

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CITY OF FOSTER CITY/EMID
 Date Initial Filing Received
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NAME OF FILER (LAST) (FIRST)
 Pollard Gary

1. Office, Agency, or Court

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

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

Agency: Estero Municipal Improvement District Position: Director

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, 2015, through December 31, 2015.
- or-
- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- 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) 286-3505 gpollard@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 3/7/16 (month, day, year) Signature _____ (File the originally signed statement with your filing official.)