

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

(Government Code Section 84206)

Type or print in ink.

CITY OF FOSTER CITY/
EMID

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SHORT FORM

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 14 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Art Kiesel

STREET ADDRESS

352 Bowfin St

CITY

Foster City

STATE

CA

ZIP CODE

94404

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Vice Mayor - Councilmember

JURISDICTION (LOCATION)

Foster City

DISTRICT NUMBER
(IF APPLICABLE)

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 07/24/2014
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE