ADDITIONA	L POSITIONS	Position:		
$\overline{2}$	Jurisdiction of Office (Check at least	one box)	, yang kalan dan ¹⁹⁹⁶ - yang periodo periodo kalan 1999 (1997		
-	State		_ Judge or Court	Commissioner (State)	vide Jurisdiction)
	Multi-County		_	•	•
	City of		-		
-					
3.	Type of Statement (Check at least one	box)			
	X Annual: The period covered is January 1 December 31, 2016	, 2016, through	Leaving Offic (Check one)	e: Date Left/	
	-or- The period covered is/ December 31, 2016	/, through	O The perio leaving off		y 1, 2016, through the date of
	Assuming Office: Date assumed	<u> </u>	O The period of leaving		, through the date
	Candidate: Election Year	and office sought, if	different than Part 1:		
4.	Schedule Summary (must complete) > Total number	of pages including	this cover page	6
	Schedules attached		or pages including	uns cover page.	<u></u>
	X Schedule A-1 - Investments - schedule	affached	X Schedule C - Incor	ne Loons & Rusines	s Positions - schedule attached
	Schedule A-2 - Investments - schedule		•	ne, 20ans, a busines ne – Gifts – schedule	•
	Schedule B - Real Property - schedule				ayments - schedule attached
-(or-				
	□ None - No reportable interests on	any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY		STATE	ZIP CODE
			Francisco	CA	94123
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
	()		<u></u>		· · · · · · · · · · · · · · · · · · ·
	I have used all reasonable diligence in preparing herein and in any attached schedules is true an				wledge the information contained
	I certify under penalty of perjury under the la	aws of the State of Cali	fornia that the foregoing	is true and correct.	
	Date Signed _02/16/2017		Signature	ames Campana	·
,	(monih, day, year)		(File	the originally signed statemer	nt with your filing official.)
				FPPC Adv	FPPC Form 700 (2016/2017) ce Email: advice@fppc.ca.gov

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

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment



* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page,

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Assessment Appeals Board	alternate	Annual 1/1/2016 - 12/31/2016
City and County of San · Francisco	Assessment Appeals Board	Member	Annual 1/1/2016 - 12/31/2016

FPPC Form 700 (2016/2017) Expanded Statement FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1

Investments



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

Campana, Edward James

₽	NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY
	apple		IBM
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
•	electronics		Computers
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Ver \$1,000,000 Ver \$1,000,000		FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	·	NATURE OF INVESTMENT X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
A	NAME OF BUSINESS ENTITY Apache GENERAL DESCRIPTION OF THIS BUSINESS 011		 NAME OF BUSINESS ENTITY ATandT GENERAL DESCRIPTION OF THIS BUSINESS phone company
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT		FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
	X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		X Stock (Describe) Image: Constraint of the store of
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
*	NAME OF BUSINESS ENTITY	$\left \right $	► NAME OF BUSINESS ENTITY
	Silicon Valley Bank GENERAL DESCRIPTION OF THIS BUSINESS		dodge and cox GENERAL DESCRIPTION OF THIS BUSINESS
	Equity fund		mutual fund
	FAIR MARKET VALUE \$2,000 - \$10,000 X \$100,001 - \$100,000 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 X Stock Other Other (Describe) Partnership O Income Received of \$0 - \$499		NATURE OF INVESTMENT Image: Stock Other Image: Constraint of the store in the
	Partnership O income Received of \$0 - \$499 O income Received of \$500 or More (Report on Schedule C)		Participant of the conversion of the second of the se
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
с	comments:		

FPPC	Form	700	(2016/2017)	Sch.	A-1

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Comments: _

SCHEDULE A-1 Investments

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMIS

Name

Campana, Edward James

Do not attach brokerage or financial statements.

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

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
oakmark global	perkins mid cap GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	General Description of this business
mutual fund	mutual fund
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 [X] \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock
	(Describe)
Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
vanguard growth	face book
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
mutual fund	social media
FAIR MARKET VALUE	FAIR MARKET VALUE
[] \$2,000 - \$10,000 [X] \$10,001 - \$100,000	x \$10,000 - \$10,000 x \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
X Stock Other (Describe)	X Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ishares	barclays
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
· ·	
EFT	BFT
FAIR MARKET VALUE	FAIR MARKET VALUE
x \$10,000 - \$10,000 x \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	1 8

FPPC Form 700 (2016/2017) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toil-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDU Interests in Re (Including Rent	al Property Name
► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
171 Warm Springs Road	
Kenwood	
KERNOOD 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 Clher	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499\$500 - \$1,000\$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	Store \$10,001 - \$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
	vithout regard to your official status. Personal loans and
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)
% Done%	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD

