

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	09/10/2020	____/____/____

Date Stamp	<b>CALIFORNIA FORM 410</b> For Official Use Only
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2020 SEP 11 P 2:56	

<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number 1430865 <small>(if applicable)</small>		CITY COMMUNICATIONS/ CITY CLERK	
NAME OF COMMITTEE  The Committee to Re-elect Catherine Mahanpour to the Foster City City Council 2020		NAME OF TREASURER  Linda Koelling	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Foster City	STATE CA	ZIP CODE 94404	AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY None		STREET ADDRESS (NO P.O. BOX) N/A	
FULL MAILING ADDRESS (IF DIFFERENT)		CITY N/A	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STATE N/A	
COUNTY OF DOMICILE San Mateo County	JURISDICTION WHERE COMMITTEE IS ACTIVE Foster City, California	ZIP CODE N/A	AREA CODE/PHONE N/A
NAME OF PRINCIPAL OFFICER(S) Catherine Mahanpour		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.		CITY Foster City	STATE CA
		ZIP CODE 94404	AREA CODE/PHONE [REDACTED]

**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.

Executed on 09/10/2020	By [REDACTED]
Executed on 09/10/2020	By [REDACTED]
Executed on _____	By _____
Executed on _____	By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

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COMMITTEE NAME The Committee to Re-elect Catherine Mahanpour to the Foster City City Council 2020	I.D. NUMBER 1430865
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION San Mateo Credit Union	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE CA
		ZIP CODE 94402

## 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Catherine Mahanpour	Foster City City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

### Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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FPPC Form 410 (August/2018)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

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COMMITTEE NAME

The Committee to Re-elect Catherine Mahanpour to the Foster City City Council 2020

I.D. NUMBER

1430865

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

☐ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.