Statement of Organization
Recipient Committee

Statement Type

☐ Initial	
○ Not yet qualified or	
○ Date qualification threshold met	
____/____/____	

☐ Amendment

Date qualification threshold met

____/____/____

☑ Termination – See Part 5

Date of termination

12 / 31 / 2022

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 09 2023

For Official Use Only

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1. Committee Information

I.D. Number (if applicable) FPPC # 1447545

NAME OF COMMITTEE

Richa Awasthi for Foster City Council 2022

STREET ADDRESS (NO P.O. BOX)

███████████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Foster City	CA	94404	██████

FULL MAILING ADDRESS (IF DIFFERENT)

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

██████████████

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo	Foster City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Amitabh Awasthi

STREET ADDRESS (NO P.O. BOX)

███████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Foster City	CA	94404	████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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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 foregoi███████████████████

Executed on	01/31/2023	By	_____
	DATE		
Executed on	01/31/2023	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
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Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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