

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
CITY OF FOSTER CITY
EMID

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Suen Edmund

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Foster City/Estero Municipal Improvement District

Division, Board, Department, District, if applicable

Your Position

City Treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Foster City
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed 01 / 05 / 2015
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, 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: 1

- 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

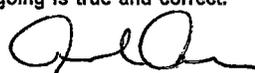
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 610 Foster City Blvd Foster City CA 94404

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (650) 286-3265

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 1-9-15
(month, day, year)

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