

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

Date of election if applicable: (Month, Day, Year) 11/5/2013	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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**CITY OF FOSTER CITY/
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CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 14

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Gary Pollard

STREET ADDRESS
 610 Foster City Blvd

CITY STATE ZIP CODE
 Foster City CA 94404

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Foster City, California

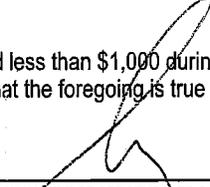
4. Committee Information
 List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 July 28, 2014 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

