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## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FIL	LER (LAST)		(FIRST)		(MIDDLE)			
Woolfor	d, Paul							
1. Office	e, Agency, or Court							
Agency	/ Name (Do not use acronyms)							
City	and County of San Francisco							
Division	n, Board, Department, District, if applicable		Your Position					
Arts	Commission		Commissio	ner				
► If fili	ng for multiple positions, list below or on an attac	chment. (Do not us	e acronyms)					
Agency	ſ		Position:					
2. Juris	diction of Office (Check at least one bo	x)		5 -				
☐ Sta	te		Judge, Retil (Statewide	red Judge, Pro Tem Jud Jurisdiction)	dge, or Court Commissioner			
☐ Mul	lti-County		X County of	San Francisco				
X City	ofSan Francisco		Other					
3. Type	of Statement (Check at least one box)							
X An	nnual: The period covered is January 1, 2021 December 31, 2021.	through	Leaving O	ffice: Date Left(Check	one circle)			
	The period covered is/	, through	○ The per leaving		1, 2021 through the date of			
☐ As	ssuming Office: Date assumed		· ·	riod covered is/ ng office.	, through the date			
☐ Ca	andidate:Date of Election a	and office sought, if o	lifferent than Part 1:					
4. Sched	dule Summary (must complete)	Total number	of nages including	g this cover page	• 3			
	dules attached	Total Hamber	or pages moraum,	g tino oover page	·			
X	Schedule A-1 - Investments – schedule attach	ed	X Schedule C - Inc	come. Loans. & Busine	ss Positions – schedule attached			
	Schedule A-2 - Investments – schedule attached			Schedule D - Income – Gifts – schedule attached				
	Schedule B - Real Property - schedule attach	ed	Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached			
-or-								
□ No	one - No reportable interests on any sc	hedule						
5. Verifi	cation							
	S ADDRESS STREET ss or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE			
		San I	rancisco	CA	94102			
DAYTIMI /	E TELEPHONE NUMBER		E-MAIL ADDRESS					
l house	J	tomont I have revi	awad this statement an	nd to the heet of my less	wuladae the information centained			
herein	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 certif	y under penalty of perjury under the laws of t	the State of Califo	nia that the foregoing	g is true and correct.				
Date S	igned03/24/2022	:	Signature Paul Wo	olford	A with a second of the second			
	(month, day, year)		(F	ile the originally signed paper sta	atement with your filing official.)			

## SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Woolford, Paul				

<b></b>	NAME OF BUSINESS ENTITY	<b></b>	NAME OF BUSINESS ENTITY
	Hellmuth Obata Kassabaum inc		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Architectural design firm		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	X \$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other(Describe)		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:
	, , <b>21</b> , , <b>21</b>		, , <b>21</b> , , <b>21</b>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	┢	NAME OF BUSINESS ENTITY
		'	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000\$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other(Describe)		Stock Other(Describe)
	Partnership () Income Received of \$0 - \$499		Partnership () Income Received of \$0 - \$499
	☐ 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
<b></b>	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAID MADIET VALUE		FAID AMBUET VALUE
	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000		FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000
	\$100,001 - \$10,000 Stro,001 - \$100,000 Over \$1,000,000		\$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
C-	mments:		

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Woolford, Paul				

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Hellmuth, Obata + Kassabaum Inc				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
San Francisco, CA 94104				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Architecture				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Senior Principal				
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or			
\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$500 - \$1,000\$1,001 - \$10,000			
■ \$10,001 - \$100,000 ■ ■ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use			
Schedule A-2.)	Schedule A-2.)			
Sale of (Real property, car, boat, etc.)	Sale of(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)			
a retail installment or credit card transaction, made in t members of the public without regard to your official sta- regular course of business must be disclosed as follow				
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
ADDRESS (Pusiness Address Assertable)	%			
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN			
	None Personal residence			
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence			
	Real Property			
HIGHEST BALANCE DURING REPORTING PERIOD	On Cot address			
\$500 - \$1,000	City			
□ \$500 - \$1,000 □ \$1,001 - \$10,000	,			
	City			
\$1,001 - \$10,000	Guarantor			
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor			
\$1,001 - \$10,000 \$10,001 - \$100,000	,			
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor			