Recipent Committee
Campaign Statement
Cover Page

Statement covers period from 04/01/2018 through 06/30/2018

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 1)

Type of Statement:

☐ Pre-election Statement
☐ Semi-annual Statement
☐ Special Odd-Year Report
☐ Quarterly Statement
☐ Termination Statement
  (Also file a Form 410 Termination)

☑ Amendment (Explain below)

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

Committee Information

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

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Mateo CA 94401

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX
P.O. Box 6352

CITY STATE ZIP CODE AREA CODE/PHONE
San Mateo CA 94403

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Karen R. Herrel

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Mateo CA 94401

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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.

10/29/2018
Executed on Date

Signature of Treasurer or Assistant Treasurer

By ______________________________

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

By ______________________________

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By ______________________________

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By ______________________________

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☑ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

☐ SUPPORT ☐ OPPOSE

☐ SUPPORT ☐ OPPOSE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Measure (Name TBD) height, density, affordable housing provisions

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT ☐ OPPOSE

TBD City of San Mateo

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

☐ SUPPORT ☐ OPPOSE

☐ SUPPORT ☐ OPPOSE

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

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☐ SUPPORT ☐ OPPOSE

☐ SUPPORT ☐ OPPOSE

☐ SUPPORT ☐ OPPOSE

☐ SUPPORT ☐ OPPOSE

☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$1675.00</th>
<th>$10974.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$1675.00</td>
<td>$10974.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$120.96</td>
<td>$1226.98</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$1795.96</td>
<td>$12200.98</td>
</tr>
</tbody>
</table>

## Expenditures Made

| 6. Payments Made            | Schedule E, Line 4 | $4967.72 | $9233.50  |
| 7. Loans Made               | Schedule F, Line 3 | none     | none      |
| 8. SUBTOTAL CASH PAYMENTS   | Add Lines 6 + 7    | $4967.72 | $9233.50  |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | none     | none      |
| 10. Nonmonetary Adjustment  | Schedule C, Line 3 | $120.96  | $1226.98  |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $5088.68 | $10460.48 |

## Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $5033.22 |
| 13. Cash Receipts          | Column A, Line 3 above          | $1675.00 |
| 14. Miscellaneous Increases to Cash | Schedule 1, Line 4 | none     |
| 15. Cash Payments          | Column A, Line 8 above          | $4957.72 |
| 16. ENDING CASH BALANCE    | Add Lines 12 + 13 + 14, then subtract Line 15 | $1740.50 |

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

## Cash Equivalents and Outstanding Debts

| 18. Cash Equivalents       | See instructions on reverse      | none     |
| 19. Outstanding Debts      | Add Line 2 + Line 9 in Column B above | none     |