Recipient Committee  
Campaign Statement  
Cover Page

Statement covers period  
July 1, 2016  
from  
December 31, 2016  
through

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

1. Type of Recipient Committee:  All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
     - [ ] State Candidate Election Committee
     - [ ] Recall
       (Also Complete Part 5)
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
       (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
     - [ ] Primarily Formed Candidate/Officeholder Committee
       (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preliminary Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1376687
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE): Diane Papan for City Council 2015
   - STREET ADDRESS (MAILING BOX): 
     - CITY: Millbrae
     - STATE: CA
     - ZIP CODE: 94030

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 is true and correct.

   [Signature]
   [Date: January 19, 2017]
   Executed on 
   Date 

   [Signature]
   [Date: January 19, 2017]
   Executed on 
   Date 

   [Signature]
   [Date: ]
   Executed on 
   Date 

   [Signature]
   [Date: ]
   Executed on 
   Date 

   [Signature]
   [Date: ]
   Executed on 
   Date 

   By 
   Signature of Controlling Officer of Sponsor

   By 
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**NAME OF OFFICEHOLDER OR CANDIDATE**
Diane Papan

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**
Council member of San Mateo

**RESIDENTIAL/BUSINESS ADDRESS** (NO. AND STREET) **CITY** **STATE** **ZIP**
San Mateo, CA 94402

**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>
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</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
</tbody>
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**COMMITTEE ADDRESS** **STREET ADDRESS** (NO P.O. BOX)

**CITY** **STATE** **ZIP CODE** **AREA CODE/PHONE**

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<td><strong>STATE</strong></td>
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6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER** | **JURISDICTION** | SUPPORT | OPPOSE |

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.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |

**Attach continuation sheets if necessary**

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☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Pre-election Statement
☑ Semi-annual Statement
☐ Quarterly Statement
☐ Special Odd-Year Report

☐ Termination Statement
(Also file a Form 410 Termination)

☐ Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Diane Papan for City Council 2015

TREASURER(S)

NAME OF TREASURER
Virginia Papan

MAILING ADDRESS

CITY
Millbrae
STATE
CA
ZIP CODE
94030
NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 is true and correct.

January 19, 2017

Executed on Date

By Signature of Treasurer or Assistant Treasurer

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
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