Recipient Committee
Campaign Statement
COVER PAGE

Statement covers period from 01/10/2018 through 03/31/2018

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 3)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 3)
☐ Controlled
☐ Sponsored
(Also Complete Part 3)

2. Type of Statement:

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

Summary page adding line 4 amount to line 10, adjusting line 11.

3. Committee Information

I.D. NUMBER 712 E. Fourth Ave.

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
San Mateans for Responsive Government

Treasurer(s)

NAME OF TREASURER
Karen R. Herrel

MAILING ADDRESS

CITY San Mateo
STATE CA
ZIP CODE 94401

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O.Box 6352
CITY San Mateo
STATE CA
ZIP CODE 94403

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.

Executed on 10/29/2018

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

Executed on
Date

Executed on
Date

Executed on
Date

Executed on
Date

EDC Form 460 (Rev. 2018)
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</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

| NAME OF BALLOT MEASURE |
| Measure (Name TBD) height, density, affordable housing provisions |
| BALLOT NO. OR LETTER | JURISDICTION |
| TBD | City of San Mateo |
| 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.

<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>
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<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attech continuation sheets if necessary
# Campaign Disclosure Statement

Summary Page

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL $9299.00</td>
<td>TOTAL $9299.00</td>
</tr>
<tr>
<td>TOTAL $9299.00</td>
<td>TOTAL $9299.00</td>
</tr>
<tr>
<td>TOTAL $10405.02</td>
<td>TOTAL $10405.02</td>
</tr>
</tbody>
</table>

## Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - $9299.00

2. Loans Received
   - Schedule B, Line 3
   - none

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - $9299.00

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - $1105.02

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - $10405.02

## Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - $4265.78

7. Loans Made
   - Schedule H, Line 3
   - none

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - $4265.78

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - none

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - $1106.02

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - $5371.80

## Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - $zero

13. Cash Receipts
    - Column A, Line 3 above
    - $9299.00

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - none

15. Cash Payments
    - Column A, Line 9 above
    - $4265.78

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - $5033.22

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

## Cash Equivalents and Outstanding Debts

16. Cash Equivalents
    - See instructions on reverse
    - none

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - none

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

- 1/1 through 6/30
- 7/1 to Date
- 20. Contributions Received
- $________
- 21. Expenditures Made
- $________

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / / / / / yyy</td>
<td>$________</td>
</tr>
</tbody>
</table>

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

**FPPC Form 460 (Jan/2016)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov