

**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

01/29/19

CITY OF FOSTER CITY
EMID

Date Stamp

19 JAN 29 PM 3:19

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**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1410654

NAME OF COMMITTEE

Sanjay Ravu 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

Stweetu Gehani

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

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 the preparation of this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

I certify under

Executed on

1/29/19

DATE

Executed on

1/29/19

DATE

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

ASSISTANT TREASURER

DATE, OR STATE MEASURE PROPONENT