Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 7, 2017

□ Amendment (Explain Below)

Statement Covers Calendar Year 2017

Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
MARK DE PAULA

STREET ADDRESS

CITY
SAN MATEO

STATE
CA

ZIP CODE
94403

Area Code/Daytime Phone Number

OFFICE SOUGHT OR HELD
COUNCIL MEMBER

JURISDICTION (LOCATION)
SAN MATEO

DISTRICT NUMBER

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>
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<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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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 California that I am accurately completing this form.

Executed on 10-5-2017

FPPC Form 470/470 Supplement (Jan/2017)
FPPC Advice: advice@fppc.ca.gov (888/275-0808)
www.fppc.ca.gov