Officeholder and Candidate  
Campaign Statement – Short Form  

1. Statement Covers Calendar Year 2020

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Catherine Mahanpour
   STREET ADDRESS: [Redacted]
   CITY: Foster City
   STATE: CA
   ZIP CODE: 94404
   AREA CODE/DAYTIME PHONE NUMBER: [Redacted]
   OPTIONAL: FAX/E-MAIL ADDRESS: [Redacted]

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: Councilmember
   JURISDICTION (LOCATION): Foster City
   DISTRICT NUMBER (IF APPLICABLE): [Redacted]

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.
   
<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Committee to Re-elect Catherine Mahanpour to the Foster City City Council 2020</td>
<td>[Redacted]</td>
<td>Linda Koelling</td>
</tr>
</tbody>
</table>

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
   [Redacted]

   FPPC Form 470/470 Supplement (Jan/2016)  
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
   www.fppc.ca.gov
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.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Catherine Mahanpour

STREET ADDRESS

CITY
Foster City

STATE
CA

ZIP CODE
94404

AREA CODE/DAYTIME PHONE NUMBER

2. Office Sought

OFFICE SOUGHT
Foster City City Council

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

1. Statement Covers Calendar Year 2020

2. Officeholder or Candidate Information

NAME OR OFFICER OR CANDIDATE

Catherine Makaroun

CITY OR LOCATION

Foster City, CA

ZIP CODE

94401

3. Office Sought or Held

OFFICE Sought or Held

City Councilmember, Maloof

CITY OR LOCATION

City of Foster City

ZIP CODE

94401

4. Committee Information

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

Committee Name and Number

Committee Members

Committee Address

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $5,000 in other than campaign contributions or expenditures during this calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

Date:

July 14, 2020

Signature: ____________________________

PPAP Form 470/47F, Supplement (July 2010)
PPAP Advice: advice@ppc.ca.gov 800-427-3772
www.ppc.ca.gov