

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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Ple	ease type or print in i	nk.						
NAI	ME OF FILER (LAST)	(FIRST)			(MIDDLE)			
C	orrette	Nicholas						
1.	Office, Agency,	or Court						
	Agency Name (Do no	gency Name (Do not use acronyms)						
	City and County	City and County of San Francisco						
	Division, Board, Depa	ivision, Board, Department, District, if applicable		Your Position				
	Planning Depart	nning Department		Planner III				
	► If filing for multiple	iling for multiple positions, list below or on an attachment. (Do not use acronyms)						
	, OCII Ove	ight Board		Position: Commissioner				
	Agency:			Position	i:			
2.	Jurisdiction of Office (Check at least one box)							
	State	State			☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
	☐ Multi-County	Multi-County		County of				
				-	City and County of S	San Francisco		
3.	Type of Statem	ent (Check at least one box)						
	Decem	Annual: The period covered is January 1, 2020, through December 31, 2020.		Leaving Office: Date Left//(Check one circle.)				
	Decem	The period covered is/, through December 31, 2020 .		 The period covered is January 1, 2020, through the date of leaving office. -or- 				
	Assuming Office	Assuming Office: Date assumed TBD			The period covered is/, through the date of leaving office.			
	Candidate: Date	Candidate: Date of Election and office sought, if different than Part 1:						
4.	Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached							
				•	Schedule C - Income, Loans, & Business Positions - schedule attached			
			Schedule D - Income - Gifts - schedule attached					
	Schedule B -	☐ 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 ss Recommended - Public Document)	CITY		STATE	ZIP CODE		
	49 South Van N	•	San Fr	ancisco	CA	94103		
	DAYTIME TELEPHONE NU	JMBER		EMAIL ADDRESS				
	(628) 652-73	356	moses.corrette@sfgov.org					
		ave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained rein and in any attached schedules is true and complete. I acknowledge this is a public document.						
	I certify under penal	ertify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
	on a week							
	Date Signed 03/04	4/2021 (month, day, year)	Si	gnature	(File the originally signed paper state	tement with your filing official)		
		(o., aa,, your)			sgiriany digitod papel stat	, our ming omoun.)		

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