

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

11/03/2020

☒ Amendment (Explain Below)

Contributions over \$2,000 were
received.

Date Stamp

CALIFORNIA
FORM

470

For Official Use Only

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2020 SEP 10 P 5:44

1. Statement Covers Calendar Year 20 20 .

CITY OF FOSTER CITY
COMMUNICATIONS/
CITY CLERK

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Catherine Mahanpour

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Foster City

CA

94404

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember

JURISDICTION (LOCATION)

Foster City

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

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

[REDACTED]

Linda Koelling

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/10/20

DATE

B

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

☒ Amendment (Explain Below)

Contributions over \$2,000 were
received.

Date Stamp

CALIFORNIA
FORM

470
SUPPLEMENT

For Official Use Only

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Catherine Mahanpour

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Foster City

CA

94404

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

2. Office Sought

OFFICE SOUGHT

Foster City City Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/03/2020

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09/10/20

(MONTH, DAY, YEAR)

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election, if applicable:
(Month, Day, Year)

☐ Amendment (Support/Revoke)

CALIFORNIA
FORM 470

(For Official Use Only)

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Catherine Mahabpour

STREET ADDRESS

[REDACTED]

CITY STATE ZIP+4

Porter, CA 94404

OFFICIAL CAMPAIGN WEBSITE URL

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilmember, Mayor

PROFESSIONAL LOCATION

City of Foster City

OFFICIAL CAMPAIGN WEBSITE URL

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND NUMBER	COMMITTEE ADDRESS	NAME OF THE FUNDRAISER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 net from any source during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws

Executed on July 14, 2020.

Executed at [REDACTED] CA