Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/3/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - Preelection Statement
   - Quarterly Statement
   - Semi-annual Statement
   - Special Odd-Year Report
   - Termination Statement
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Committee to re-elect Catherine Mahanpour to the Foster City Council 2020

   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, the information and attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is correct and complete.

   Executed on 10/20/2020
   By
   Date

   Executed on 10/20/2020
   By
   Date

   Executed on
   By
   Date

   Executed on
   By
   Date

   Executed on
   By
   Date

   Executed on
   By
   Date

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Catherine Mahanpour

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Foster City council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Foster City CA 94404

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
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<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
# Campaign Disclosure Statement

## Summary Page

**Amounts may be rounded to whole dollars.**

**Statement covers period**

from 9/20/2020 through 10/17/2020

**SUMMARY PAGE**

**CALIFORNIA FORM 460**

**Page 3 of 8**

**I.D. NUMBER**

1430865

---

## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALAERN YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,150.00</td>
<td>$2,939.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1,150.00</td>
<td>$3,939.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>$330.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1,150.00</td>
<td>$4,269.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1,686.65</td>
<td>$3,353.38</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1,686.65</td>
<td>$3,353.38</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>$330.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$1,686.65</td>
<td>$3,353.38</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$1,122.27</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1,150.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$1,686.65</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$585.62</td>
</tr>
</tbody>
</table>

**If this is a termination statement, Line 16 must be zero.**

17. **LOAN GUARANTEES RECEIVED** | Schedule B, Part 2 | $0 |

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents | See instructions on reverse | $0 |
19. Outstanding Debts | Add Line 2 + Line 9 in Column A above | $1,000.00 |

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. **Cumulative Expenditures Made**

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/mm/dd/yy</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
# Schedule A
## Monetary Contributions Received

### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**
Campaign to re-elect Catherine Mahanpour

### Table

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year</th>
<th>Per Election To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/20/2020</td>
<td>Art Kiesel, Foster City, CA 94404</td>
<td>☑ IND</td>
<td>retired</td>
<td>$200.00</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>9/20/2020</td>
<td>Linda Pearson, Fremont, CA 94536</td>
<td>☑ IND</td>
<td>Retired</td>
<td>$200.00</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>9/22/2020</td>
<td>Sally Stevens, Foster City, CA 94404</td>
<td>☑ IND</td>
<td>Para legal State Attorney General, San Francisco, CA</td>
<td>$100.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>10/1/2020</td>
<td>Dianne Damico, Foster City CA 94404</td>
<td>☑ IND</td>
<td>Retired</td>
<td>$100.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>10/1/2020</td>
<td>Max Branscomb, San Mateo, CA 94404</td>
<td>☑ IND</td>
<td>Retired</td>
<td>$100.00</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $1,050.00
2. Amount received this period – unitemized monetary contributions of less than $100 $100
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) $1,150.00

---

### *Contributor Codes*
- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/2020</td>
<td>Kenneth Miskow, Foster City, Ca 94404</td>
<td>☑️ IND</td>
<td>Retired</td>
<td>$100.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>10/10/2020</td>
<td>Barbara Regan, Foster City, CA 94404</td>
<td>☑️ IND</td>
<td>Retired</td>
<td>$250.00</td>
<td>$250.00</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal $350.00**

---

*Contributor Codes:

IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov [866/275-3772]
www.fppc.ca.gov
Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9/20/2020 through 10/17/2020

Committee to Re-elect Catherine Mahanpour

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

OUTSTANDING BALANCE BEGINNING THIS PERIOD

AMOUNT RECEIVED THIS PERIOD

AMOUNT PAID OR FORGIVEN THIS PERIOD

OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

INTEREST PAID THIS PERIOD

ORIGINAL AMOUNT OF LOAN

CUMULATIVE CONTRIBUTIONS TO DATE

---

Catherine Mahanpour
Foster City, Ca 94404
Attorney, self employed

<p>| | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,000.00</td>
<td>0</td>
<td>1,000.00</td>
<td>0</td>
<td>8/31/2020</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

† IND  □ COM  □ OTH  □ PTY  □ SCC

---

SUBTOTALS $ 0 $ 0 $ 1,000.00 $ 0

Schedule B Summary

1. Loans received this period .............................................................. $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................. $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. **(Subtract Line 2 from Line 1.)** .............. NET $ 0
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FFPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule E
### Payments Made

*Amounts may be rounded to whole dollars.*

### Statement covers period
- **from** 9/20/2020
- **through** 10/17/2020

### Campaign to Re-elect Catherine Mahanpour

**I.D. NUMBER**
- 1430865

### CODES:
- If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** tv, or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

### Table:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Pal San Jose, CA 95131</td>
<td>CMP</td>
<td></td>
<td>$13.80</td>
</tr>
<tr>
<td>Costco San Francisco 94080</td>
<td>CMP</td>
<td></td>
<td>$115.06</td>
</tr>
<tr>
<td>Costco Foster City 94404</td>
<td>CMP</td>
<td></td>
<td>$766.50</td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** $ 895.36

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 1,686.85
2. Unitemized payments made this period of under $100 $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $ 1,686.85

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 9/20/2020</td>
<td></td>
</tr>
<tr>
<td>through 10/17/2020</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER 1430865</td>
<td></td>
</tr>
</tbody>
</table>

NAME OF FILER
Campaign to Re-elect Catherine Mahanpour

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- FRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers’ salaries
- TEL l.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Depot</td>
<td>cmp</td>
<td></td>
<td>$43.79</td>
</tr>
<tr>
<td>San Mateo 94403</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Mateo Credit Union</td>
<td>CMP</td>
<td></td>
<td>$7.50</td>
</tr>
<tr>
<td>San Mateo 94402</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sly Digital</td>
<td>CMP</td>
<td></td>
<td>$200.00</td>
</tr>
<tr>
<td>San Mateo, CA 94403</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gravis Marketing</td>
<td>CMP</td>
<td></td>
<td>$540.00</td>
</tr>
<tr>
<td>Winter Springs, Florida 32708</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 791.29

FPCC Form 460 (Jan/2016))
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov