### Statement of Organization Recipient Committee

**Statement Type**
- Initial
- Not yet qualified
- Date qualification threshold met
- Amendment
- Date qualification threshold met
- Termination – See Part 5
- Date of termination

### 1. Committee Information

**NAME OF COMMITTEE**
Sam Hindi for City Council 2020

**I.D. Number**

**STREET ADDRESS**

**CITY**
Foster City

**STATE**
CA

**ZIP CODE**
94404

**AREA CODE/PHONE**

**E-MAIL ADDRESS**

**COUNTY OF DOMICILE**
San Mateo

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
Foster City

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
Soha Hindi

**STREET ADDRESS (NO PO. BOX)**

**CITY**
Foster City

**STATE**
CA

**ZIP CODE**
94404

**AREA CODE/PHONE**

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO PO. BOX)**

**CITY**
Foster City

**STATE**
CA

**ZIP CODE**
94404

**AREA CODE/PHONE**

**NAME OF PRINCIPAL OFFICER(S)**
Sam Hindi

**STREET ADDRESS (NO PO. BOX)**

**CITY**
Foster City

**STATE**
CA

**ZIP CODE**
94404

**AREA CODE/PHONE**

### 3. Verification

I have used all reasonable diligence in preparing the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

**Executed on**

**DATE**
8/8/20

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT**

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**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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>Sam Hindi for City Council 2020</th>
</tr>
</thead>
</table>

- 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>Bank of America</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foster City</td>
<td>CA</td>
<td>94404</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Hindi</td>
<td>City Council Member</td>
<td>2020</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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