CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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.

Agency Name (Do not are scronyms) Catherine City Councimember	NAME OF FILER (LAST)		(FIRST)	20 JUL 4mBDLEPM 4: 32
1. Office, Agency, or Court Agency Name (<i>O</i> not use securyms) City of Foster City Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (<i>O</i> not use acronyms) Agency. Position: 2. Jurisdiction of Office (<i>Check at least one box</i>) State Judge, Ratired Judge, Pro Tem Judge, or Court Commissioner (Statewick Jurisdiction) Multi-County Candy of	M	Iahanpour	Catherine	
City of Foster City Filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	1.	Office, Agency, or Court		Char Char V ban L
Division, Board, Department, District, if applicable City Councilmember		Agency Name (Do not use acronyms)		
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				
If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:		Division, Board, Department, District, if applicable		Your Position
Agency:				City Councilmember
Agency:		▶ If filing for multiple positions, list below or on an	attachment. (Do not u	
2. Jurisdiction of Office (Check at least one box) State				
State		Agency:		Position:
State	2.	Jurisdiction of Office (Check at least one	box)	
Multi-County County of				Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
Statement (Check at least one box) Annual: The period covered is January 1, 2019, through December 31, 2019. (Check one circle.) Onter				
Statement (Check at least one box)		Multi-County		County of
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through December 31, 2019. The period covered is January 1, 2019, through December 31, 2019. The period covered is January 1, 2019, through December 31, 2019. The period covered is January 1, 2019, through December 31, 2019. The period covered is January 1, 2019, through The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The period covered is January 1, 2019, through the date of leaving office. The		✓ City of Foster City		
Annual: The period covered is January 1, 2019, through December 31, 2019. -Or- The period covered is	3.	Type of Statement (Check at least one bo	x)	
December 31, 2019. (Chack one circle.) The period covered is				Leaving Office: Date Left / /
The period covered is		December 31, 2019.	•	
the date of leaving office. Candidate: Date of Election 11/3/2020 and office sought, if different than Part 1:		The period covered is/	, through	leaving office.
A. Schedule Summary (must complete) Schedules attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Tor- None - No reportable interests on any schedule State Tory State Tip Code EMAIL ADDRESS STREET Schedule 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 Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached		Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
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Schedule A-1 · Investments – schedule attached Schedule A-2 · Investments – schedule attached Schedule B · Real Property – schedule attached Schedule E · Income – Gifts – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached Schedule E · Income – Gifts – Travel Payments – schedule attached State E · Income – Gifts – Schedu	4.	Schedule Summary (must complete)	► Total numbe	r of names including this cover name:
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Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Or- None - No reportable interests on any schedule State			L.	
5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Foster City, CA 94404 DAYTIME TELEPHONE NUMBER (650)		Schedule B - Real Property - schedule atta	ched [Schedule E - Income – Gifts – Travel Payments – schedule attached
5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Foster City, CA 94404 DAYTIME TELEPHONE NUMBER (650)				
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Foster City, CA 94404 DAYTIME TELEPHONE NUMBER (650) EMAIL ADDRESS 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 Signature			any schedule	
Foster City, CA 94404	5.			
DAYTIME TELEPHONE NUMBER (650) 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 Signature			CITY	STATE ZIP CODE
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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 Signature			atatament I bereze	cmananpoure gman.com
Date Signed 7/20/2020 Signature Catherine Value		herein and in any attached schedules is true and co	statement. I nave revie mplete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
Signature attribute and approximation				
Signature attribute and approximation		Data Signard 7/20/2020		
i in a tre originally signed paper statement with your mind chicles.		//20/2020 (month, day, year)		(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	► NAME OF BUSINESS ENTITY
Exxon Mobil Corp.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Oil and Gas	
FAIR MARKET VALUE	— FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
▼ \$100,001 - \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	. Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
01 03 1 🔞 1 19	
ACQUIRED DISPOSED	
5101 0025	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CENERAL DESCRIPTION OF THE PHONES	_
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF UNITED AND
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	Partnership O Income Received of \$0 - \$499
C income Received of \$500 of More (Report on Schedule	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	II /II FEIGNBEE, EIGT BATE.
//	
NOWOTKED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	The book of the book of
FAIR MARKET VALUE	-
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 S10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Stock ☐ Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0. \$400
O Income Received of \$500 or More (Report on Schedule	C) Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 19/ 19	/ / / 10
ACQUIRED DISPOSED	/
	ון
Comments:	

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Catherine Mahanpour

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Catherine Souders-Mahanpour, Esq.	
Name	Name
Foster City, CA 94404	
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 Legal services	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_J 19 J_J 19 J_J 19 J_J 19 J_J 19 J_J 19
NATURE OF INVESTMENT Partnership X Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO 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	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or 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 or 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 - \$10,000 100,001 - \$100,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
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
Commenter	

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	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Genesis Building Services, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Mateo, CA 94402	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Spouse of employee	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	
TVEHILAI INCOME, list each source of \$10,000 of more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows:	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	2"
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Community	
Comments:	

SCHEDULE D Income - Gifts

► NAME OF SOURCE (Not an Acronym) League of California Cities Women's Caucus	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1400 K Street, Sacramento, CA 95814	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Advocacy activities for California Cities	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 / 23 / 20 \$ 49.63 Dinner	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
\$	\$
	\$
Comments:	