

COPY

Statement of Organization Recipient Committee

Statement Type

☒ Initial☐ Not yet qualified
or☐ Date qualification threshold met☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California.**AUG 28 2018****CALIFORNIA FORM 410**

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ID# 14110654
14110654

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

SANJAY RAVI GEHANI FOR FOSTER CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

CITY

FOSTER CITY

STATE

CA

ZIP CODE

94404

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

N/A

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

SAN MATEO

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF FOSTER CITY

2. Treasurer and Other Principal Officers

NAME OF TREASURER

SWEETU GEHANI

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

SANJAY RAVI GEHANI

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FOSTER CITY

CA

94404

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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.

Executed on 08/27/2018

By

DATE

Executed on 08/27/2018

By

DATE

Executed on

By

DATE

Executed on

By

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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