

COVER PAGE

Filed Date: 03/19/2017 12:20 PM
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Foster City
Division, Board, Department, District, if applicable 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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Foster City Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is ____/____/____, through December 31, 2016.
- 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, 2016, through the date of leaving office.
 - or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – 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)
[Redacted]
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) [Redacted] 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 03/19/2017 12:20 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Paul Williams

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Architectural Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 16	\$ 50	Lunch in San Francisco
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Spirit Holdings

ADDRESS *(Business Address Acceptable)*
 21070 Centre Pointe Parkway, Santa Clarita, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Construction Mgt

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 16	\$ 75	Bottle of wine.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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	Bottle of Wine
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Swinerton Builders

ADDRESS *(Business Address Acceptable)*
 260 Townsend St. San Francisco CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 16	\$ 75	Bottles of wine.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 07 / 16	\$ 100	Baseball Tix
09 / 27 / 16	\$ 50	Lunch in SF.
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 BCCI

ADDRESS *(Business Address Acceptable)*
 1160 Battery Street, San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 16	\$ 120	Thomas Scholarship fund raiser shoot.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 31 / 16	\$ 150	Pacific Autism Center for Education Dinner
12 / 15 / 16	\$ 60	Bottle of Scotch.
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____