

**Officeholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

Date Stamp
CITY OF FOSTER CITY
EMID

16 JUL 25 AM 9:16

RECEIVED

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Sam Hindi STREET ADDRESS 610 Foster City Blvd. CITY STATE ZIP CODE Foster City CA 94404 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS 650-286-3503		3. Office Sought or Held OFFICE SOUGHT OR HELD City Council Member JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) Foster City
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4. 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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

5. 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 the State of California that the foregoing is true and correct.

Executed on July 22, 2017 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> Amendment (Explain Below)	CITY OF FOSTER CITY/ EMID	Date Stamp

_____	16 JUL 25 AM 9:16	

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

RECEIVED

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Sam Hindi		
STREET ADDRESS		
610 Foster City Blvd.		
CITY	STATE	ZIP CODE
Foster City	CA	94404
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
650-286-3503		

2. Office Sought

OFFICE SOUGHT	DISTRICT NUMBER (IF APPLICABLE)
N/A	
DATE OF ELECTION (MONTH, DAY, YEAR)	
N/A	

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

N/A

(MONTH, DAY, YEAR)

Clear Form

Print Form