Guarantor, If applicable

\$10,001 - \$100,000

S500 - \$1,000

Comments: _____

1,001 - \$10,000

OVER \$100,000

S500 - \$1,000 - \$1,000

\$10,001 - \$100,000

Guarantor, if applicable

FPPC Form 700 (2016/2017) Sch. B FPPC Advice Email: advlce@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

S1,001 - \$10,000

SCHEDULE C				
Income,	Loans,	&	Business	
Positions				



Campana, Edward James

Name

(Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Coldwell Banker	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, Ca 94114	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate broker	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Broker	
GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$	\$500 - \$1,000
X \$10,001 - \$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 Schedula 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.)
	(Real property, cer, boat, etc.)
Sale of (Real property, car, boat, etc.)	
Loan repayment	🔲 Loan repayment
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)
Dther (Describe)	Other (Describe)
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER 	
· · · · · · · · · · · · · · · · · · ·	
	ending 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	None Personal re	esidence
· · · · · · · · · · · · · · · · · · ·	Real Property	•
HIGHEST BALANCE DURING REPORTING PERIOD	· ·	Street address
☐ \$500 - \$1,000	· ····································	City
\$1,001 - \$10,000		·
S10,001 - \$100,000	Guarantor	·····
OVER \$100,000	Other	
· · · ·		(Describe)
		· · ·
Comments:		

FPPC Form 700 (2016/2017) 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



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

Complete and return this original Application to the Assessment Appeals Board RECEIVED
Application for Appointment to: Board 1 or Board 1 Alternate AUG 1 2017 (Please circle one) Board 2 or Board 2 Alternate Board 3 or Board 3 Alternatessessment Appeals Board
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: Diane Kobinsm Home Address:
City: Sam Francisco State: CA Zip code: 99122
Business Address: City: Hall Rn 405 City: Sen France State: P Zip Code: 44102
Home Phone Fax #: Fax #:
Pager #: E-Mail Address:
Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Ves 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 Von (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: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.
Please state your opening in a proporty approver according by
Please state your business and/or professional experience: 1. hape, had a long on regulation appropriate and a long the long of the long o
Occupation: RE appressed Education: MBA Cornell University
Civic Activities: <u>GG Heights Neights Associaton</u>
Ethnicity (optional):
Other Personal Information (optional)
Would you be able to attend Day Meetings? Yes No Evening meetings? Yes Yo How many days a week would you be available for hearings? 5 How many evenings a week? 7 Have you attended an Assessment Appeals Board meeting? Yes No
Appearance before the <i>RULES COMMITTEE</i> is a requirement before any appointment can be made. Please Note: Your application will be retained for one year.
Date: \$/12/17 Applicant's Signature:
For Office Use Only: Appointed to Board #: Seat #: Term Expires:
Revised July 2013

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT		F ECONOMIC INTERESTS OVER PAGE	Date Initial Filing Received Official Use Only E-Filed 03/04/2017 12:28:00 Filing ID:
Please type or print in ink.			
NAME OF FILER (LAST)		(first)	(MIDDLE)
I. Office, Agency, or Court	<u> </u>		
Agency Name (Do not use acronyms)	<u> </u>	***************************************	<u> </u>
City and County of San Francisco		•	
Division, Board, Department, District, if applicable	<u></u>	Your Position	
Assessment Appeals Board		Member	
 If filing for multiple positions, list below or on an a 	attachment. (Do not us		
		· · ·	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)	· .	
		Judge or Court Commissioner (Statewide J	urisdiction)
Multi-County		X County of San Francisco	
City of	· · · · · · · · · · · · · · · · · · ·	. Other	•
3. Type of Statement (Check at least one bo	 x)	······································	•
X Annual: The period covered is January 1, 2 December 31, 2016	016, through	Leaving Office: Date Left/ (Check one)	
-or- The period covered is/. December 31, 2016	, through	O The period covered is January 1, a leaving office.	2016, through the date
Assuming Office: Date assumed/	/	O The period covered is	/, through the date
Candidate: Election Year	and office sought, If	different than Part 1;	
4. Schedule Summary (must complete) Schedules attached	► Total number	of pages including this cover page:	<u> </u>
 Schedule A-1 - Investments - schedule at Schedule A-2 - Investments - schedule at Schedule B - Real Property - schedule at 	tached	Schedule C - Income, Loans, & Business Pos Schedule D - Income – Gifts – schedule attac Schedule E - Income – Gifts – Travel Paymer	hed
-or-	y schedule		•
5. Verification	2 1		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	San	Francisco CA	94122
		E-MAIL ADDRESS	
i have used all reasonable diligence in preparing this herein and in any attached schedules is true and c		I viewed this statement and to the best of my knowledge ge this is a public document.	e the information containe
l certify under penalty of perjury under the laws	of the State of Califo	ornia that the foregoing is true and correct.	
Date Signed(month, day, year)		Signature	our filing official.)
· · · · · · · · · · · · · · · · · · ·			PC Form 700 (2016/20 nall: advice@fppc.ca.c 75-3772 www.fppc.ca.c

