## Statement of Organization
### Recipient Committee

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**Date qualified as committee**

**Date of termination**

### 1. Committee Information

**NAME OF COMMITTEE**
San Mateans for Responsive Government

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

**MAILING ADDRESS (IF DIFFERENT)**
P.O. Box 6352, San Mateo, CA 94403

**COUNTY OF Domicile**
San Mateo

**Jurisdiction Where Committee Is Active**
City of San Mateo

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
Karen R. Herrel

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

**NAME OF ASSISTANT TREASURER, IF ANY**
Karen R. Herrel

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

**NAME OF PRINCIPAL OFFICER(S)**
Karen R. Herrel

### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that this is true.

**Signed by**
Karen R. Herrel

**Executed on**
Feb 7, 2018

**Date**

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

Statement Type  ☐ Initial  □ Amendment  □ Termination – See Part 5

☐ Not yet qualified or
☐ Date qualified as committee

Date qualified as committee

Date of termination

1. Committee Information  I.D. Number

NAME OF COMMITTEE
San Mateans for Responsive Government

STREET ADDRESS (NO P.O. BOX)

CITY
San Mateo

STATE
CA

ZIP CODE
94401-3315

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 6352
San Mateo, CA 94403

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of San Mateo

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Karen R. Herrel

STREET ADDRESS (NO P.O. BOX)

CITY
San Mateo

STATE
CA

ZIP CODE
94401

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
San Mateo

STATE
CA

ZIP CODE
94401

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Karen R. Herrel

STREET ADDRESS (NO P.O. BOX)

CITY
San Mateo

STATE
CA

ZIP CODE
94401

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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.

Executed on
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

San Mateans for Responsive Government

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- 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>First Bank</td>
<td>650 348-2691</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>24 East Fourth Avenue</td>
<td>San Mateo</td>
<td>CA</td>
<td>94401</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>N/A</td>
<td></td>
<td></td>
<td>Nonpartisan Partisan (list political party below)</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) IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.</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>Measure (Name TBD), (height, density, affordable housng provisions)</td>
<td>City of San Mateo</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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Clear Page   Print
Statement of Organization
Recipient Committee

4. Type of Committee (Continued)

- 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
  - Political Party/Central Committee

Provide Brief Description of Activity

N/A

Sponsored Committee List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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