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STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Foster City

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Planning Commissioner

► 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, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2015.
- Assuming Office: Date assumed \_\_\_\_\_
- 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.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

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

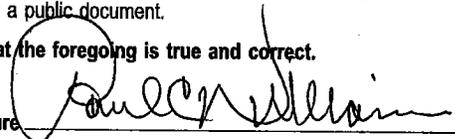
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
55 Francisco Street Ste 450 San Francisco CA 94133  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 415 ) 218-2991 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 03/27/2016  
(month, day, year)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**Paul C. Williams**

▶ NAME OF SOURCE (Not an Acronym)  
**Perlo Construction**

ADDRESS (Business Address Acceptable)  
**16101 SW 72nd Ave Suite 200, Portland, OR 97224**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 16	\$ 50.00	Bottle of wine.
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Hathaway Dinwidde**

ADDRESS (Business Address Acceptable)  
**275 Battery Street Ste 300, San Francisco, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Constuction**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 20 / 16	\$ 75.00	Lunch in San Francisco
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Heller Manus**

ADDRESS (Business Address Acceptable)  
**600 Montgomery St Ste 100, San Francisco, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Architectueal**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 16	\$ 65.00	Lunch in San Francisc
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_