**Statement of Organization**

**Recipient Type**
- [ ] Initial
- [ ] Not yet qualified
- [ ] Date qualification threshold met
- [ ] Amendment
- [ ] Date qualification threshold met
- [ ] Date of termination

**1. Committee Information**

**I.D. Number**
- Name of Committee: Sam Hindi for City Council 2020
- Street Address (no P.O. Box): [Redacted]
- City: Foster City
- State: CA
- Zip Code: 94404
- Area Code/Phone: [Redacted]

**2. Treasurer and Other Principal Officers**

**Name of Treasurer**
- Soha Hindi

**Street Address (no P.O. Box)**
- [Redacted]

**City**
- Foster City
- State: CA
- Zip Code: 94404
- Area Code/Phone: [Redacted]

**3. Verification**

I have used all reasonable diligence in preparing this statement. The information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

**Executed on 8/13/20**
- By [Redacted] (Signature of Controlling Officerholder, Candidate, or State Measure Proponent)

**Executed on 8/13/20**
- By [Redacted] (Signature of Controlling Officerholder, Candidate, or State Measure Proponent)

**Executed on**
- By [Redacted] (Signature of Controlling Officerholder, Candidate, or State Measure Proponent)

**Executed on**
- By [Redacted] (Signature of Controlling Officerholder, Candidate, or State Measure Proponent)

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[Form Footer]
- FPPC Form 410 (August/2018)
- FPPC Advice: advice@fppc.ca.gov (866/275-3772)
- www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Sam Hindi for City Council 2020

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficial State Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oakland</td>
<td>CA</td>
<td>94612</td>
</tr>
</tbody>
</table>

4. Type of Committee
Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Hindi</td>
<td>Councilmember</td>
<td>2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTY</th>
<th>(list political party below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonpartisan</td>
<td>Partisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>