**NAME OF FILER**

Brooks  Latisa

---

1. **Office, Agency, or Court**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>(Do not use acronyms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Foster City</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Division, Board, Department, District, if applicable</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City Council Member</td>
</tr>
</tbody>
</table>

- 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, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
- Leaving Office: Date Left ____/____/______
  (Check one circle.)
  - The period covered is January 1, 2019, through the date of leaving office.
  - The period covered is ____/____/______, through the date of leaving office.
- Assumption Office: Date assumed ____/____/______
- Candidate: Date of Election 11/03/2020 and office sought, if different than Part 1: ______________________

4. **Schedule Summary (must complete)**

- Total number of pages including this cover page: 2

**Schedules attached**

- 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

- None - No reportable interests on any schedule

5. **Verification**

**MAILING ADDRESS**

610 Foster City Blvd  
Foster City  
CA  
94404-2222

**STREET**

**CITY**

**STATE**

**ZIP CODE**

**E-MAIL ADDRESS**

**DAYTIME TELEPHONE NUMBER**

**Filing Official Use Only**

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**  08/21/2020 05:57 PM  
**Signature**

(File the originally signed paper statement with your filing official.)
## 1. BUSINESS ENTITY OR TRUST

**Piccadilly Catering**

**Name**

underline

**Foster City, 94404**

**Address (Business Address Acceptable)**

Check one

- Trust, go to 2
- Business Entity, complete the box, then go to 2

### GENERAL DESCRIPTION OF THIS BUSINESS

**Catering and Event Solutions**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td></td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>DISPOSED</td>
</tr>
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**NATURE OF INVESTMENT**

- Partnership
- Sole Proprietorship
- Other

**Owner/General Manager**

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

- None
- Names listed below

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT
- REAL PROPERTY

**Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property**

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</table>

**NATURE OF INTEREST**

- Property Ownership/Deed of Trust
- Stock
- Partnership

- Leasehold
- Yrs. remaining
- Other

Check box if additional schedules reporting investments or real property are attached

**Comments:**

**Filer’s Verification**

**Print Name**

- Latisa Brooks

**Office, Agency or Court**

- City of Foster City

**Statement Type**

- 2019/2020 Annual
- (yr) Annual
- Assuming
- Leaving
- Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Date Signed**

- 08/21/2020 05:57 PM

**Filer’s Signature**

Electronic Submission