

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Williams Paul Christopher

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

Agency Name  
 City of Foster City --- Planning Commission  
 Division, Board, Department, District, if applicable  
 Your Position  
 Planning Commissioner

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Foster City, CA  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.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2012, 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**

Check applicable schedules or "None." ► Total number of pages including this cover page: 2

- 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**

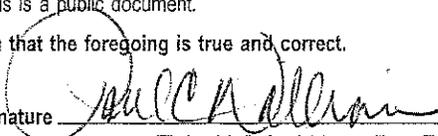
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 601 California Street #220 San Francisco CA 94108

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 415 ) 981-7878 paulcwilliamsfc@aol.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 03/29/2013  
 (month, day, year)

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

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**Group Delta**

ADDRESS (Business Address Acceptable)  
**370 Amapola Ave Ste 212 - Torrance, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Soils Engineering**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 12	\$ 80.00	bottle of wine
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Brooke Rege Corporation**

ADDRESS (Business Address Acceptable)  
**21070 Centre Point Pkwy, Santa Clarita, CA 91350**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Construction Management**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 12	\$ 100.00	Christmas basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Johnson Fain**

ADDRESS (Business Address Acceptable)  
**1201 North Broadway, Los Angeles, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Architectural Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / / 12	\$ 150.00	Dodger Baseball Tixs
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

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