

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
 Official Use Only
**CITY OF FOSTER CITY
 EMID**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) **15 JUL - 6 2: 29**
 Miller Kevin M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Foster City
 Division, Board, Department, District, if applicable
 Your Position
 City Manager

► 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, 2014, through December 31, 2014.
- or-
 The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed 07 / 01 / 2015
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, 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
 (650) 286-3388 kmiller@fostercity.org

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 7/1/15 Signature [Handwritten Signature]
 (month, day, year) (File the originally signed statement with your filing official.)