SCHEDULE A-1

Investments



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

Robinson, Diane

Do not attach brokerage or financial statements.

D-	NAME OF BUSINESS ENTITY	>	► NAME OF BUSINESS ENTITY
•	Caterpillar		Costco
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	heavy equipment manufacturer		warehouse stores
	FAIR MARKET VALUE \$2,000 - \$10,000 X \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		FAIR MARKET VALUE [X] \$2,000 - \$10,000 \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		NATURE OF INVESTMENT Image: Stock Image: Other
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	// // ACQUIRED DISPOSED		ACQUIRED DISPOSED
⊳	NAME OF BUSINESS ENTITY	T	NAME OF BUSINESS ENTITY
	Ford		Home Depot
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	automobile manufacturer		Warehouse hardware store
	FAIR MARKET VALUE \$2,000 - \$10,000 X \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		FAIR MARKET VALUE \$2,000 - \$10,000 X \$10,001 - \$100,000 S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Image: Stock Other (Describe) Image: Partnership O Income Received of \$0 - \$499 Image: Operation of the partnership O Income Received of \$500 or More (Report on Schedule C)		NATURE OF INVESTMENT Image: Stock investment in the image: Stock interpretation inter
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
-			
►	NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY
	VCA		General Electric
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	veterinarian group		diversified manufacturer
	FAIR MARKET VALUE		FAIR MARKET VALUE
	x \$2,000 - \$10,000		x \$10,000 - \$10,000 x \$10,001 - \$100,000
	S100,001 - \$1,000,000		S100,001 - \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT X Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
		11	

Comments: _

FPPC Form 700 (2016/2017) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1 Investments

CALIFORNIA FORM 700

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

Robinson, Diane

Name

Do not attach brokerage or financial statements.

⊳	NAME OF BUSINESS ENTITY	≻	NAME OF BUSINESS ENTITY
•	Oracle Corporation		Johnson and Johnson
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	software manufacturer		pharmaceuticals
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X \$2,000 - \$10,000		\$2,000 - \$10,000 X \$10,001 - \$100,000
	S100,001 - \$1,000,000		🗍 \$100,001 - \$1,000,000 , 📋 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other (Describe)	ŀ	X Stock Other
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Roport 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:
		1	
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Bank of America		Cummins
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	banking		engine manufacturer
	FAIR MARKET VALUE		FAIR MARKET VALUE
	S2,000 - \$10,000 X \$10,001 - \$100,000		X \$2,000 - \$10,000
	S100,001 - \$1,000,000		S100,001 - \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other (Describe)		X Stock Other
	Partnership O Income Received of \$0 - \$499	·	(Describe)
	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:
•			
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
┢	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Intel Corporation		Verizon
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Computer chip maker		communications
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 X \$10,001 - \$100,000		S2,000 - \$10,000 X \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other (Describe)		X Stock Other (Describe)
	Partnership () income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	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:
	/		
	ACQUIRED DISPOSED		ACQUIRED DISPOSED

Comments:

FPPC Form 700 (2016/2017) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

;

SCHEDULE A-1 Investments



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

Robinson, Diane

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Facebook	VCA Incorporated
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
social network	Veterinary offices
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	X \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	. NATURE OF INVESTMENT
X Stock Other	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
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:
08 / 02 / 16 / /	· <u>08 / 02 / 16</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Verizon	Synovus Financial
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
telecommunications	Regional bank
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(edinzed)
Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
08 / 02 / 16/ /	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
· · · · · · · · · · · · · · · · · · ·	· · · · ·
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
S100,001 - \$1,000,000 Over \$1,000,000	[] \$100,001 - \$1,000,000 [] Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Slock Diher (Describe)	Stock Other (Describe)
Partnership O income Received of \$0 - \$499	Partnership O income Received of \$0 - \$499
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:
////	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: ___

