Statement of Organization Recipient Committee

Statement Type  □ Initial  □ Amendment  □ Termination – See Part 5
Not yet qualified □ or List I.D. number: # 1395252

1. Committee Information
NAME OF COMMITTEE
Committee to Re-Elect Joe Goethals for San Mateo City Council 2017

STREET ADDRESS (NO P.O. BOX)
San Mateo City  CA  94401

CITY  STATE  ZIP CODE  AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
San Francisco, CA  94118

FAX/E-MAIL ADDRESS
(415)221-3229 /

COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo  San Mateo

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Cliff Robbins

STREET ADDRESS (NO P.O. BOX)
San Mateo City  CA  94401

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Patricia Mar

STREET ADDRESS (NO P.O. BOX)
San Francisco City  CA  94118

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification
I have used all reasonable diligence in preparing this statement, and I certify under the penalty of perjury under the laws of the State of California that it is true and complete. I certify under the penalty of perjury under the laws of the State of California that it is true and complete. I certify under the penalty of perjury under the laws of the State of California that it is true and complete. I certify under the penalty of perjury under the laws of the State of California that it is true and complete.

Executed on 4/7/2017  By

Executed on 4/7/2017  By

Executed on DATE  By

Executed on DATE  By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

www.netfile.com
Statement of Organization
Recipient Committee

INSTRUCTIONS-ON REVERSE

COMMITTEE NAME
Committee to Re-Elect Joe Goethals for San Mateo City Council 2017

- 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>Wells Fargo Bank</td>
<td>(408)236-3014</td>
<td>7370312162</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>333 Market Street, 16th Floor</td>
<td>San Francisco</td>
<td>CA</td>
<td>94105</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."
- 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>Joe Goethals</td>
<td>Member, City Council: City of San Mateo</td>
<td>2017</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. Type of Committee

**General Purpose Committee**
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- [ ] CITY Committee
- [ ] COUNTY Committee
- [ ] STATE Committee

**SPONSORED COMMITTEE**
List additional sponsors on an attachment.

**NAME OF SPONSOR**

**INDUSTRY GROUP OR AFFILIATION OF SPONSOR**

**STREET ADDRESS**

**NO. AND STREET**

**CITY**

**STATE**

**ZIP CODE**

**SMALL CONTRIBUTOR COMMITTEE**

- [ ] Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511-89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.