

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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CITY OF FOSTER CITY EMID 15 JUL 17 AM 9:32 RECEIVED	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 15 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE			
Art Kiesel			
STREET ADDRESS			
352 Bowfin St			
CITY	STATE	ZIP CODE	
Foster City	CA	94404	
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS	

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Mayor - Councilmember	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Foster City	

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/16/2015
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form