

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) PEREZ (FIRST) HERBERT (MIDDLE) JOHN

**1. Office, Agency, or Court**

Agency Name CITY OF FOSTER CITY Your Position CITY COUNCILMEMBER  
 Division, Board, Department, District, if applicable City Council

► If filing for multiple positions, list below or on an attachment.

Agency: Estero Municipal Improvement District Position: Board Member

**2. Jurisdiction of Office (Check at least one box)**

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of FOSTER CITY  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2012.
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_\_
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

- Check applicable schedules or "None." ► Total number of pages including this cover page: 3
- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

**5. Verification**

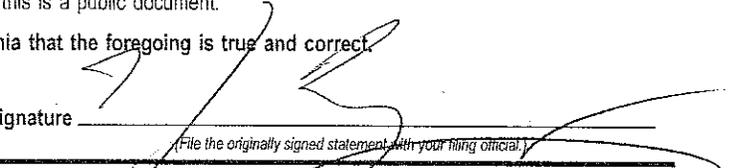
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
999A - EDGEWATER BLVD, FOSTER CITY CA 94404

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
(650) 286-9116

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 3/27/13  
 (month, day, year)

Signature   
 (File the originally signed statement with your filing official.)

**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  
HERBERT PEREZ

**1. BUSINESS ENTITY OR TRUST**

GOLD MEDAL MARTIAL ARTS  
 Name  
999-A EDGEWATER BLVD, FOSTER CITY, CA 94404  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ATHLETIC INSTRUCTION

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 12 DISPOSED     /     / 12

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION CEO

**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  
GOLD MEDAL MARTIAL ARTS

**4. 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, or Assessor's Parcel Number or Street Address 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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 12 DISPOSED     /     / 12

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold 4 Yrs. remaining  Other

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

GOLD MEDAL FAMILY CENTER  
 Name  
1333 HOWARD AVE., BURLINGAME, CA 94010  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ATHLETIC INSTRUCTION

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 12 DISPOSED     /     / 12

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION CEO

**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

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

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Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 12 DISPOSED     /     / 12

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold 2 Yrs. remaining  Other

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**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  
HERBERT PEREZ

**1 BUSINESS ENTITY OR TRUST**

GOLD MEDAL MARTIAL ARTS  
 Name

3910 EL CAMINO REAL, STE. F, BELMONT  
 Address (Business Address Acceptable)  
CA 94002

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ATHLETIC INSTRUCTION

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 12      DISPOSED      /      / 12

NATURE OF INVESTMENT  
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YOUR BUSINESS POSITION CEO

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\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

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None

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 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 12      DISPOSED      /      / 12

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold 4.5 Yrs. remaining  Other

Check box if additional schedules reporting investments or real property are attached

**1 BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
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NATURE OF INVESTMENT  
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YOUR BUSINESS POSITION

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None

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 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 12      DISPOSED      /      / 12

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold      Yrs. remaining  Other

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_