

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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SAN: FPPC Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Hindi Sam 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Foster City Your Position Division, Board, Department, District, if applicable City Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of X City of Foster City Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ December 31, 2022. (Check one circle.) -or-The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. -or-The period covered is ____ ___/____, through Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: __ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached **▼ Schedule A-1 -** *Investments* – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached **Schedule B** - Real Property − schedule attached **-or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 610 Foster City Blvd **Foster City** CA 94404-2222 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (650)286-3503 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.

Signature

03/02/2023 01:08 PM

(month, day, year)

Date Signed

Sam Hindi

(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES	
Name	

Sam Hindi

•	NAME OF BUSINESS ENTITY	► NAME	OF BUSINESS ENT	ITY
	Gilead Sciences, Inc			
	GENERAL DESCRIPTION OF THIS BUSINESS	GENE	RAL DESCRIPTION (OF THIS BUSINESS
	Biotech			
	FAIR MARKET VALUE	FAIR	MARKET VALUE	
	\$2,000 - \$10,000 X \$10,001 - \$100,000	I	,000 - \$10,000	\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		00,001 - \$1,000,000	
	NATURE OF INVESTMENT	NATU	RE OF INVESTMENT	
	▼ Stock Other	St	_	
	(Describe) Partnership	☐ Pa	artnership	(Describe) Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF API	PLICABLE, LIST DAT	E:
			<u> </u>	, , 22
	ACQUIRED DISPOSED		CQUIRED	DISPOSED
-	NAME OF BUSINESS ENTITY	► NAME	OF BUSINESS ENT	ITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENE	RAL DESCRIPTION	OF THIS BUSINESS
		<u> </u>		
	FAIR MARKET VALUE	FAIR	MARKET VALUE	
	\$2,000 - \$10,000\$10,001 - \$100,000	S2	,000 - \$10,000	\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$1	00,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT	NATU	RE OF INVESTMENT	
	Stock Other		ock Other _	
	(Describe)			(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	l ∐ Pa	artnership O Income F	Received of \$0 - \$499 Received of \$500 or More <i>(Report on Schedule C)</i>
	C macini resorted or took or more (report or sometime of		Qeee :	toother or took of more (hopen on constant of
	IF APPLICABLE, LIST DATE:	IF API	PLICABLE, LIST DAT	E:
			<u> </u>	<u> </u>
	ACQUIRED DISPOSED		.CQUIRED	DISPOSED
_				
•	NAME OF BUSINESS ENTITY	► NAME	OF BUSINESS ENT	ITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENE	RAL DESCRIPTION (OF THIS BUSINESS
	FAIR MARKET VALUE	I	MARKET VALUE	□ *** *** **** ***
	\$2,000 - \$10,000 \$10,001 - \$100,000	. =	,000 - \$10,000	\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		00,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT		RE OF INVESTMENT	
	Stock Other (Describe)		ock Other _	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	☐ Pa	artnership O Income FO Income F	Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF API	PLICABLE, LIST DAT	E:
	, , 22 , , , 22		, , 22	, , 22
	ACQUIRED DISPOSED		//_ <u></u> CQUIRED	DISPOSED
	VOKOUVED DIOLOGED	I A	OWUINED	DIOLOGED

Comments: __

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

Sam Hindi

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Hillsdale Arco	
Name 880 E. Hillsdale Blvd. Foster City, CA 94404	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Gas station, Mini market, Auto repair	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_J_22 J_J_22 S10,001 - \$100,000 ACQUIRED DISPOSED S100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship X Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$1,000 \$1,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or ☐ Names listed below	None or 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	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
NEAL PROPERTY	MVESTMENT MEAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000 DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Sam Hindi

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 311 Mullet Ct	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Foster City	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
TIO,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None None	□ None
You are not required to report loans from a commerce business on terms available to members of the public	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and
▼ None You are not required to report loans from a commercian	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	ial lending institution made in the lender's regular course of county of the county of
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	Interest rate Intere
You are not required to report loans from a commerce business on terms available to members of the publicoloans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whighest BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Interest Rate None