FPPC Form 700 (2016/2017) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

2



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

Complete and return this original A	Application to the A	ssessment Appeals E	Board Incumbant
Application for Appointment to: (Please circle one)	Board 1 Board 2 Board 3	or Board 1 Alte or Board 2 Alte or Board 3 Alte	ernate Seal # 7
Enter your name, mailing address and daytime telephone na available for public review, you may list your business/office address or other personal contact information.			
Do you authorize release of your private/personal info	-	-	
Name: Richard Lep	Home Address:		
City: San Franciscu .	State:CA	Zip code:	94139
Business Address:	City:	State:	Zip Code:
Home Phone: Work Phon	e:	Fax #:	、 <u> </u>
Pager #: E-Mail Add	ress:		
Are you a United States citizen, or a resident alien wh	no is eligible for and l	has applied for citizens!	nip? 🕅 Yes 🗌 No
Have you ever been convicted of a felony in this state be a felony? (If yes, please attach a statement describing the date of the conviction(s), and the court(s)	the offense(s) for wh	ich vou have been conv	victed.
Pursuant to Ordinance No. 393-98 the following qu	ualifications are red	nuired:	
nationally recognized professional organization, or pro Appraiser or by the State Board of Equalization. Doc application form. This requirement does not apply to same seats. Please state your qualifications: <u>CA</u> Real C	umentation of qualify incumbent board me	ing experience must be mbers nominated for a	e submitted with this 🔗
Please state your qualifications:			,
Please state your business and/or professional exper	ience: <u>Membe</u> -	of Assessment	Appeds Buch.
Occupation: Poperty manser	Education:	B-S in Busin	৫৩
Civic Activities:			······································
Ethnicity (optional):	Sex (optional):	I∭M □F	
Other Personal Information (optional)	· · · · · · · · · · · · · · · · · · ·		
Would you be able to attend Day Meetings? Ye How many days a week would you be available for he Have you attended an Assessment Appeals Board m	earings? Flexible		
Appearance before the RULES COMMITTE			ent can be made.
Date: 81117 Please Note: Your ap	Signature:	(20
For Office Use Only: Appointed to Board #:	Seat #: 532 [.]	Term Exp	ires: Revised July 2013

· ·			
0600029-NFH-0029		Date Initial Fil Received	÷
CALIFORNIA FORM / UU	STATEMENT OF ECONOMIC II	NTERESTS Official Use Only	<u></u>
A PUBLIC DOCUMENT COVER PAGE		02/21/2017 18:03:52	
lease type or print in ink.		Filing ID:	J
ME OF FILER (LAST)	(FIRST)	(MIDDLE)	0
Lee, Richard			
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		
► If filing for multiple positions, list below or on an	attachment. (Do not use acronyms)		
Agency:	Position:		
. Jurisdiction of Office (Check at least one		an an an an Michiel an Anna Anna Anna A	مرد <u>ف</u> فقتها
State	·	rt Commissioner (Statewide Jurisdiction)	
—		•	
Multi-County	• •		
X City of San Francisco	Other		
. Type of Statement (Check at least one bo	x) [.]		
X Annual: The period covered is January 1, 2 December 31, 2016	016, through Leaving Office (Check one)	ice: Date Left/	
-or- The period covered is/ December 31, 2016	, through O The period leaving of	iod covered is January 1, 2016, through the dat ffice, ·	le of
Assuming Office: Date assumed	O The perio of leaving	od covered is/, through the da g office.	ate
Candidate: Election Year	and office sought, if different than Part 1:		
4. Schedule Summary (must complete) Schedules attached	► Total number of pages including	this cover page:	
Schedule A-1 - Investments - schedule a	itached Schedule C - Inco.	ome, Loans, & Business Positions – schedule attac	hed
Schedule A-2 - Investments - schedule a	ttached Schedule D - Inco	ome - Gifts - schedule attached	
Schedule B - Real Property - schedule a	itached Schedule E - Incol	ome – Gifts – Travel Payments – schedule attached	t
-or-			
🗵 None - No reportable interests on an	y schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	
	San Francisco	CA 94102	
	E-MAIL ADDRESS		
() I have used all reasonable diligence in preparing th herein and in any attached schedules is true and d			ined
I certify under penalty of perjury under the law			
D-4-01-02/21/2017	Signature	Lee	
Date Signed 02/21/2017 (month, day, year)	Signature(Fil	Lee	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FPPC	FPPC Form 700 (2016/ FPPC Advice Email: advice@fppc.c Toll-Free Helpline: 866/275-3772 www.fppc.c	a.gc

