

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Rigency Name (Do not use acronyms) Historic Preservation Commission	Please type or print in ink.					
1. Office, Agency, or Court Agency Name (Do rod use acronyms) Historic Preservation Commission Division, Board, Department, District, if applicable: Your Position Tiffling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Rigency Name (Do not use acronyms) Historic Preservation Commission	Nageswaran	Ruchira		Dileep		
Historic Preservation Commission Division, Board, Department, District, if applicable Your Position	1. Office, Agency, or Court					
Division, Board, Department, District, if applicable Your Position Commissioner	• • • • • • • • • • • • • • • • • • • •					
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:						
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Division, Board, Department, District, if	applicable	Your Positi	on		
Agency:			Commi	ssioner		
2. Jurisdiction of Office (Check at least one box) State State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through December 31, 2020. The period covered is Judge, Pro Tem Judge, or Court Commissioner (Statement (Check at least one box)) Assuming Office: Or The period covered is January 1, 2020, through December 31, 2020. Assuming Office: Date assumed Or Assuming Office: Date assumed Assuming Office: Date of Election and office sought, if different than Part 1: 4. Schedules Summary (must complete) Schedules Attached Schedules Attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule C - Income – Gilts – Travel Payments – schedule attached Schedule B - Real Property – schedule attached Schedule C - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule C - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Travel Payments – schedule attached Schedule S - Income – Gilts – Schedule S - Income	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
State	Agency:		Position:			
State	2. Jurisdiction of Office (Check	at least one box)				
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through December 31, 2020. The period covered is January 1, 2020, through December 31, 2020. The period covered is January 1, 2020, through December 31, 2020. The period covered is January 1, 2020, through the date of leaving office. Date assumed J. J. The period covered is January 1, 2020, through the date of leaving office. The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period c	☐ State					
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through December 31, 2020. The period covered is January 1, 2020, through December 31, 2020. The period covered is January 1, 2020, through December 31, 2020. The period covered is January 1, 2020, through the date of leaving office. Date assumed J. J. The period covered is January 1, 2020, through the date of leaving office. The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period covered is January 1, 2020, through the date of leaving office. Or The period c	☐ Multi-County		County o	✓ County of San Francisco		
Annual: The period covered is January 1, 2020, through December 31, 2020. The period covered is	<u></u>		Other _			
Annual: The period covered is January 1, 2020, through December 31, 2020. The period covered is	3. Type of Statement (Check at	least one box)				
The period covered is	Annual: The period covered is Ja		Leaving			
The period covered is	The period covered is _	, throuç	leav	-	1, 2020 , through the date of	
4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2 Schedules attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gilts - Schedule attached Schedule E - Income - Gilts - Travel Payments - schedule attached OIT - None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor DAYTIME TELEPHONE NUMBER (415) 986-2327 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 2/12/2021 Signature	Assuming Office: Date assumed/		○ The	○ The period covered is, through		
Schedule A-1 - Investments - 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 (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor DAYTIME TELEPHONE NUMBER (415) 986-2327 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 2/12/2021 Signature	Candidate: Date of Election	and office sou	ight, if different than P	art 1:		
Schedule A-1 - Investments - 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 (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER (415) 986-2327 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 2/12/2021 Signature	4. Schedule Summary (must o	complete) ► Total num	ber of pages incl	udina this cover pag	ne: 2	
Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - 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) 99 Mississippi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER (415) 986-2327 EMAIL ADDRESS (415) 986-2327 ruchira@knapp-architect.com 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 2/12/2021 Signature		, ,	an an pagas man	у се се ред	<u>-</u>	
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) 99 Mississispipi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415) 986-2327 ruchira@knapp-architect.com 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 2/12/2021 Signature Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached State Agency Address Recommends - Public Document) State Zip Code State Zip Code State Agency Address Recommended - Public Document) State Zip Code State Zip Co	Schedule A-1 - Investments –	schedule attached	Schedule C - Ir	ncome, Loans, & Business	Positions – schedule attached	
-Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415) 986-2327 ruchira@knapp-architect.com 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 2/12/2021 Signature	Schedule A-2 - Investments –			Schedule D - Income - Gifts - schedule attached		
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER (415) 986-2327 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 2/12/2021 Signature	☐ Schedule B - Real Property –	schedule attached	Schedule E - Ir	come – Gifts – Travel Pay	vments – schedule attached	
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER (415) 986-2327 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 2/12/2021 Signature	or - None N					
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 99 Mississippi St. 2nd Floor San Francisco CA 94107 DAYTIME TELEPHONE NUMBER [415] 986-2327 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 2/12/2021 Signature	<u>'</u>	nterests on any schedule				
Sum		CITY		STATE	7IP CODE	
DayTime Telephone Number (415) 986-2327 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 2/12/2021 Signature	(Business or Agency Address Recommended - P	Public Document)				
ruchira@knapp-architect.com 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 2/12/2021 Signature	• •	Sar		CA	94107	
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 2/12/2021 Signature						
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 2/12/2021 Signature						
Date Signed 2/12/2021 Signature Ruehii Y. N. Signature						
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	D 1 C		R R.	ehm J. N.	Jun-	
(month, day, year) (File the originally signed paper statement with your filing official.)			Signature	(File the originally signed paper state	ment with your filing official.)	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Frederic Knapp Architect			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
99 Mississippi St, 2nd Flr, San Francisco, CA 94107			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Historic Preservation, Architecture			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Senior Architect			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
✓ \$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 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	Other		
(Describe)	(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN	NG PERIOD		
a retail installment or credit card transaction, made it to members of the public without regard to your offic regular course of business must be disclosed as follows:			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)	%		
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Street address		
\$500 - \$1,000			
\$1,001 - \$10,000	City		
	Guarantor		
\$10,001 - \$100,000			
OVER \$100,000	Other(Describe)		
	(Describe)		
Comments:			