Statement of Organization
Recipient Committee

Statement Type
- Amendment

1. Committee Information
   I.D. Number: 1430865
   Name of Committee: The Committee to Re-elect Catherine Mahanpour to the Foster City City Council 2020
   Street Address: [redacted]
   City: Foster City
   State: CA
   Zip Code: 94404
   Principal Address: [redacted]
   City: Foster City
   State: CA
   Zip Code: 94404

2. Treasurer and Other Principal Officers
   Name of Treasurer: Linda Koelling
   Street Address (No P.O. Box): [redacted]
   City: Foster City
   State: CA
   Zip Code: 94404
   Name of Assistant Treasurer, if any: None
   Street Address (No P.O. Box): N/A

   Name of Principal Officer(s): Catherine Mahanpour
   Street Address (No P.O. Box): [redacted]
   City: Foster City
   State: CA
   Zip Code: 94404
   Phone: [redacted]

   County of Domicile: San Mateo County
   Jurisdiction Where Committee is Active: Foster City, California

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 that this statement is true and complete.

   Executed on: 09/10/2020
   By: [redacted]

   Executed on: 09/10/2020
   By: [redacted]

   Executed on: [redacted]
   By: [redacted]

   Executed on: [redacted]
   By: [redacted]

   Signature of Controlling Officer(s), Candidate, or State Measure Proponent:

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

I.D. NUMBER
1430865

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>San Mateo Credit Union</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS

CITY

STATE

ZIP CODE

CA

94402

4. Type of Committee  Complete the applicable sections.

Controls 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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catherine Mahanpour</td>
<td>Foster City City Council</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>Nonpartisan</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>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (August/2018)
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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

**Sponsored Committee** List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>NO. AND STREET</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

**Small Contributor Committee** ☐  ____/____/____

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.