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Please type or print in ink.

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

RECEIVED

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Foster City, CA
 Division, Board, Department, District, if applicable
 Planning Commission - Community Development
 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, CA
- 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, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, 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: 3
- 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 (OPTIONAL)
 (415) 218-2991 pwilliams@lpc.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 03/28/2014
 (month, day, year)

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

SCHEDULE D
Income – Gifts

Name
 Paul C. Williams

▶ NAME OF SOURCE *(Not an Acronym)*
 WL Butler Construction
 ADDRESS *(Business Address Acceptable)*
 204 Franklin, Redwood City, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|---|
| 03 / 09 / 13 | \$ 300.00 | Provided hunting trip in Rio Vista, CA |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 Gensler Architectural
 ADDRESS *(Business Address Acceptable)*
 500 S. Figueroa, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|--|
| 06 / 26 / 13 | \$ 300.00 | Provided tickets to a baseball game in LA |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 Matrix Environmental
 ADDRESS *(Business Address Acceptable)*
 6701 Center Drive Suite 900, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 20 / 13 | \$ 200.00 | Bottles of wine |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 Austin Commercial
 ADDRESS *(Business Address Acceptable)*
 5933 W. Century City #610, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 17 / 13 | \$ 75.00 | Provided dinner |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 Environmental Contracting
 ADDRESS *(Business Address Acceptable)*
 880 E. 1st Street, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 15 / 13 | \$ 60.00 | Bottle of Scotch |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 Interior Architects
 ADDRESS *(Business Address Acceptable)*
 550 S. Hope, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 21 / 13 | \$ 90.00 | Bottle of wine |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Paul C. Williams

▶ NAME OF SOURCE *(Not an Acronym)*
 Shorenstein Realty Services
 ADDRESS *(Business Address Acceptable)*
 235 Montgomery St. Ste 1101, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 28 / 13 | \$ 135.00 | Bottle of wine |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

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 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
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|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____