| CALIFORNIA FORM 700  | C                                   | F ECONOMIC INTE<br>OVER PAGE<br>BLIC DOCUMENT  |                        | Date Initial Filing Received<br>Filing Official Use Only<br>ate: 01/04/2023 08:52 AM |
|--|-------------------------------------|--|------------------------|--|
| Please type or print in ink.   |                                     |  |                        | SAN: FPPC  |
| NAME OF FILER (LAST)   | (FIRST)                             |  | (MIDDLE)               |  |
| Chatwin  | Stefan                              |  | т                      |  |
| 1. Office, Agency, or Court  |                                     |  |                        |  |
| Agency Name (Do not use acronyms)  |                                     |  |                        |  |
| City of Foster City  |                                     |  |                        |  |
| Division, Board, Department, District, if                                    | applicable                          | Your Position  |                        |  |
|  |                                     | City Manager   |                        |  |
| ► If filing for multiple positions, list bel                                 | low or on an attachment. (Do not u  |  |                        |  |
|  |                                     |  |                        |  |
| Agency:  |                                     | Position:  |                        |  |
| 2 Invitadiation of Office (a)  |                                     |  |                        |  |
| 2. Jurisdiction of Office (Check   | at least one box)                   | _  |                        |  |
| State  |                                     | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner<br>(Statewide Jurisdiction) |                        |  |
| Multi-County   |                                     | County of  |                        |  |
| City of Foster City  |                                     |  |                        |  |
| 3. Type of Statement (Check at )   | least one box)                      |  |                        |  |
| Annual: The period covered is Ja<br>December 31, 2022.                       |                                     | Leaving Office: D  | ate Left<br>(Check one | //<br>e circle.)   |
| The period covered is<br>December 31, <b>2022</b> .                          | <u>06 / 22 / 2022 ,</u> through     | The period cover<br>leaving office.<br>-or-  | ered is Januar         | y 1, <b>2022</b> , through the date of   |
| Assuming Office: Date assumed  | l/                                  | The period cover the date of leave   |                        | /, through   |
| Candidate: Date of Election  | and office sough                    | t, if different than Part 1:   |                        |  |
| 4. Schedule Summary (require<br>Schedules attached                           | ed) ► Total numbe                   | r of pages including thi   | s cover pa             | ge: <u>1</u>   |
| Schedule A-1 - Investments –   | schedule attached                   |  |                        | Positions – schedule attached  |
| <b>Schedule A-2 -</b> Investments –  |                                     | Schedule D - Income – Gi   |                        |  |
| Schedule B - Real Property –   | schedule attached                   | Schedule E - Income – Gi   | ts – Travel Pa         | yments - schedule attached   |
| -or- 🔽 Nono No reportable in   | storaata on onv achadula            |  |                        |  |
| -or- None - No reportable in   | iterests on any schedule            |  |                        |  |
| 5. Verification  |                                     |  |                        |  |
| MAILING ADDRESS STREET<br>(Business or Agency Address Recommended - Po       | ublic Document)                     |  | STATE                  | ZIP CODE   |
| 610 Foster City Blvd   | Foste                               | er City  | CA                     | 94404-2222   |
| DAYTIME TELEPHONE NUMBER   |                                     | EMAIL ADDRESS  |                        |  |
| ( 650 ) 286-3220   |                                     |  |                        |  |
| I have used all reasonable diligence in herein and in any attached schedules |                                     |  | best of my kn          | owledge the information contained  |
| I certify under penalty of perjury un  | der the laws of the State of Califo | rnia that the foregoing is true  | e and correct          |  |
| Date Signed 01/04/2023 (   | 08:52 AM                            | Signature  | Stefan T               |  |
| (month, day, y   | ear)                                | (File the origina  | lly signed paper stat  | ement with your filing official.)  |