RECEIVED SEP 0 6 2017

Assessment Appeals Board City and County of San Francisco

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



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

Complete and return th	nis original App	plication to the	Assessi	nent Appeals	Board	
Application for Appointme (Please circle one)	·	Board 1 Board 2 Board 3	⊃or or or	Board 1 Alte Board 2 Alte Board 3 Alte	ernate	
Enter your name, mailing address and daytime for public review, you may list your business/o other personal contact information.	e telephone numb ffice address, tele	er in the spaces p phone number an	orovided. Id e-mail a	Because this fo address in lieu o	rm is a docume f your home a	ent available ddress or
Do you authorize release of your private/p	personal information	ation? 🛛 ye	es 🔲	no		
Scott Spertzel Name:	Hoi	me Address:				
City:		State:		Zip code:		· .
Business Address:21 Columbus Ave, S	Suite 211	San Fra	ncisco	State:CA	Zip Code:	94111
Home Phone:						
Pager #:	E-Mail Address	s:				
Are you a United States citizen, or a resid	lent alien who is	eligible for and	has app	lied for citizens	ship? 🔀 Ye	s 🗌 No
Have you ever been convicted of a felony would be a felony? (If yes, please attach a statement the date of the conviction(s), and	t describing the	offense(s) for w	hich you			state,
Pursuant to Ordinance No. 393-98 the						<u> </u>
A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.						
Please state your qualifications:	ed Public Accou	ntant, Certified F	Fraud Ex	aminer and Bo	ard Member	for past eight
Please state your business and/or profes						
Occupation: Consultant		_ Education:_		Business Adm	inistration Co	ncentration
Civic Activities: Board Member St. Anne	e of the Sunset	РТО	Accou	nung	·	<u> </u>
Ethnicity (optional):		Sex (optional):	Шм	🗌 F		
Other Personal Information (optional)						
Would you be able to attend Day Meetin How many days a week would you be av Have you attended an Assessment Appe Appearance before the <i>RULES</i>	vailable for heari eals Board meet	ing? 🛛 Yes	How ma	g meetings? any evenings a any appointm	a week? <u>0</u>	······································
Please No		ation will be reta				
والم الحال المن المن المن المن المن المن المن ال				¥		
For Office Use Only: Appointed to Boar	°O #:	Seat #:		Term Ex		ed July 2013

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT -/lease type or print in ink.	T OF ECONOMIC IN A ESTS COVER PAGE	Date Initial Filing Received <i>official Use Only</i> E-Filed 02/23/2017. 11:54:15 Filing ID: 163458146
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Spertzel, Scott	بر میرونی بر روی برای می بر این میرون بر این این میرون بار این این این بار این میرون بر این این این میرون این ا	and a second
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	Alternate Board Member	м
► If filing for multiple positions, list below or on an attachment. (Do not be the second se		
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
State	Judge or Court Commissioner (Statewide	Jurisdiction)
Multi-County	X County of San Francisco	
City of	Other	
3. Type of Statement (Check at least one box)		
 Annual: The period covered is January 1, 2016, through December 31, 2016 	Leaving Office: Date Left/ (Check one)	
-or- The_period covered is/, through December 31, 2016	 The period covered is January 1, leaving office. 	2016, through the date of
Assuming Office: Date assumed//	O The period covered is/ of leaving office.	, through the date
Candidate: Election Year and office sou	ight, if different than Part 1:	
 4. Schedule Summary (must complete) ► Total nun Schedules attached 	nber of pages including this cover page:	5
Schedule A-1 - Investments - schedule attached	🗴 Schedule C - Income, Loans, & Business Po	sitions - schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income – Gifts – schedule atta	
Schedule B - Real Property – schedule attached	🔲 Schedule E - Income – Gifts – Travel Payme	ents - schedule attached
-or-		
□ None - No reportable interests on any schedule		· · · ·
5. Verification		•
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	94111
· · · · · · · · · · · · · · · · · · ·		
I have used all reasonable diligence in preparing this statement. I hat herein and in any attached schedules is true and complete. I acknow		ge the information contained
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.	
Date Signed 02/23/2017 (month, day, year)	Signature <u>Scott</u> Spertzel (File the originally signed stalement with	your filing official.)
		PPC Form 700 (2016/201 Email: advice@fppc.ca.go

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov ÷

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

.

