Recipien Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] Ballot Measure Committee
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] State Candidate Election Committee
   - [ ] Primarily Formed Committee
   - [ ] Special Odd-Year Report
   - [ ] Recall
   - [ ] Controlled Committee
   - [ ] Termination Statement
   - [ ] Supplemental Prelection
   - [ ] Sponsored Committee
   - [ ] Amendment (Explain below)
   - [ ] Primarily Formed Candidate/Offerholder Committee
   - [ ] Statement - Attach Form 495

   (Also Complete Part 6)

   (Also Complete Part 7)

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
   - [ ] Supplemental Prelection Statement - Attach Form 495

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   - DIANE PAPAN FOR CITY COUNCIL 2015

   STREET ADDRESS (NO BOX)

   CITY

   STATE

   ZIP CODE

   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

   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 contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing

   Executed on __________ Date __________

   Executed on __________ Date __________

   Executed on __________ Date __________

   By ____________________
   Treasurer

   By ____________________
   Officer or Responsible Office of Sponsor

   By ____________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By ____________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   FFPC Form 460 (June/01)

   FFPC Toll-Free Helpline: 866/ASK-FPPC

   State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>DIANE PAPAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>COUNCILMEMBER OF SAN MATEO</td>
</tr>
<tr>
<td>RESIDENTIAL BUSINESS ADDRESS</td>
<td>STREET ADDRESS</td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

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

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule A, Line 3</th>
<th>Schedule B, Line 3</th>
<th>Schedule C, Line 3</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>29,531.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>($1,000.00)</td>
<td></td>
<td>0</td>
<td>29,531.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>500.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>($1,000.00)</td>
<td></td>
<td>0</td>
<td>30,031.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule L, Line 4</th>
<th>Schedule H, Line 3</th>
<th>Schedule F, Line 3</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>25,173.78</td>
</tr>
<tr>
<td>Loans Made</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 5 + 7</td>
<td></td>
<td></td>
<td>0</td>
<td>25,173.78</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Previous Summary Page, Line 16</th>
<th>Column A, Line 3 above</th>
<th>Column B, Line 8 above</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$5,357.22</td>
<td>($1,000.00)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$4,357.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

- 20 Contributions Received: $0
- 21 Expenditures Made: $0

### Expenditure Limit Summary for State Candidates

- 22. Cumulative Expenditures Made (if Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yyyy)
  - Total to Date: $0

- Amounts in this section may be different from amounts reported in Column B.

FPSC Form 460 (January/05)
FPSC Toll-Free Helpline: 866/ASK-FPSC (866/275-3772)
Schedule B - Part 1
Loans Received

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 1/1/16 through 6/30/16

NAME OF FILER
DIANE PAPAN FOR COUNCIL 2015
1376087

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (if committee, also enter ID number)
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business)
OUTSTANDING BALANCE BEGINNING THIS PERIOD
AMOUNT PAID OR FORGIVEN THIS PERIOD
OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMOUNT PAID OR FORGIVEN THIS PERIOD
INTEREST PAID THIS PERIOD
ORIGINAL AMOUNT OF LOAN
CUMULATIVE CONTRIBUTIONS TO DATE

Diane Papan
Attorney at Law
Self Employed

$1000.00
$1000.00
$0
$1000.00

CALENDAR YEAR
PER ELECTION**

$________________________
DATE DUE

$________________________
DATE DUE

$________________________
DATE DUE

SUBTOTALS $0 $1000.00 $0

Schedule B Summary

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

2. Loans paid or forgiven this period
(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 $ (SUBTOTALS) $ (Maybe a negative number)

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

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866-735-7722)