

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing

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COVER PAGE

CITY OF FOSTER CITY
EMID

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 Williams Paul Christopher

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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, 2014, through December 31, 2014.
- or-
- The period covered is ____/____/____, through December 31, 2014.
- 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, 2014, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- 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

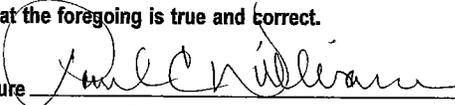
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 331 Grunion Court Foster City CA 94404
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (650) 349-8969 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 03/05/2015
 (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)
Environmental Contracting

ADDRESS (Business Address Acceptable)
880 East 1st Street, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 14	\$ 60.00	Bottle of Scotch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Group Delta

ADDRESS (Business Address Acceptable)
505 14th Street, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 14	\$ 60.00	Bottle of Wine
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Hathaway Dinwiddie Construction

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 14	\$ 100.00	Bottle of wine
09 / 16 / 14	\$ 75.00	Lunch in SF
/ /	\$	

▶ 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: _____