Name

1

Spertzel, Scott

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Five Corners Consulting Group	
Name	Name
San Francisco, CA 94111	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 I Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consulting .	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
50 - \$1,999 \$2,000 - \$10,000	\$2,000 - \$1,999 \$2,000 - \$10,000
X \$10,001 - \$100,000 ACQUIRED DISPOSED	S10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000 ☐.Over \$1,000,000	Since State
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Partnership Sole Proprietorship	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Principal	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	 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
└ \$500 - \$1,000	VER \$100,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
Proskauer Rose LLP	
Pepper Hamilton LLP	
► 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:	
Name of Business Entity, if Investment, <u>or</u>	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
During the Division Articles on	Description of Publicon Articlu or
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	S100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Conter Conter Leasehold	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:5	FPPC Form 700 (2016/2017) Sch. A- FPPC Advice Email: advice@fppc.ca.go FPPC Toll-Free Helpline:866/275-3772 www.fppc.ca.go

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SCHED Interests in F (Including Re	Real Property
SSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1735 7th Ave	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 Dther
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED Image: Solution in the state
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)
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	

537

FPPC Form 700 (2016/2017) Sch. B FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov .

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

ALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Spertzel, Scott

	► ► 1. INCOME RECEIVED AND A DATA AND AND AND AND AND AND AND AND AND AN			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
JAMS	City & County of San Francisco			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
San Francisco, CA 94111	San Francisco, CA 94103			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Salary	Salary			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Practice Development Manager	Alternate Board Member			
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED IN No Income - Business Position Only			
\$500 - \$1,000 \$1,001 - \$10,000	□ \$500 - \$1,000			
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary X Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	X Salary Device 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.)			
Sale of (Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
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)			
Other	Other			
(Describe) ► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(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 LC	DAN
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Streèt address
\$500 - \$1,000		. City
□ \$1,001 - \$10,000 □ \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		
• •		FPPC Form 700 (2016/2017) Sch. C

Comments: _

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· S	CHEDU	LE	C
Income,	Loans,	&	Business
	Positic	ns	5

(Other than Gifts and Travel Payments)

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

Spertzel, Scott

He OF SOURCE OF INCOME den Gate University PRESS (Business Address Acceptable) a Francisco, CA 94105 I Francisco, CA 94105 INRESS ACTIVITY, IF ANY, OF SOURCE ary JR BUSINESS POSITION funct Professor DSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 [X] \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Stary 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.) Sale of	NCOME RECEIVED ME OF SOURCE OF INCOME DRESS (Business Address Acceptable) DRESS (Business Address Acceptable) SINESS ACTIVITY, IF ANY, OF SOURCE UR BUSINESS POSITION OSS INCOME RECEIVED No Income - Business Position (\$500 - \$1,000 \$10,001 - \$100,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 NSIDERATION FOR WHICH INCOME WAS RECEIVED 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
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FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Assessment Appe 3 Board City and County of San Francisco

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



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

	this original Application to the Asses	ssmem 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
nter your name, mailing address and day vailable for public review, you may list you ddress or other personal contact informati	ime telephone number in the spaces provide r business/office address, telephone numbe on.	r and e-mail address in lieu of wir home
o you authorize release of your priva	te/personal information? 🔲 yes	no
lame: Elizabeth Zoreh	Home Address:	
City:SF	State: CA.	Zip code: _9411
Business Address: Sam as a b	City:	State: Zip Code:
Iome Phone:	Work Phone:	
Pager #:	E-Mail Address:	
· ·	· · · · · · · · · · · · · · · · · · ·	applied for citizenship? 🔀 Yes 🗌 No
the date of the conviction(s), a Pursuant to Ordinance No. 393-98 th	ent describing the offense(s) for which y and the court(s) that convicted you.) he following qualifications are require the commention for membership on on on	ed:
she has a minimum of five years' profe accountant or public accountant; (2) li nationally recognized professional org Appraiser or by the State Board of Equ application form. This requirement do same seats. Please state your qualifications: Tar Nember of Care State Board Please state your business and/or pro	essional experience in this state as one consed real estate broker; (3) attorney; of anization, or property appraiser certified unlization. Pocumentation of qualifying es not apply to incumberit board members of an attack of the source of t	or (4) property appraiser accredited by a I by either the Office of Real Estate experience must be submitted with this pers nominated for appointment to their starte bology and the second collection of the second for the secon
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CALIFORNIA FORM 700

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A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

