

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

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 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Johnck, Ellen

## 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

Historic Preservation Commission

Commissioner

▶ 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 Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of San Francisco City of San Francisco Other \_\_\_\_\_

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

 Annual: The period covered is January 1, 2016, through  
December 31, 2016

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2016 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one) The period covered is January 1, 2016, through the date of  
leaving office. The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date  
of leaving office. Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary (must complete)

▶ Total number of pages including this cover page: 1

## Schedules attached

 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

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

San Francisco CA 94111

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 02/02/2017  
(month, day, year)Signature Ellen Johnck  
(File the originally signed statement with your filing official.)