

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**A PUBLIC DOCUMENT**

Date Initial Filing Received  
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CITY OF FOSTER CITY/  
EMID

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Mahanpour Catherine

20 JUL 22 PM 4:32  
(MIDDLE)

RECEIVED

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

Agency Name (Do not use acronyms)

City of Foster City

Division, Board, Department, District, if applicable

Your Position

City Councilmember

► 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

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Foster City

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ **Annual:** The period covered is January 1, 2019, through  
December 31, 2019.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2019.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

☐ The period covered is January 1, 2019, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☒ **Candidate:** Date of Election 11/3/2020 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5**

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

██████████ Foster City, CA 94404

DAYTIME TELEPHONE NUMBER

( 650 ) ██████████

EMAIL ADDRESS

██████████@gmail.com

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 7/20/2020  
(month, day, year)

Signature Catherine Mahanpour  
(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.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Catherine Mahanpour

► NAME OF BUSINESS ENTITY  
Exxon Mobil Corp.

GENERAL DESCRIPTION OF THIS BUSINESS  
Oil and Gas

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 01 / 03 / 19    \_\_\_\_\_ / \_\_\_\_\_ / 19  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 19    \_\_\_\_\_ / \_\_\_\_\_ / 19  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 19    \_\_\_\_\_ / \_\_\_\_\_ / 19  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

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FAIR MARKET VALUE  
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                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 19    \_\_\_\_\_ / \_\_\_\_\_ / 19  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 19    \_\_\_\_\_ / \_\_\_\_\_ / 19  
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                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 19    \_\_\_\_\_ / \_\_\_\_\_ / 19  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Catherine Mahanpour

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Genesis Building Services, Inc.

ADDRESS (Business Address Acceptable)

San Mateo, CA 94402

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building Services

YOUR BUSINESS POSITION

Spouse of employee

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☒ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

☐ Sale of

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other

(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

☐ Sale of

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other

(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

\_\_\_\_\_% ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

Comments:

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Catherine Mahanpour

► NAME OF SOURCE (Not an Acronym)  
League of California Cities Women's Caucus

ADDRESS (Business Address Acceptable)  
1400 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy activities for California Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 20	\$ 49.63	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_