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Please type or print in ink.			•	
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Zareh	Elizabeth	وروار والمراجع المراجع والمراجع	A	
1. Office, Agency, or Court		••		
Agency Name (Do not use acronyms)		•		,
City and County of San Francisco				
Division, Board, Department, District, if applicable	<u> </u>	Your Position		
Assessment Appeals Board		Board Mer	neber	
► If filing for multiple positions, list below or on an attachme	ent. (Do not use acr	ronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one box)	nagari samatana no na	statedaren den len bergi erre Belefen kommungete	ni Manua Sumanan yang di Sung Sung Sung Sung Sung Sung Sung Sung	<u>, , , , , , , , , , , , , , , , , , , </u>
☐ State		Judge or Co	urt Commissioner (Sl	atewide Jurisdiction)
Multi-County		County of		·
City of San Francisco		-		
			· - · · · · · · · · · · · · · · · · · ·	······································
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2015, throug December 31, 2015.	gh .	Leaving O (Check one		
-or- The period covered is/ December 31, 2015,	, through	leaving	office.	ry 1, 2015, through the date of
Assuming Office: Date assumed//		The-per	riod covered is	<u>22</u> 2017 , through
Candidate: Election year and	office sought, if diffe	erent than Part 1;		
 4. Schedule Summary (must complete) Schedules attached ☑ Schedule A-1 - Investments - schedule attached ☑ Schedule A-2 - Investments - schedule attached ☑ Schedule B - Real Property - schedule attached Or- ☑ None - No reportable Interests on any schedule 	⊡s ⊡sc ⊡sc	chedule C - Incol chedule D - Incol	me, Loans, & Busines me – Gilts – schedule	ss Positions – schedule attached
5. Verification				were it is a second to the second
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
Business of Agency Address Recommended - Public Document	San Francisco)	CA	94111
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS		
	•		•	
I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete.	ent. I have reviewed . I acknowledge this	d this statement a s is a public docu	nd to the best of my I ment.	knowledge the information contained
I certify under penalty of perjury under the laws of the		-		ct.
a 191117-	~			
Date Signed (month, day, year)	Sign	nature	(Filo the originally signed stat	ement with your living official.)
		FPI		FPPC Form 700 (2015/201 Advice Email: advice@fppc.ca.g e: 866/275-3772 www.fppc.ca.g
	5	41		

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SCHEDULE A-1 Investments

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

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

Е

Name

Do	not	attach	hrokerage	or	financial	statements.
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Ξ	liza	be	th	Zar	eh

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Master Card
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Credit card	Credit card
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 🗹 \$10,001 - \$100,000	. □ \$2,000 - \$10,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
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:
<u> </u>	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Square Inc.	La Quinta
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Hotels
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S10,001 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
Loos	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 15 1 15	
/ <u>/ 15</u> / <u>/ 15</u> ACQUIRED DISPOSED	/ <u>/_15_</u> / <u>/_15_</u> ACQUIRED DISPOSED .
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Tweeter	SNAP Chat
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Social media	·
FAIR MARKET VALUE	FAIR MARKET VALUE
✓ \$2,000 - \$10,000 S10,001 - \$100,000	Ø\$2,000 - \$10,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other
(Describe)	(Describe)
Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
,	
<u>/</u>	//_15

FPPC Form 700 (2015/2016) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

Elizabeth Zareh

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST				
Zareh & Associates	Nas Group, Inc.				
Namo	Name				
1 Embarcadero Center, # 1020, SF CA 94111	1 Embarcadero Center, Suite 1020, SF ca 94111				
Address (Business Address Acceptable)	Address (Business Address Acceptable)				
Check one	Check one Trust, go to 2 🛛 🖾 Business Entity, complete the box, then go to 2				
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS				
Law practice	Real Estate / construction				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\$ \$0 - \$1,999				
NATURE OF INVESTMENT	NATURE OF INVESTMENT				
YOUR BUSINESS POSITION Principal Attorney	YOUR BUSINESS POSITION Attorney/broker				
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 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 □ \$500 - \$1,000 ☑ OVER \$100,000 □ \$1,001 - \$10,000					
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate stored if accessory) None or				
······					
 ▲ INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: ■ INVESTMENT ■ REAL PROPERTY 	 ▲ INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY-OR TRUST Check one box: ■ INVESTMENT ■ REAL PROPERTY 				
Name of Business Entity, if investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property				
Description of Business Activity or 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 15 \$10,001 - \$1,000,000 15 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000				
NATURE OF INTEREST	NATURE OF INTEREST				
Loasehold Other	Leasehold Other				
Yrs. remaining	Check box if additional schedules reporting investments or real property are attached				
Comments:	FPPC Form 700 (2015/2016) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpine: 866/275-3772, www.forc.ca.gov				

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700

Name

Elizabeth Zareh

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS			
1159-1161 Pacific Ave	2250 Bowmont Drive			
CITY	CITY			
San Francisco, CA 94133	Beverly Hills CA 90210			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 ///15 \$10,001 - \$1,000,000 ACQUIRED \$100,001 - \$1,000,000 ACQUIRED Ø Over \$1,000,000 Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Ownership/Deed of Trust	Ownership/Deed of Trust			
Leasehold Diher	Leasehold			
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
🔲 \$0 - \$499 🚺 \$500 - \$1,000 🗌 \$1,001 - \$10,000	🗌 \$0 - \$499 🔲 \$500 - \$1,000 🔲 \$1,001 - \$10,000			
🖸 \$10,001 - \$100,000 🔲 OVER \$100,000	☑ \$10,001 - \$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.			
None ·	П Noлe			
	Cory Yates			
· · · ·				
business on terms available to members of the public loans received not in a lender's regular course of busi				
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			
HIGHEST BALANCE DURING REPORTING PERIOD				
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,000 ☐ \$10,000	St0 001 - \$1,000 St0 000			
	S10,001 - \$100,000 OVER \$100,000			
Guarantor, if applicable	Guarantor, if applicable			
·				

Comments:

FPPC Form 700 (2015/2016) Sch. B FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772_www.fppc.ca.gov

SCHEDU Income, Loans, Positic (Other than Gifts and	& Business FAIR POLITICAL PRACTICES COMMISSION Name			
1-INCOME RECEIVED NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED			
Zareh & Associates	Rental			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1 Embarcadero Center, Suite 1020	Bowmont & Pacific			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
law practice				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Attorney				
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED			
\$500 - \$1,000 \$1,001 - \$10,000	□ \$500 - \$1,000 □ \$1,001 - \$10,000			
S10,001 - \$100,000	🗹 \$10,001 - \$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	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
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)			
Other(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)	SECURITY FOR LO	None None	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF LENDER	None None	Personal res	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	,,,,	Street actidness
\$500 - \$1,000	-		City
□ \$1,001 - \$10,000 □ \$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		(Dascribe)
Comments:			
	FPPC T	FPPC	FPPC Form 700 (2015/2016) Sch. C Advice Email: advice@fppc.ca.gov e: 866/275-3772 www.fppc.ca.gov

545

San Francisco BOARD OF SUPERVISORS

Date Printed: February 3, 2017

Date Established:

December 24, 1998

Active

ASSESSMENT APPEALS BOARD NO. 1

Contact and Address:

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

Phone: (415) 554-6778 Fax: (415) 554-6775 Email: Dawn.Duran@sfgov.org

Authority:

Administrative Code, Chapter 2B et seq. (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. 1 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. The regular members of Assessment Appeals Board No. 1 shall serve ex-officio as the regular members of Assessment Appeals Board No. 3 concurrent with their service on Assessment Appeals Board No. 1. No person may concurrently hold a seat on 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

"R Board Description" (Screen Print)

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 have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing 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. 1 shall have jurisdiction to hear applications for reduction affecting any property on the secured or unsecured rolls without limitation. In addition, the Clerk shall exclusively assign to Assessment Appeals Board No. 1 any application for reduction that involves real property located all or in apart within Assessor's Block Nos. 1-876 or 3701-3899, not including residential property consisting of four units or less; a possessory interest; or property on the secured or unsecured roll assessed at \$50,000,000 or more.

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.

"R Board Description" (Screen Print)

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. 1

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies and term expirations (in bold):

Seat 1, Jeffrey Morris, term expires September 2, 2019, 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.

Vacant Seat 2, Joseph Tham, resigned, 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 the unexpired portion of a three-year term ending September 3, 2018.

Seat 3, Diane Robinson, term expires September 4, 2017, 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 7, 2020.

Seat 4, Eugene Valla, term expires September 2, 2019, 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.

Vacant seat 5, Mark Watts, resigned, 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 the unexpired portion of a three-year term ending September 3, 2018.

Seat 6 (Alternate Member), Scott Spertzel, term expires September 3, 2018, 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.

Seat 7 (Alternate Member), Richard Lee, term expires September 4, 2017, 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 7, 2020.

Vacant seat 8 (Alternate Member), succeeding Donna Crowder, resigned, 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 the unexpired portion of a three-year term ending September 3, 2018.

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

Report: None.

Sunset Date: None.

Additional information relating to the Assessment Appeals Board No. 1 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 stated.</u>

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**

Assessment Appeals Board No. 1 VACANCY NOTICE March 14, 2017

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, a vacancy may have already been filled. To determine if a vacancy for this Board is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.

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Angela Calvillo Clerk of the Board

DATED/POSTED: March 14, 2017

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